THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
School of Health Professions

PAP686- Surgery for PA

Expected Learning Outcomes

Upon completion of this course, students will be able to:

1. Formulate a patient-centered and problem-focused history for adult patients who present to the pre-operative and post-operative setting. (B3.03b, B3.03d) (MK)

2. Perform appropriate physical examination on adult patients in the pre-operative and post-operative setting. (B3.03b, B3.03d) (CTS)

3. Develop differential diagnoses for adult patients in a surgical setting. (B3.03b, B3.03d) (MK)

4. Choose appropriate diagnostic studies required for evaluation of inpatient or outpatient adult surgical patients. (B3.03b, B3.03d) (MK)

5. Evaluate results of diagnostic studies required for the evaluation of adult patients in the inpatient or outpatient surgical setting. (B3.03b, B3.03d) (CTS)

6. Formulate an appropriate diagnosis based on clinical case information in the surgical setting. (B3.03d) (CRPS)

7. Perform technical skills within the scope of a surgical physician assistant. (B3.03d) (CTS)

8. Develop appropriate treatment and disposition plans for adult patients in the inpatient surgical setting. (B3.03d) (CRPS)

9. Engage in person-centered communication with members of the healthcare team, in the surgical setting. (B3.03d) (ICS)

10. Produce accurate, organized, and comprehensive medical documentation, in the surgical setting. (B3.03d) (ICS)

11. Apply principles of evidence-based medicine to the practice of surgical specialties. (B3.03d) (CRPS)

12. Exhibit empathy, cultural humility, and ethical integrity in all interactions with patients and those involved in their care, in the surgical setting. (B3.03d) (PROF)

13. Demonstrate ability to use feedback to make performance improvements, in the surgical setting. (B3.03d) (PROF)

14. Understand the role of the PA in the surgical setting. (B3.03d) (PROF).

15. Demonstrate acquisition of medical knowledge necessary to provide pre-, intra- and post-operative care to adult patients presenting to the surgical setting. (B3.03b, B3.03d) (MK)

Instructional Objectives

Upon completion of this course, students will be able to:

Instructional Objectives	Expected learning outcome
1. Elicit a history from a patient, or those involved in their care, by asking clear questions in a logical sequence, in the surgical setting. 2. Calculate the need for utilization of other resources (e.g. past medical records, language translation services) to aid in obtaining patient history, in the surgical setting. 3. Identify key components of a surgical patient history tailored to the past medical history and surgical risks for the patient. 4. Recognize differences in history-taking approaches for pre- and post-operative patients, in the surgical setting. 5. Identify relevant subjective patient history (e.g. social history, past medical history, family history) that pertains to the pre- and post-operative patient encounters, in the surgical setting.	Formulate a patient-centered and problem-focused history for adult patients who present to the pre-operative and post-operative setting.
1. Demonstrate knowledge of the normal anatomy and physiology of the body across the lifespan and how it informs the physical examination, in the pre- and post-operative setting. 2. Identify key components of a pre-operative physical exam based on the patient's surgical procedure and medical history. 3. Explain the rationale for specific post-operative assessments to monitor for complications. 4. Apply proper techniques for inspection, palpation, percussion, and auscultation during examinations to gather accurate clinical information, in the surgical setting.	Perform appropriate physical examination on adult patients in the pre-operative and post-operative setting.

5. Practice a focused post-operative physical examination to assess for pain, wound healing, signs of infection, and potential complications. 6. Recognize abnormal physical exam findings that may necessitate delaying surgery or modifying the surgical plan.	
1. Develop a prioritized differential diagnosis list based on clinical presentation and initial diagnostic findings. 2. Differentiate between surgical and non-surgical causes of a patient's symptoms using evidence-based reasoning 3. Recognize key signs and symptoms associated with common surgical conditions. 4. Analyze findings from lab tests and imaging studies to refine differential diagnoses, in the surgical setting.	Develop differential diagnoses for adult patients in a surgical setting as described in the PAEA End-Of-Rotation General Surgery Exam Blueprint and NCCPA PANCE Blueprint.
1. Recognize the role of laboratory tests, imaging studies, and specialized diagnostics in pre-operative, intra-operative, and post-operative patient evaluation in the inpatient and outpatient setting. 2. Identify patient-specific factors (e.g., comorbidities, surgical risk) that influence the selection of diagnostic studies in the inpatient and outpatient setting. 3. Choose the most appropriate laboratory tests (e.g., CBC, coagulation studies, electrolytes) based on the clinical presentation and surgical procedure in the inpatient and outpatient setting. 4. Utilize diagnostic results to assess surgical candidacy, determine operative urgency, and anticipate potential complications in the inpatient and outpatient setting.	Choose appropriate diagnostic studies required for evaluation of inpatient and outpatient adult surgical patients.
1. Analyze laboratory and imaging results to identify normal and abnormal findings relevant to surgical conditions in the inpatient and outpatient setting. 2. Correlate diagnostic findings with differential diagnoses and surgical management plans in the inpatient and outpatient setting. 3. Interpret diagnostic findings to distinguish between normal post-operative changes and complications in the inpatient and outpatient setting.	Evaluate results of diagnostic studies required for the evaluation of adult patients in the inpatient and outpatient surgical setting.

4. Utilize diagnostic results to determine surgical readiness, post-operative recovery status, and the need for additional interventions in the inpatient and outpatient setting.	
1. Integrate patient history, physical examination findings, and diagnostic test results to formulate accurate and evidence-based diagnoses, in the surgical setting. 2. Consider patient-specific risk factors (e.g., age, comorbidities, family history) to refine and prioritize potential diagnoses, in the surgical setting. 3. Identify when initial diagnoses need to be adjusted based on new information or patient response to treatment, in the surgical setting.	Formulate an appropriate diagnosis based on clinical case information.
1. Demonstrate knowledge of the steps involved in performing diagnostic and therapeutic procedures, including necessary equipment, patient preparation, and follow-up care, in the surgical setting. 2. Apply aseptic techniques, pain management strategies, and patient positioning to optimize safety and comfort during procedures, in the surgical setting. **3. Perform the following procedures within the physician assistant scope of practice under direct supervision from the preceptor (see Preceptor Evaluation):** i. Sterile Field Preparation ii. Surgical Scrubbing (Gowning/Gloving) iii. Simple Interrupted Suture Placement iv. Running Suture Placement v. Removal of Sutures vi. Application of Topical Skin Adhesive (Dermabond/Steri-Strips)	Perform technical skills within the scope of a surgical physician assistant.
1. Formulate a patient-centered pre-operative plan, including risk assessment, medical optimization, and perioperative medication management for an inpatient adult. 2. Identify strategies to reduce surgical risks, such as infection prevention, thromboprophylaxis, and glycemic control in an inpatient setting.	Develop appropriate treatment and dispositions plans for adult patients in the inpatient surgical setting.

3. Determine appropriate pre-operative fasting guidelines and perioperative antibiotic prophylaxis in an inpatient setting. 4. Develop a post-operative care plan that includes pain management, wound care, fluid and electrolyte management, and early mobility strategies for an inpatient adult. 5. Recognize signs and symptoms of common post-operative complications (e.g., DVT, surgical site infections, ileus) and create intervention plans in an inpatient setting. 6. Identify a plan for post-operative discharge, including adequate pain control, return of bowel function, wound stability, and follow-up care from an inpatient setting.	
1. Distinguish the scope and limitations of providers and members of the healthcare team within the surgical setting. 2. Identify the capabilities of specialists and facilities as they relate to the diagnosis and management of common conditions seen in the surgical setting. 3. Deliver succinct, organized, and clear oral case presentations to preceptors and other members of the surgical service health care team. 4. Request consultation with specialists when clinically appropriate, in the surgical setting.	Engage in person-centered communication with members of the healthcare team.
1. Incorporate the required elements of the history of present illness, physical examination, and medical decision making (including procedures, if applicable) into the surgical patient's medical record. 2. Produce thorough and defensible medical documentation supported by the current standards of care in surgery.	Produce accurate, organized, and comprehensive medical documentation.
1. Demonstrate appropriate utilization of clinical decision-making tools validated for use in surgical practice. 2. Recall resources available for referencing up-to-date clinical practice guidelines, in the surgical setting. 3. Incorporate principles of evidence-based practice into patient education and shared decision making, when appropriate, in the surgical setting.	Apply principles of evidence-based medicine to the practice of surgical specialties.

1. Recognize communication barriers and appropriately utilize trained language interpreters, as needed, in the surgical setting. 2. Choose communication style and terminology to suit the developmental and cognitive level of the patient, in the surgical setting. 3. Model cultural humility with approach to history-taking, respecting patients' beliefs and values related to their health, in the surgical setting. 4. Describe diagnosis, results, plan of care, and education to surgical patients and their families in a manner that is clear, empathetic, professional, respectful, and compassionate. 5. Explain the purpose, steps, risks, and benefits of procedures to patients in clear, empathetic, and culturally sensitive language to ensure informed consent and reduce anxiety, in the surgical setting. 6. Engage in effective shared decision making with patients and those involved in their care, when appropriate, in the surgical setting.	Exhibit empathy, cultural humility, and ethical integrity in all interactions with patients and those involved in their care.
1. Implement actionable steps for clinical improvement in areas such as patient assessment, procedural techniques, and documentation based on feedback received during the surgery mid-rotation preceptor evaluation. 2. Complete a structured self-reflection exercise at the conclusion of the rotation, identifying at least one surgical patient encounter from the rotation with room for improvement and proposing a strategy for professional growth or clinical development.	Demonstrate ability to use feedback to make performance improvements.
1. Recognize the scope of practice, responsibilities, and contributions of a PA in the surgical setting and on interdisciplinary teams. 2. Recognize when to seek additional resources, consult team members, or refer patients to ensure high-quality, evidence-based patient care, in the surgical setting.	Understand the role of the PA in the surgical setting
1. Identify and describe the pathophysiology, clinical presentation, and management of pre-, intra-, and post-operative patients as described on the PAEA EOR General Surgery topic list	Demonstrate acquisition of medical knowledge necessary

2. Demonstrate knowledge of all content categories and task categories described in the NCCPA PANCE content blueprint applicable to the surgery practice setting.	to provide pre-, intra- and post-operative care to patients presenting to the surgical setting.