



FAULKNER

PHYSICIAN ASSISTANT STUDIES

SYLLABUS

FOR

COURSE NUMBER & NAME: PAS 6504 General Surgery

Clinical Year of 2024

CATALOG DESCRIPTION: This course is a five week supervised clinical practice experience in general surgery and is designed to provide exposures to patients across the lifespan and include management of pre-, intra-, and post-operative issues. Education may occur in varied 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: Karen Harness, DMSc, PA-C

CHAIR: Brittany Syner, DMSc, PA-C

DEAN: Dave Rampersad, PhD

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, 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. 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.

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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 general surgery setting. (B3.03 a,b,d)
- B. Develop the attitudes, knowledge, and skills for competent care of injured and/or infirmed individuals of all ages, socioeconomic statuses, and ethnic backgrounds; including disease prevention, recognition of disease presentation, and promotion of optimal health habits. (B2.06b, B2.06f, B2.08a, B2.15)
- C. Develop procedural and physical exam skills pertinent for the assessment and management of general surgery patients in pre-operative, intra-operative, and post-operative settings. (B2.07b, B2.09)
- 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 general surgery. (B2.19)

II. OUTCOMES AND OBJECTIVES:

- a. STUDENT LEARNING OUTCOMES: (B3.03a,d 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 general surgery:**

	Student Learning Outcome (SLO)	Assessment
Medical Knowledge		
GS 1. B3.03a B3.03d	Demonstrate medical knowledge of the sciences necessary to provide emergent, acute, and chronic patient care in preoperative, intraoperative, and postoperative settings.	SCPE Preceptor Evaluation of the Student, End of Rotation Examination
GS 2. B3.03d	Apply knowledge of published guidelines by providing clear and accurate patient education for prevention of illness harm and/or accidents in preoperative, intraoperative, and postoperative settings, including: Health promotion, health maintenance, Risk factor identification, lifestyle/behavioral modification, and anticipatory guidance	SCPE Preceptor Evaluation of the Student, End of Rotation Examination
GS 3. B3.03d	Apply knowledge of pharmacotherapeutics in the medical management of patients seen in the preoperative, intraoperative, and postoperative settings.	SCPE Preceptor Evaluation of the

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		Student, End of Rotation Examination
Interpersonal and Communication Skills		
GS 4.	Establishes professional, interpersonal and communication skills with preceptors and clinical staff.	SCPE Preceptor Evaluation of the Student
GS 5.	Integrates preceptor feedback and self-awareness to improve clinical performance.	SCPE Preceptor Evaluation of the Student
Clinical and Technical Skills		
GS 6. B3.03d	Perform a focused or comprehensive physical exam as indicated by the clinical presentation for patients presenting within the preoperative and postoperative surgical settings.	SCPE Preceptor Evaluation of the Student
GS 7. B3.03d	Perform routine technical skills and procedures utilized intraoperatively. • Surgical Closure • Surgical Knot tying	SCPE Preceptor Evaluation of the Student, Rotation Specific Skills Checklist
GS 8. B3.03a	Select and interpret appropriate diagnostic studies indicated for the evaluation of common surgical conditions seen in acute, chronic, and emergent patient encounters.	SCPE Preceptor Evaluation of the Student, End of Rotation Examination
GS 9.	Demonstrate ability to present an accurate and concise oral patient presentation.	SCPE Preceptor Evaluation of the Student
GS 10.	Compose accurate and ethical medical record documentation.	SCPE Preceptor Evaluation of the Student
Clinical Reasoning and Problem-Solving abilities		
GS 11. B3.03d	Synthesize medical knowledge obtained during the didactic year to diagnose common medical and/or behavioral problems in preoperative, intraoperative, and postoperative settings.	SCPE Preceptor Evaluation of the Student, End of Rotation Examination
GS 12. B3.03d	Integrate clinical findings to formulate a differential diagnosis for preoperative and postoperative surgical patients.	SCPE Preceptor Evaluation of the Student, End of Rotation Examination
Patient Care and Professional Behaviors		
GS 13. B3.03d	Provide patient counseling, resources, and referrals in preoperative and postoperative visits.	SCPE Preceptor Evaluation of the Student

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GS 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
GS 15.	Maintains professionalism and patient confidentiality in all interactions with patients and other healthcare workers.	SCPE Preceptor Evaluation of the Student

a. 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 routine technical skills and common medical procedures noted below:
 - a. Surgical Closure
 - b. Surgical Knot tying
3. Demonstrate safe and appropriate use of any required instruments or equipment including but not limited to:
 - a. Stethoscope
 - b. Sphygmomanometers
 - c. thermometers
 - d. Pulse oximeters
 - e. Oto/ophthalmoscopes
 - f. Surgical instrumentation
 - g. Scalpel
 - h. Culture swabs
4. Provide the rationale for ordering and the interpretation of the following diagnostic studies such as:
 - a. Complete blood count w/ & w/o differential
 - b. Basic metabolic panel and Comprehensive metabolic panel
 - c. Liver function test
 - d. Renal function test
 - e. Glycosylated hemoglobin
 - f. Sedimentation rate/ CRP
 - g. Lipid panel
 - h. Hepatitis panel, HIV, RPR, GC& Chlamydia,
 - i. Urethral and Cervical Swabs
 - j. Cardiac biomarkers, BNP
 - k. PT/INR and PTT
 - l. Thyroid function test
 - m. Microscopic urinalysis and urine culture
 - n. Carbon monoxide level

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- o. Blood culture, Sputum gram stain and culture, wound culture, stool culture
- p. Pregnancy Test, Beta HCG Qnt
- q. Plain film radiographic images
- r. Ultrasound
- s. CT and MRI
- t. EKG

5. Identify indications, techniques, and possible complications of commonly performed surgical procedures to include:

- a. Chest Tube Placement
- b. Central Line Placement
- c. Arterial line placement
- d. Intubation
- e. Cricothyrotomy
- f. Tube Thoracostomy
- g. Paracentesis

6. Counsel surgery patients on common diagnostic and laboratory tests regarding patient preparation, procedure, possible complications, purpose of testing, risk/ benefits, alternatives, and cost effectiveness.

7. Utilize critical thinking skills to assimilate pertinent findings from your patient encounter (historical/ exam) to formulate differential and working diagnoses.

8. Integrate clinical findings from patient history, physical exam, diagnostics and any external resources (research, journals, specialists etc.) to differentiate between the following common emergent, acute, and chronic general surgery patients such as:

- a. GI/ Nutritional: Abdominal pain Acute/chronic cholecystitis Acute/chronic pancreatitis Anal disease (fissures, abscess, fistula) Anorexia Appendicitis Bariatric surgery Bowel obstruction (small, large, volvulus) Cholangitis, Cholelithiasis/choledocholithiasis Colorectal carcinoma Diarrhea/constipation/obstipation/change in bowel habits Diverticular disease Esophageal cancer Esophageal strictures Gastric cancer Heartburn/dyspepsia Hematemesis Hemorrhoids Hepatic carcinoma Hernias (inguinal, femoral, incisional) Hiatal hernia Inflammatory bowel disease Jaundice Melena/hematochezia Nausea/vomiting Pancreatic carcinoma Pancreatic pseudocyst Peptic ulcer disease Pyloric stenosis Small bowel carcinoma Toxic megacolon
- b. Preoperative/ Postoperative Care: Acid/base disorders Cardiac disease (history of myocardial infarction, unstable angina, valvular disease, hypertension, arrhythmias, heart failure) Deep venous thrombosis Electrolyte disorders Hematologic disease (history of clotting disorders, anticoagulant use) Fluid/volume disorders (volume overload/depletion) Metabolic disease (history of diabetes, adrenal insufficiency) Pulmonary disease (history of asthma, chronic obstructive pulmonary disease) Risk assessment Substance use disorder Tobacco use/dependence Postoperative fever Wounds/infections

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- c. Cardiovascular: Aortic aneurysm/dissection Arterial embolism/thrombosis Arterial/venous ulcer disease Chest pain; history of angina Claudication Dyspnea on exertion Peripheral arterial disease Syncope Varicose veins
 - d. Endocrinology: Adrenal carcinoma Fatigue Heat/cold intolerance Hyperparathyroidism Hyperthyroidism Palpitations Pheochromocytoma Thyroid carcinoma Thyroid nodules Tremors
 - e. Dermatology: Basal cell carcinoma Burns Cellulitis Discharge Drug eruptions (postoperative) Melanoma Pressure ulcers Rash Redness/erythema Squamous cell carcinoma Urticaria (postoperative)
 - f. Neurology/ Neurosurgery: Change in speech Change in vision Epidural hematoma Motor and/or sensory loss Subarachnoid hemorrhage Subdural hematoma Vascular disorders (carotid disease)
 - g. Urology/ Renal: Acid/base disorders Bladder carcinoma Chronic renal failure (shunts/access) Dysuria Edema Fluid and electrolyte disorders Nephrolithiasis Orthostatic hypotension Renal cell carcinoma Renal vascular disease Testicular carcinoma Urinary retention Wilms tumor
 - h. OBGYN: Adenopathy Benign breast disease (fibroadenomas, fibrocystic breast disease) Breast carcinoma Nipple discharge Pain Skin changes
 - i. Hematology: Anemia Easy bruising/bleeding Fatigue
 - j. Pulmonology: Hemoptysis Lung carcinoma Pleural effusion Pneumonia (postoperative) Pneumothorax Shortness of breath Weight loss, fatigue
9. Participate in the appropriate selection of the following common pharmaceutical and/or non-pharmaceutical therapies involved in the management of the above-mentioned conditions as they pertain to the emergency medicine setting such as:
- a. Antipyretics
 - b. Analgesics
 - c. Benzodiazepines
 - d. Sedatives/ hypnotics
 - e. Antipsychotics
 - f. Antibiotics
 - g. Antidotes
 - h. Bronchodilators
 - i. Steroids (inhaled, systemic, oral, topical)
 - j. Antivirals
 - k. Antihypertensives
 - l. Anticoagulants
 - m. Local & Systemic anesthetics
 - n. Paralytics
 - o. Antiarrhythmics
 - p. Magnesium
 - q. Antidepressants
 - r. Electrolytes

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- s. Epinephrine
- t. Proton Pump Inhibitors
- u. Antiepileptics
- v. Diuretics
- w. Insulin
- x. Prokinetics
- y. Vasoconstrictors
- z. Antiemetics
- aa. Sodium Bicarbonates

10. Provide appropriate patient counseling for the selected pharmaceutical and/or non-pharmaceutical management.

11. Demonstrate your ability to write an initial history, exam, and final disposition for a patient encounter.

12. Recognize, where appropriate, the need for formally trained language interpreters.

13. Provide culturally aware, non-judgmental patient-oriented care.

14. Deliver accurate oral patient presentations, with subjective and objective components to preceptors and/or other medical professionals involved in the care of the patient.

15. Adapt communication style and message to the context of the interaction.

16. Demonstrate your ability to write organized, timely, and accurate, History and Physical exam and progress notes for preoperative, intraoperative and post-operative surgical encounters.

17. Create and sustain a therapeutic and ethically sound relationship with patients, including following all HIPAA guidelines.

18. Include patients in the decision- making process about clinical interventions.

19. Apply the principles of health maintenance, disease prevention, and health promotion in the patient centered care of surgical medicine patients by:

- a. Determine appropriate counseling, as well as patient and family education, related to preventable health problems including communicable and infectious diseases, healthy lifestyle and lifestyle modifications, immunization schedules and the relative value of common health screening tests/procedures.
- b. Recognize the impact of stress on health and the psychological manifestations of illness and injury
- c. Recognize common barriers to care
- d. Utilizing USPSTF 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.

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g. Utilizing information technology to support patient care decisions and patient education.
20. Integrate patient centered care in the treatment of surgical patients.
21. Exhibit integrity, accountability, and a commitment to excellence in the treatment of surgical patients.
22. Demonstrate appropriate professional demeanor, ethics, and respect for patient confidentiality.
23. Identify errors, assume responsibility in order to be able 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 for optimal delivery of care in the surgical 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 Surgical setting.
30. Identify cost effective healthcare and resource allocation strategies that align with quality of patient care.
31. Partner with supervising preceptor and/or other members of the healthcare care team to deliver effective healthcare 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 general surgery and is designed to provide exposures to adult and geriatric patients and include management of elective, urgent, and emergent issues. 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 General Surgery. See attached appendix A.

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- B. In January 2024 the Surgery PAEA topic list will be used for pretesting on PAEA exams. The Surgery topic list will become active Q3 2024. See attached appendix B.

V. RESOURCES:

A. REQUIRED TEXTBOOKS:

- i. Doherty, Gerald M. (2015) CURRENT Diagnosis and Treatment Surgery (14e)
- ii. 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%

-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

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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 an intraoperative note. The student will be provided a rubric on Canvas.
4. Assignments:
 - 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. 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 for the rotation. It provides guidance for the student on areas that need to be improved. The student must notify the DCE within 48 hours if scored at a '3' or below in any area so that remediation may be initiated
 - Student Evaluation of the preceptor: The student evaluates the preceptor and site after each rotation. The evaluation is used to ensure that the preceptors are continuing to satisfy learning outcomes and safety of the rotation.
 - Rotation Specific Skills Checklist: This is a formative assessment of the students' skills, knowledge, and professional values. The purpose of this evaluation is to provide the clinical team an understanding of the proficiency of certain rotation specific skills. The information assists in providing additional training resources to the students in their clinical year. The preceptor indicates satisfactory (S) or needs improvement (NI) next to the skill assessed.
 - 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

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demographics, conditions, diagnostic codes, etc. In order to assure that varied experience is obtained caring for patients across the lifespan the following minimums have been established for logged contacts by the end of the clinical year:

- At least 25 surgical patients, 10 being intraoperative.
- 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 must document at least 1,200 hours in order to graduate.

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.
- 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 %

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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%) in didactic or clinical courses 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: Karen Harness, DMSc, PA-C

City: Montgomery

Office Location: HSC 1425

Access Hours: M-F 8-5

Phone: 334-386-7427

Email: kharness@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 general Faulkner publications, for a list of all policies.

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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 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: All 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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Appendix A

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General Surgery End of Rotation™ EXAM TOPIC LIST

GASTROINTESTINAL/NUTRITIONAL

Abdominal pain	Heartburn/dyspepsia
Acute/chronic cholecystitis	Hematemesis
Acute/chronic pancreatitis	Hemorrhoids
Anal disease (fissures, abscess, fistula)	Hepatic carcinoma
Anorexia	Hernias (inguinal, femoral, incisional)
Appendicitis	Hiatal hernia
Bariatric surgery	Inflammatory bowel disease
Bowel obstruction (small, large, volvulus)	Jaundice
Cholangitis	Melena/hematochezia
Cholelithiasis/choledocholithiasis	Nausea/vomiting
Colorectal carcinoma	Pancreatic carcinoma
Diarrhea/constipation/obstipation/change in bowel habits	Pancreatic pseudocyst
Diverticular disease	Peptic ulcer disease
Esophageal cancer	Pyloric stenosis
Esophageal strictures	Small bowel carcinoma
Gastric cancer	Toxic megacolon

PREOPERATIVE/POSTOPERATIVE CARE

Acid/base disorders	Metabolic disease (history of diabetes, adrenal insufficiency)
Cardiac disease (history of myocardial infarction, unstable angina, valvular disease, hypertension, arrhythmias, heart failure)	Pulmonary disease (history of asthma, chronic obstructive pulmonary disease)
Deep venous thrombosis	Risk assessment
Electrolyte disorders	Substance use disorder
Hematologic disease (history of clotting disorders, anticoagulant use)	Tobacco use/dependence
Fluid/volume disorders (volume overload/depletion)	Postoperative fever
	Wounds/infections

CARDIOVASCULAR

Aortic aneurysm/dissection	Dyspnea on exertion
Arterial embolism/thrombosis	Peripheral arterial disease

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Arterial/venous ulcer disease
Chest pain; history of angina
Claudication

Syncope
Varicose veins

ENDOCRINOLOGY

Adrenal carcinoma
Fatigue
Heat/cold intolerance
Hyperparathyroidism
Hyperthyroidism

Palpitations
Pheochromocytoma
Thyroid carcinoma
Thyroid nodules
Tremors

DERMATOLOGY

Basal cell carcinoma
Burns
Cellulitis
Discharge
Drug eruptions (postoperative)
Melanoma

Pressure ulcers
Rash
Redness/erythema
Squamous cell carcinoma
Urticaria (postoperative)

NEUROLOGY

Change in speech
Change in vision
Epidural hematoma
Motor and/or sensory loss

Subarachnoid hemorrhage
Subdural hematoma
Vascular disorders (carotid disease)

UROLOGY/RENAL

Acid/base disorders
Bladder carcinoma
Chronic renal failure (shunts/access)
Dysuria
Edema
Fluid and electrolyte disorders
Nephrolithiasis

Orthostatic hypotension
Renal cell carcinoma
Renal vascular disease
Testicular carcinoma
Urinary retention
Wilms tumor

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HEMATOLOGY

Anemia	Fatigue
Easy bruising/bleeding	

PULMONOLOGY

Hemoptysis	Pneumothorax
Lung carcinoma	Shortness of breath
Pleural effusion	Weight loss, fatigue
Pneumonia (postoperative)	

OBSTETRICS/GYNECOLOGY

Adenopathy	Nipple discharge
Benign breast disease (fibroadenomas, fibrocystic breast disease)	Pain
Breast carcinoma	Skin changes

**Updates include style and spacing changes and organization in content area size order. No content changes were made.

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.

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Appendix B



Surgery End of Rotation™
EXAM TOPIC LIST

GASTROINTESTINAL/NUTRITIONAL

Gastrointestinal/nutritional diagnoses

Anal disorders
Appendicitis
Bowel obstruction
Cholecystitis/cholelithiasis
Diverticulitis
Gastrointestinal bleeding
Hiatal hernia
Ileus
Inflammatory bowel disease
Malignancy of the gastrointestinal tract
Obesity
Pancreatitis
Peritonitis
Toxic megacolon

Perioperative gastrointestinal/nutritional risk assessment and complications

Gastrointestinal/nutritional procedures

Abdominal drains
Colonoscopy
Endoscopic retrograde cholangiopancreatography
Endoscopy
Ileostomy
Nasogastric tubes
Parenteral nutrition
Percutaneous endoscopic gastronomy tube

CARDIOVASCULAR/VASCULAR

Cardiovascular/vascular diagnoses

Acute arterial occlusion
Aortic aneurysm
Aortic dissection
Chronic arterial insufficiency
Chronic venous insufficiency
Compartment syndrome
Coronary artery disease
Carotid artery stenosis
Intestinal ischemia
Renal vascular disease
Valvular heart disease
Varicose veins

Perioperative cardiovascular/vascular risk assessment and complications

Cardiovascular/vascular procedures

Advanced cardiac life support
Arteriovenous fistula placement
Central line placement
Permacath/port placement
Vascular access

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PULMONARY/THORACIC SURGERY

Pulmonary/thoracic diagnoses

Chylothorax
Empyema
Hemothorax
Lung malignancy
Mediastinal disorders
Pleural effusion
Pneumothorax
Pulmonary nodule

Perioperative pulmonary/thoracic surgery risk assessment and complications

Pulmonary/thoracic surgery procedures

Chest tube
Thoracentesis

BREAST SURGERY

Breast surgery diagnoses

Breast abscess
Benign breast disease
Carcinoma of the female breast
Carcinoma of the male breast
Disorders of the augmented breast
Fat necrosis
Mastitis
Phyllodes tumor

Perioperative breast surgery risk assessment and complications

Breast surgery procedures

Biopsy

DERMATOLOGY

Dermatology diagnoses

Burns
Cellulitis
Dermatologic neoplasms
Epidermal inclusion cyst
Hidradenitis suppurativa
Lipoma
Pressure ulcer

Perioperative dermatology risk assessment and complications

Dermatology procedures

Aspiration of seroma/hematoma
Incision and drainage of abscess
Skin biopsy
Skin graft and flap
Suturing

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UROLOGY/RENAL

Urology/renal diagnoses

Benign prostatic hyperplasia
Nephrolithiasis
Paraphimosis/phimosis
Testicular torsion
Urethral stricture
Urologic/renal neoplasms

Perioperative urology/renal risk assessment and complications

Urology/renal procedures

Lithotripsy
Urinary catheterization
Vasectomy

TRAUMA/ACUTE CARE

Trauma/acute care diagnoses

Acute abdomen
Alteration in consciousness
Compound fractures
Shock

Perioperative trauma/acute care risk assessment and complications

Trauma/acute care procedures

Transfusion

NEUROLOGY/NEUROSURGERY

Neurology/neurosurgery diagnoses

Carpal tunnel syndrome
Epidural hematoma
Neurologic neoplasms
Subarachnoid hemorrhage

Perioperative neurology/neurosurgery risk assessment and complications

Neurology/neurosurgery procedures

Lumbar puncture

PAIN MEDICINE/ANESTHESIA

Pain medicine/anesthesia diagnoses

Acute pain
Chronic pain
Substance use disorder

Perioperative pain medicine/anesthesia risk assessment and complications

Pain medicine/anesthesia procedures

Endotracheal intubation
Intravenous line placement
Local and regional anesthesia

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ENDOCRINOLOGY

Endocrinology diagnoses

Adrenal disorders
Endocrine neoplasms
Parathyroid disorders
Pituitary disorders
Thyroid disorders

Perioperative endocrinology risk assessment and complications

Endocrinology procedures

Fine needle biopsy

DISCLAIMER

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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.