



### **Special Populations Clerkship**

**MSPA 630 – 4.5 Credits**

**Day(s):** Determined by Clinical site/preceptor

**Time(s):** Determined by Clinical site/preceptor

**Classroom:** Refer to Typhon schedule

**Instructor:** Michelle Lea, PA-C and Christine Rowland, PA-C

**Office Hours:** M, Tu, Th, F  
9am-5pm

**Office Location:** END 113A

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The University of Bridgeport and its faculty are committed to enhancing diversity, equity, inclusion, and belonging in all facets of community life and to promoting an optimal environment for learning which encourages engagement, authenticity, and respect. Diversity in the classroom—in race, gender, sexual orientation, religion, language, ability, veteran status, place of origin, etc.— is an asset to our learning experience. Students play a vital role in the ongoing conversation about how to make the campus a place for community learning.

**Prerequisite/Co-requisites:** Completion of PAI didactic phase with a GPA of 3.0 or greater.

### **Course Description**

This is a 5-week clinical clerkship course. During this course, second year PA students develop skills necessary to function as a PA in a selective - special population setting. Students will apply the medical knowledge and technical skills developed during didactic phase of their education. Students will actively engage in the assessment, analysis, evidence-based approaches, and management of conditions in a culturally sensitive and patient-centered manner. Student will encounter patients typically seen in the special population setting. Students will work with the clinical education team and under the supervision of their preceptor(s) to provide care. Students will follow their preceptor's schedule when on clinical site.

### **Required Learning Materials and Text(s)**

1. D Miles Burkholder, Nicole Bremer Nash. *Special Populations in Health Care*. Jones & Bartlett Learning; 2014.  
ISBN: 9781284025613
2. Jr K, Wheeler MB. *Medical Management of Vulnerable and Underserved Patients : Principles, Practice, and Populations*. McGraw Hill Education; 2016.  
ISBN: 9780071834445

3. Gonzales PA, McDonald MA. *The PA Rotation Exam Review*. Lippincott Williams & Wilkins; 2024. ISBN: 9781975193355

**Students: Your required course materials have been provided for you. Please contact the UB Bookstore to receive your textbooks for the course.**

### **Recommended Text(s)**

Bodenheimer TS, Grumbach K. *UNDERSTANDING HEALTH POLICY : A Clinical Approach*. 8th ed. McGraw-Hill Education; 2020. ISBN: 978-1-2604-5426-0

Keuroghlian AS, Potter J, Reisner SL. *Transgender and Gender Diverse Health Care : The Fenway Guide*. McGraw Hill; 2022. ISBN: 978-1-260-45993-7

Moriates C, Arora V, Shah N. *Understanding Value-Based Healthcare*. McGraw-Hill Education; 2015. ISBN: 978-0-0718-1698-4

### **Course Goal**

The purpose of the selective-specific clerkship is to provide the PA student with a 5-week clinical experience in an area of medicine serving a designated special population. This clerkship requires students to develop and demonstrate a variety of skills under the supervision of experienced practitioners within these specialties and special settings. Students will gain an appreciation for the challenges faced by the special populations with whom they are working.

### **Course Format**

During this 5-week rotation students will gain hands on clinical experience while working with an experienced selective-specific clinician. Working with preceptors, students will perform history and physical examinations, present oral and written cases, identify differential diagnoses, and develop assessment and management plans. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor. Populations can include, but not limited to, geriatric, LGBTQ+, rural, urban, correctional facility, palliative care, veteran, and addiction medicine. The clinical clerkship may be either an outpatient, inpatient, or institutional settings. Depending on the patient population, the student may be exposed to acute, chronic, or emergent medical and surgical conditions. Students will address the clinical challenges associated with the care of the special population and enhance their cultural competency and sensitivity in the clinical setting. Students will address disparities in healthcare in this population and work to aide those affected through advocacy and patient education. Additional and supplementary modular components include assignments, resources and simulated clinical learning. Supplementary simulated clinical learning and self-paced modules are not substituted for in-person clinical experiences.

## Student Learning Outcomes

By the end of this course, students should be able to:

	Student Learning Outcome
<b>SLO1</b>	Elicit an accurate medical history.
<b>SLO2</b>	Perform an appropriate physical examination.
<b>SLO3</b>	Demonstrate effective communication of patient encounters a) orally and in b) written form.
<b>SLO4</b>	Diagnose common conditions seen in the selective discipline.
<b>SLO5</b>	Utilize clinical data to formulate a differential diagnosis.
<b>SLO6</b>	Demonstrate the application of diagnostic studies commonly used in the selective discipline.
<b>SLO7</b>	Formulate an appropriate patient management care plan based on clinical data collected.
<b>SLO8</b>	Provide patient education with consideration for health literacy and belief systems.
<b>SLO9</b>	Demonstrate clinical reasoning and problem-solving abilities in the evaluation and care of patients.
<b>SLO10</b>	Demonstrate patient-centered care through compassion and sensitivity.
<b>SLO11</b>	Demonstrate professionalism by adhering to the professional conduct standards of the PA profession.
<b>SLO12</b>	Describe barriers of health equity encountered in the selective discipline.
<b>SLO13</b>	Describe systemic resources available to eliminate avoidable health inequities and disparities in the selective discipline.

## Learning Activities, Course Expectations, and Grading Policy

The final course grade will be calculated using the following (all components graded to the nearest hundredth):

Assessment	Percentage of Final Grade	Brief Description of Assessment
Summative Assignment	55%	The Summative Assignment replaces the End of Rotation Exam for the Special Populations Clerkship. In essay format, reflect on the patient population that you have encountered during your five-week clerkship and identify barriers to health equity utilizing the social determinants of health. Provide your assessment and analysis of the barriers and propose a plan to improve health equity. See rubric for details. Essay must be uploaded to Canvas by 9am est on Call-back Day.

		<p>Should a student fail a summative assignment, a meeting with the Coordinator of Academic Affairs will be arranged and a remediation plan designed. The student must resubmit the assignment. If a student passes the Summative Assignment (i.e., earning 73% or higher), the student will receive a 73% for the Summative Assignment component regardless of grade earned on the assessment. Failure of reassessment will result in failure of the rotation.</p> <p>See rubric for details.</p>
Mid-Rotation Evaluation	Reduction Only	<p>Mid-way through the clinical clerkship, the student is required to sit down with the preceptor to discuss the student's performance and provided constructive feedback. This session is documented on the Mid-Rotation Evaluation Form. The blank form can be found in Canvas and should be uploaded to Assignments in Canvas once complete. This is a non-graded exercise but provides the student and program invaluable feedback on the student's progress in meeting program objectives and learning outcomes. Professionalism points will be deducted if not uploaded to Canvas by Wednesday at 11:59pm est of the third week of the clerkship.</p>
Preceptor Evaluation	35%	<p>Each student is evaluated by the preceptor at the end of each rotation. Preceptor evaluations are submitted via the Typhon logging system utilizing a four-point Likert scale. Typhon calculates the final percentage grade by averaging the mean of each section. The final percentage grade in Typhon will be utilized to calculate your final course grade. Any component of the preceptor evaluation which result in an "Approaches Expectations" or "Unsatisfactory", will require remediation.</p>
Clinical Modules & Documentation Assignment	10%	<p>Rotation specific clinical modules are located in Canvas. The modules contain extra resources and assignments related to the clinical clerkship experience that must be completed and uploaded to Canvas by 11:59pm est on Call-back Day (unless otherwise noted in Canvas). See Canvas and rubrics for details. There is no credit for late assignments.</p>
Professionalism	Reduction only	<p>Professionalism is an expectation and non-compliance with any of the terms below will result in a 1-point deduction from your final grade. For example, if your total weighted grade (<math>55\% + 35\% + 10\% = 100\%</math>) is an 80%,</p>

		<p>a professionalism deduction would result in a 79%. One non-compliant event equals 1-point deduction per event, per rotation and can be up to 5-points per rotation.</p> <p>If professionalism points are to be deducted, you will be notified by faculty via email of the infraction. Warnings will not be given. The deduction will not be applied until the total grades are weighted and calculated. Examples of infractions:</p> <ul style="list-style-type: none"> <li>i. Attendance and participation</li> <li>ii. Adherence to procedures and policies</li> <li>iii. Uploading clinical schedule to Typhon</li> <li>iv. Submission of complete case logs in Typhon</li> <li>v. Submission of clerkship paperwork as requested by the Clinical Coordinator</li> </ul>
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Students must meet all the following standards to pass the clerkship course:

1. 73% or greater on the Preceptor Evaluation.
2. 73% or greater on the Summative Assignment (see policy regarding reassessment above).
3. 73% or greater on the final course grade.

Failure of a Clinical Clerkship Course, will require the student to repeat the clerkship, resulting in a delay of graduation. Failure to meet any of the above requirements will result in an “F” for the course.

Final grades are assigned by the instructor based on the **University of Bridgeport Institutional Grading Scale** published in the UBPAI Student Handbook.

### Final Course Grading Scale

Grade	Quality Points
A (93-100)	4.0
A- (90-92.99)	3.7
B+ (87-89.99)	3.3
B (83-86.99)	3.0
B- (80-82.99)	2.7
C+ (77-79.99)	2.3
C (73-76.99)	2.0
C- (70-72.99)	1.7
D+ (67-69.99)	1.3
D (63-66.99)	1.0
D- (60-62.99)	0.7

F (below 60)	0.0
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There is no rounding up of grades.

As per the UB PAI Student handbook, the required passing grade for all PA coursework is a “C” or better.

## Course Outline

Dates	Topic(s) Covered	Assignments/ Reading to be completed before class	Assessment Schedule
Block 1: Mar 18, 2024 – April 18, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-13</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Apr 19, 2024</li> </ul>
Block 2: May 6, 2024 – Jun 10, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-13</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday Jun 7, 2024</li> </ul>
Block 3: Jun 10, 2024 – Jul 11, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-13</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Jul 12, 2024</li> </ul>
Block 4: Jul 15, 2024 – Aug 15, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-13</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Aug 16, 2024</li> </ul>
Block 5: Sept 9, 2024 – Oct 10, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-13</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Oct 11, 2024</li> </ul>
Block 6: Oct 14, 2024 – Nov 14, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-13</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Nov 15, 2024</li> </ul>
Block 7: Nov 18, 2024 – Dec 19, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-13</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Dec 20, 2024</li> </ul>
Block 8: Jan 13, 2025 – Feb 13, 2025	<ul style="list-style-type: none"> <li>Instructional Objectives 1-13</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Feb 14, 2025</li> </ul>
Block 9: Feb 17, 2025– Mar 20, 2025	<ul style="list-style-type: none"> <li>Instructional Objectives 1-13</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Mar 21, 2025</li> </ul>

***\*This syllabus is subject to change at the discretion of the instructor.***

## **Instructional Objectives**

<b>SLO</b>	<b>Instructional Objective</b>
<b>1.</b>	<ul style="list-style-type: none"><li>• <b>1.1:</b> Establish rapport with a patient and /or their caregiver.</li><li>• <b>1.2:</b> Determine the chief complaint and list of major problems.</li><li>• <b>1.3:</b> Establish the purpose of a visit.</li><li>• <b>1.4:</b> Select appropriate level of history based on the purpose of the visit.</li><li>• <b>1.5:</b> Select the questions to obtain a thorough history of present illness.</li><li>• <b>1.6:</b> Obtain past medical history, family history, and social history, applicable to the purpose of the visit.</li><li>• <b>1.7:</b> Elicit an appropriate review of systems.</li></ul>
<b>2.</b>	<ul style="list-style-type: none"><li>• <b>2.1:</b> Identify possible physical exam findings related to the symptoms elicited during collection of medical history.</li><li>• <b>2.2:</b> Select the areas to examine pertinent to the presenting complaints, age, gender, and patient's ability to participate.</li><li>• <b>2.3:</b> Apply appropriate techniques to examine the patient with attention to patient's modesty and privacy needs.</li></ul>
<b>3.</b>	<ul style="list-style-type: none"><li>• <b>3.1:</b> Confidently and concisely report applicable demographic information, chief complaint, HPI, past medical history, and pertinent ROS.</li><li>• <b>3.2:</b> Identify and report pertinent physical exam findings including presence and absence of clinically significant signs based on presenting issue.</li><li>• <b>3.3:</b> Select the type of documentation appropriate for the purpose of the visit, such as SOAP note, H&amp;P note, etc.</li><li>• <b>3.4:</b> Document chief complaint and all pertinent components of patient's history using appropriate medical terminology.</li><li>• <b>3.5:</b> Document all pertinent normal and abnormal physical examination findings using appropriate medical terminology.</li><li>• <b>3.6:</b> Identify common ICD-10 and CPT codes used in patient encounter documentation.</li></ul>
<b>4.</b>	<ul style="list-style-type: none"><li>• <b>4.1:</b> Identify pathophysiologic process of development of the conditions commonly seen in the selective-specific practice.</li><li>• <b>4.2:</b> Identify risk factors and demographics mostly susceptible to the development of conditions typically seen in the selective-specific setting.</li><li>• <b>4.3:</b> Recognize the clinical presentation of the conditions typically seen in selective-specific setting.</li><li>• <b>4.4:</b> Apply knowledge of pathophysiology to diagnosis and management of the conditions typically seen in selective-specific setting.</li></ul>
<b>5.</b>	<ul style="list-style-type: none"><li>• <b>5.1:</b> Correlate medical history findings with the reported symptoms.</li><li>• <b>5.2:</b> Correlate normal and abnormal findings of physical examination with the reported symptoms.</li></ul>

	<ul style="list-style-type: none"> <li>• <b>5.3:</b> Integrate the information collected during medical history and physical examination to formulate the initial list of differential diagnoses.</li> <li>• <b>5.4:</b> Discriminate between the conditions on the differential diagnoses list by explaining similarities and key differences.</li> </ul>
6.	<ul style="list-style-type: none"> <li>• <b>6.1:</b> Identify indications for laboratory tests commonly used in the selective-specific setting.</li> <li>• <b>6.2:</b> Identify diagnostic studies recognized as screening, “gold standard” diagnostic, and first-line tests to order.</li> </ul>
7.	<ul style="list-style-type: none"> <li>• <b>7.1:</b> Correctly order the necessary laboratory and diagnostic studies.</li> <li>• <b>7.2:</b> Identify the needs for in-office procedures, referrals, or urgent interventions based on the presenting symptoms.</li> <li>• <b>7.3:</b> Identify patient’s readiness and ability to comply with interventions indicated for the presenting complaints.</li> <li>• <b>7.4:</b> Identify appropriate pharmacological agents based on patients’ presenting picture, drug interaction, and allergies/ adverse reactions utilizing the evidence-based guidelines.</li> <li>• <b>7.5:</b> Develop a comprehensive therapeutic management plan with consideration to patient’s on-going treatments for concurrent medical conditions and patient’s readiness to adhere.</li> <li>• <b>7.6:</b> Identify necessity for on-going monitoring for the results and /or adverse results of chosen interventions and facilitate establishment of regular check-ups.</li> <li>• <b>7.7:</b> Provide the patient with the list of resources that could help with the adherence to the therapeutic interventions prescribed.</li> </ul>
8.	<ul style="list-style-type: none"> <li>• <b>8.1:</b> Identify patients’ level of health education and determine the best manner of communicating health information pertinent to the case.</li> <li>• <b>8.2:</b> Provide the patients with information about their diagnosis and the course of therapeutic intervention.</li> <li>• <b>8.3:</b> Demonstrate respect to patients’ system of beliefs and align your communication to the patient’s preferred style.</li> <li>• <b>8.4:</b> Educate the patients on non-medical intervention and health prevention measures aligned with their readiness to comply and their belief system.</li> <li>• <b>8.5:</b> Identify the need and utilize the interpreters when necessary.</li> </ul>
9.	<ul style="list-style-type: none"> <li>• <b>9.1:</b> Identify the investigations and studies necessary to assess and narrow down the differential diagnoses list.</li> <li>• <b>9.2:</b> Integrate laboratory and diagnostic studies results with history and physical examination data to establish the most likely diagnosis.</li> <li>• <b>9.3:</b> Analyze available care options for the conditions commonly seen in the elective-specific setting and determine their applicability in each individual case.</li> </ul>
10.	<ul style="list-style-type: none"> <li>• <b>10.1:</b> Respond to patients’ preferences, identities, belief and practices, and cultural background in non-judgmental manner.</li> <li>• <b>10.2:</b> Utilize active listening techniques during communication with patients and their families in the elective-specific setting.</li> </ul>
11.	<ul style="list-style-type: none"> <li>• <b>11.1:</b> Demonstrate professional demeanor in all interactions in the elective-specific with staff, medical providers, patients, and their family members.</li> <li>• <b>11.2:</b> Adhere to ethical, legal, regulatory, and behavioral norms at all times.</li> </ul>



	<ul style="list-style-type: none"> <li>• <b>11.3:</b> Demonstrate punctuality, consistency, and reliability in relating to the family practice team and patients.</li> </ul>
<b>12.</b>	<ul style="list-style-type: none"> <li>• <b>12.1:</b> Identify barriers and challenges associated with patient education in the selective-specific setting.</li> <li>• <b>12.2:</b> Describe ways to address and improve patient education barriers when working with patients from special populations.</li> </ul>
<b>13.</b>	<ul style="list-style-type: none"> <li>• <b>13.1:</b> Utilize information technology to identify available resources for the rotation specific population.</li> <li>• <b>13.2:</b> Collaborate with other members of the health care team to facilitate referral and access to population specific resources.</li> <li>• <b>13.3:</b> Identify barriers that may reduce access to available resources.</li> </ul>

## Class Policies

- **Attendance policy:** Please refer to the student handbook and clinical handbook for the program policy on attendance.
- **Late assignments policy:** Late work is not accepted, and students will receive a zero for the assignment.
- **Course failure policy:** Please refer to the student handbook and clinical handbook for the program policy on course failure.
- **Professionalism:** Please refer to the student handbook and clinical handbook for the program policy on Disciplinary Action for Professional and Behavioral Issues and professionalism.
- **E-mail policy:** Please refer to the student handbook for the program policy on e-mail.
- **Exam and Remediation policy:** Please refer to the student handbook and clinical handbook.
- **Academic Integrity:** Please refer to the student handbook.
- **Student Accessibility Accommodations:** Please refer to the student handbook.

## UNIVERSITY OF BRIDGEPORT POLICES AND STUDENT SERVICES

*This course adheres to all policies outlined in the catalog and in the Key to UB.*

General academic policies of the University of Bridgeport can be found on the University website and in the University catalog at <https://catalog.bridgeport.edu/>.

Student services information may be found on the University of Bridgeport website at <https://www.bridgeport.edu/heckman-center/academic-success/> and in the Key to UB at <https://www.bridgeport.edu/key-to-ub/>.

## ACADEMIC HONESTY STANDARDS

The University of Bridgeport is committed to fostering an environment of academic integrity, mutual respect and individual responsibility. We are a community that values the voice of students in their pursuit of academic excellence and personal growth. By choosing to be a member of this community, each student

demonstrates respect for the core values of trust, honesty and ethical behavior and commits to upholding these standards.

Please refer to the *Student Handbook (Chapter 2 of “Key to UB”* (<https://www.bridgeport.edu/key-to-ub/chapter-2-academic-standards#integrity>) to become familiar with the academic honesty standards expected of all students, including a definition of plagiarism. Claiming ignorance will not be considered a valid defense. All types of academic dishonesty (including but not limited to plagiarism, the use of illicit aid or internet resources during the examinations, giving or receiving aid on any examination, copying another student’s work, utilizing unauthorized web-based services to complete assignments, providing a false excuse for missing a test) are inexcusable and will result in a report to the Provost’s Office and appropriate disciplinary action.

The number of violations accrues to each student during total time as a University of Bridgeport student at any level.

## **STUDENT ACCESSIBILITY SERVICES**

<https://www.bridgeport.edu/student-accessibility/>

In compliance with Section 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, and Connecticut State Laws, Student Accessibility Services (SAS) at UB provides reasonable accommodations to reduce the impact of disabilities on academic functioning or other life activities in the University setting.

Student Accessibility Services (SAS) offers a private and confidential atmosphere for students to talk about their disabilities and accommodations requests. In order to begin the process of requesting accommodations, students can contact Student Accessibility Services (SAS) at (203) 576-4104 or email [accessibilityservices@bridgeport.edu](mailto:accessibilityservices@bridgeport.edu).

**A list of student resources can be found on the UB website, under Student Affairs:**

<https://www.bridgeport.edu/student-affairs/>