

APPROVED

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NOV 21 2011

If you wish to submit a new course, please login

UNIVERSITY OF TOLEDO COLLEGE OF DISTANCE STUDIES

The University Of Toledo

NEW COURSE PROPOSAL

* denotes required fields

College* **Medicine**
--Select a College--
Department* **Physician Assistant**
--Select a Department--

Level (check one)*
 Undergraduate
 Graduate

Will this course impact program requirements? Yes No If yes, a Program Modification must be completed.

Type of course (check all that apply)
 Academic Skills Enhancement Writing Intensive (WAC) Honors
 Univ Core English Hum Math Nat Sciences Social Sciences
 Multicultural Diversity of US Culture Non-US Culture
 Transfer module Arts&Hum Engl Math Nat Sci & Phys Soc Sci
(to be considered as core curriculum, question 18 must be completed)

2 Contact Person* **Kristi Hayes** Phone **419/383-5408** (XXX-XXXX) Email **kristi.hayes@utoledo.edu**

3 Alpha/Numeric Code (Subject area - number)* **PHYA - 636**
If this is a renumbering, please request an electronic copy of the old course approval through the Register's Office at x4865, and attach it to #15 in this form. Remember to delete the old course ID in #13

4 Proposed title* **Clinical Rotation VI**
Proposed effective term **Spring 2012**

5 Planned enrollment per section per term **40**

6 Is the course cross-listed with another academic unit? Yes No
Is the course offered at more than one level? Yes No
If yes to either question, please list additional Alpha/Numeric codes, and submit a separate New Course form or Course Modification form for the course(s) referenced below

Administrative Use Only

Code: _____

Approved (senate or Grad Council) _____

Effective Date: ____/____/____ (mm/dd/yyyy)

CIP Code: _____

Sub: _____ Prog: _____ Level: _____

a - b - c

Approval of other academic unit (signature)

Name and title

If course is to be offered at more than one level, attach an explanation of the different requirements that students must meet for each level. If the requirements are the same for each level, justification must be provided.

7 Credit hours* Fixed **2** or Variable to

8 Delivery Mode Primary* Secondary Tertiary

a Activity Type† * Clinic

b Minimum Credit Hours *

Maximum Credit Hours *

c Weekly Contact Hours *

† Choices are Lecture, Recitation, Seminar, Regular Lab, Open Lab, Studio, Clinic, Field, Independent Study, Workshop, Computer Assisted Instruction, Other

9 Terms offered Fall Spring Summer

Years offered Every Year Alternate Years

10 Are students permitted to register for more than one section during a term? No Yes

May the courses be repeated for credit? No Yes _____ Maximum Hours

11 Grading System* Undergraduate Graduate

- Normal Grading (A-F,PS/NC PR, I)
- Normal Grading (A-F,PS/NC PR, I)
- Passing Grade/No Credit (A-C, NC)
- Grade Only (A-F)
- Credit/No Credit
- Satisfactory/Unsatisfactory (G only)
- Grade Only (A-F, PR, I)
- Audit only
- Audit only
- No Grade
- No Grade

12 Prerequisites (must be taken before) a PHYA 650 b _____ c _____

PIN (Permission From Instructor) PDP (Permission From Department)

Co-requisites (must be taken together) a _____ b _____ c _____

13 If course is to replace an existing, course(s) will be deleted, and when should that deletion occur?

Course to be removed from inventory Final Term to be offered (YYYYT i.e. use 20064 for Fall'06)

a _____

b _____

c _____

d _____

14 Catalog description* (30 words Maximum)

To provide the students with the opportunity to gain medical knowledge, develop proficiency and directed practical experience working directly with patients and health care personnel

15 Attach an electronic copy of a complete outline of the major topics covered

Syllabus

Additional Attachment 1

Additional Attachment 2

16 Where does this course fit in the University/College/Department curriculum? (Be specific by course level, if applicable) Indicate prospective demand

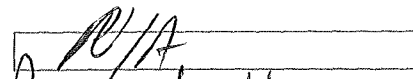

17 If the proposed course is similar to another course in the College or University, please describe the difference and provide a rationale for the duplication (If this course duplicates material covered in another course within your department or college or in another college, attach a letter of endorsement from that area's dean and department chairperson indicating their support. Clarify the manner in which this course will differ)

18 If the course is intended to meet a University Undergraduate Core requirement, complete the following and submit a course syllabus using the template. Please explain how this course fulfills the general education guidelines (Guidelines are available in Faculty Senate Website)

Course Approval:

Department Curriculum Authority

Department Chairperson

Date Month / Day / Year

Date Month / Day / Year

College Curriculum Authority

[Signature]

Date Month / Day / Year

College Dean

[Signature]

Date Month / Day / Year

After college approval, submit the original signed form to the Faculty Senate (UH 3320) for undergraduate-level courses, for graduate-level courses submit the original signed form to the Graduate School (UH 3240). For undergraduate/graduate dual-level courses, submit the proposals to each office.

Faculty Senate Undergrad Curriculum Comm

[Signature]

Date Month / Day / Year

Faculty Senate Core Curriculum Comm

[Signature]

Date Month / Day / Year

Graduate Council

[Signature]

Date 2 / 13 / 2011

Office of the Provost

[Signature]

Date Month / Day / Year

Registrar's Office

[Signature]

Date Month / Day / Year

[Signature]

You will see a confirmation page after you press the "Submit" button. If you do not see the confirmation page, please call x 4320 or send an email to ProvostWebMaster.utoledo.edu. Thanks.

PHYSICIAN ASSISTANT PROGRAM
COLLEGE OF MEDICINE
UNIVERSITY OF TOLEDO

Course Coordinator Sheri Gentry, MPAS, PA-C, CM

Office Collier Building, Rm 4213 Phone: 419-383-6850

Email Sharon Gentry@utoledo.edu

Course Number and Title PHYA 641, PHYA 642, PHYA643, PHYA644, PHYA645, PHYA646; PHYA647, PHYA 648

Semester Spring; Summer, Fall 2011

Course Description A three semester practicum, covering eight 4-week clinical rotations, which provides supervised long term care, inpatient, emergency services and ambulatory primary care clinical experiences for physician assistant students. Students will demonstrate the ability to integrate knowledge and skills in the evaluation and treatment of patients and their families. Emphasis will also be placed on assimilation of the physician assistant professional role. Students will be required to return to campus for an End of Rotation Day (EOR Day) on the last day of each clinical rotation.

Credit hours, by. Course – 2 credit hrs per course

Contact Hours and Type Practicum 36 hours/week for 28 weeks total may have more hours on some rotations

Classroom TBA

Prerequisite Completion of didactic portion of PA Program
3.0 GPA or better

Objectives: Upon satisfactory completion of these courses, the student will be able to

- A Interview a patient, new or established with the practice, and obtain an accurate and appropriate historical data base
- B Examine a patient, new or established in the practice, and obtain accurate and appropriate physical examination data
- C. Recognize normal and abnormal findings
- D Establish a preliminary differential diagnosis through analysis of patient data base
- E Develop a management plan under the guidance of the clinical preceptor t include diagnostic plans, therapeutic plans and patient education
- F Describe (orally and in written form) accurately, clearly and concisely the patient data base and recommendations for a management and/or therapeutic plan
- G Implement the management plan when appropriate and approved
- H. Perform diagnostic and therapeutic procedures as directed
- I Develop a final diagnosis and be able to discuss rationale for diagnosis, final recommendations for management and prognosis

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- J Demonstrate professionalism, high moral and ethical behavior and personal characteristics appropriate for a physician assistant on a health care team
- K Monitor patients' progress, record findings and make recommendations as appropriate
- L Participate in educational activities as assigned/recommended (readings, grand rounds, etc)
- M Demonstrate acceptable levels of performance on stated clinical objectives and clinical requirements for each rotation experience*.
- N Successfully complete End of Rotation assignments, requirements and activities.

***NOTE:** Specific detailed objectives and clinical requirements are found in the *UT HSC Physician Assistant Program Clinical Manual*

Topical Outline:

- A Medical history
- B Physical examination
- C Clinical procedures
- E Management Plan
 - 1 Diagnostic
 - 2. Therapeutic
 - 3. Patient Education
- F. Analysis of data
- G Medical record
- H Final diagnosis
- I Follow-up
- J Professionalism

Methods of Evaluation.**

- A Evaluation by clinical preceptor on level of student accomplishment of the objectives for the assigned rotation experience.
- B Final S/U grade will be determined by the program
- C Written examination
- D Demonstration of professionalism and appropriate behavior expected of a physician assistant student
- E Completion of End of Rotation requirements as described for each clinical rotation as defined in the 2011 *Physician Assistant Program Clinical Manual*

**** See:** *End of Rotation Requirements*, page 11, of 2011 *Physician Assistant Program Clinical Manual* and the specific requirements at the end of each rotation, as defined in the 2011 *Physician Assistant Program Clinical Manual*.

NOTE: If all requirements are not met, the student will receive an unsatisfactory for the clinical practicum/rotation or be given an incomplete until all requirements are completed satisfactorily In the

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event that requirements are not completed in a timely manner, **it is possible for the student to be unable to achieve the required eighty percent, thus necessitating the student to repeat the clinical rotation and delaying completion of the Program.**

NOTE: It is possible for a student to fail a clinical rotation solely because of lack of professionalism