



Physician Assistant

MPAS 750 | Supervised Clinical Practice Experience in General Surgery

Course Information

Course Number and Title: MPAS 750 Supervised Clinical Practice Experience in General Surgery

Course Credits: 3 hours

Course Start and End Dates: 5 weeks during semesters 5-7, varies by student schedule.

Delivery Method: On-campus; Predominant Face to Face; Synchronous

Meeting Days and Times: Students follow the schedule provided by the preceptor. *Note: Students may not negotiate schedules or request schedule changes without the permission of the Course Director(s).*

Meeting Location: Based on specific site and preceptor schedule.

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Course Pre-requisites and/or Co-requisites

Successful completion of Semesters 1-4.

Course Description

This course is a 5-week supervised clinical practice experience in surgery that is designed to provide students with the opportunity to learn proper management of surgical conditions. Students will apply knowledge and skills learned in the didactic portion of the program through hands-on learning in surgical settings. This course allows students the opportunity to refine clinical and technical skills through the care of adult patients presenting to the surgical practice in a variety of encounters (pre-operative, intra-operative, and post-operative) under the supervision of a preceptor.



Course Goal

The goal of this course is to provide students with supervised clinical experiences in the surgery setting in preparation for clinical practice. Students will have the opportunity to enhance skills learned through evaluation, assessment, and management of patients. Through patient encounters, students will refine communication, clinical reasoning and problem-solving skills, and develop professional attributes emphasizing professional maturity and accountability.

Student Learning Outcomes (LO)

Following the program's competencies and ARC-PA Standards, the learning outcomes outline the expected knowledge, skills, and attitudes necessary to demonstrate entry-level proficiency for PA practice in surgery in the pre-operative, intra-operative, and post-operative settings. Upon completion of this course, the student will be able to:

General Learning Outcomes

1. Apply evidence-based medical knowledge to aid in clinical decision-making.
2. Order laboratory and diagnostic testing appropriately.
3. Interpret laboratory and diagnostic testing accurately.
4. Apply clinical reasoning to develop a differential diagnosis based on history, physical examination, and review of diagnostic studies.
5. Establish appropriate referral strategies for specialty care.
6. Create thorough written documentation of patient encounters.
7. Demonstrate effective exchange of information when interacting with patients, families, preceptors, and other health professionals.
8. Demonstrate the professional attributes of a physician assistant (PA).
9. Collaborate with other members of the healthcare team.

Pre-operative Learning Outcomes (B3.06d)

10. Perform a pre-operative evaluation of a patient.
11. Understand pharmacologic agents used pre-operatively including potential adverse effects and interactions.

Intra-operative Learning Outcomes (B3.06d)

12. Apply knowledge of anatomy to participate in intra-operative care of a patient.
13. Perform appropriate scrubbing, gowning, and gloving in preparation for a surgical case.
14. Manage a sterile field properly using sterile technique during a surgical case.
15. Assist the surgeon intraoperatively during a surgical case.
16. Provide effective retraction during a surgical procedure.
17. Understand pharmacologic agents used intra-operatively including potential adverse effects and interactions.

Post-operative Learning Outcomes (B3.06d)

18. Elicit a medical history of a patient postoperatively.
19. Perform an appropriate physical examination of a patient postoperatively.
20. Formulate a differential diagnosis for post-operative complications.
21. Demonstrate appropriate wound care post-operatively.



22. Develop appropriate management plans for post-operative complications.

Required Textbooks and Materials

Stethoscope, white coat, and ODU PA student badge.

Supplemental Course Materials and Teaching Resources

Blueprint Prep, Osmosis and other resources as recommended by the program and/or preceptor(s).

Papadakis MA, Rabow MW, McQuaid KR. *CURRENT Medical Diagnosis & Treatment 2025 (64th edition)*. New York: McGraw-Hill; 2024.

Blackbourne, LH. *Surgical Recall (10th edition)*. Philadelphia, PA: Wolters Kluwer; 2024.

Course Content

Instructional Methods

The instructional methods of this course consist primarily of patient encounters with preceptors at assigned clinical sites. Preceptors provide supervised experiences to help achieve course outcomes and objectives through patient encounters. Students should also self-direct their learning through didactic textbooks, notes, and resources listed in this syllabus to guide additional study.

Participation Expectations

Students are expected to engage with the course content through self-directed learning and to attend the rotation following the schedule the preceptor and site provide. Students are expected to actively participate in patient care throughout the rotation schedule and engage with their preceptor to facilitate learning. The following outlines requirements of the course.

Patient Logs and Timesheets

PAs are expected to maintain up-to-date, thorough, and accurate documentation; therefore, students will gain this practice through Patient Logs and Timesheets. Students will log all patient encounters (Patient Logs) and work hours (Timesheets) through Exxat. Accuracy and thoroughness in completing Patient Logs and Timesheets is vital. The program utilizes this information to monitor progress of student learning outcomes and to ensure adequate clinical experiences. Incomplete and inaccurate logging may place students at risk for additional clinical experiences which may result in an extension of graduation. Patient logs and timesheets must be completed in Exxat by midnight the Sunday following the completion of the rotation.

End of Course Evaluations

Students are required to complete three end-of-course evaluations. The Student Evaluation of the Preceptor, Student Evaluation of the Site, and SCPE course evaluation. Evaluations of the preceptor and site are valuable for the program as we ensure students are receiving sufficient and effective education. The SCPE course evaluation assesses the management of the course, the course directors, and clinical coordinators. The program relies on the student's honest, thorough, and constructive feedback. The evaluations of the preceptor and site are to be completed through Exxat by midnight the Sunday following the completion of the rotation. The course evaluations will be completed during return to campus events.



Rotation Specific/Site Requirements

Students will be required to complete site- and rotation-specific compliance requirements as required by our affiliated sites and hospitals. In addition, annual institutional training and requirements must be completed. All large, affiliated institutions hosting students for clinical rotations require applications, orientation, and electronic health record (EHR) training. It is the student's responsibility to ensure the review and completion of each SCPE's requirements. Students are also expected to complete an attestation by way of the student review confirmation checkbox in Exxat for each rotation. This attestation is an acknowledgment that the student has read and understands all the information listed on the Placement Details page. This includes general and location requirements, reference documents, notes, and any other documents that may be provided to the program by the preceptor or site contact. It is the student's responsibility to read and understand the information. Preceptors may inquire about the information included on this page during the first day of the rotation. Failure to review and address these requirements could result in a delayed start of the rotation.

Evaluation and Grading

The student must achieve a passing score (70% or higher) on each of the following discipline-specific SCPE components to pass the course and progress through the clinical year. The course grade is calculated from the grading components listed below in the following table and description. Students receiving an NP score for the course should refer to the [PA Program Student Handbook](#).

- Rotation Discussion and Self-Reflection Form
- Blueprint Prep Mock Rotation Exam
- End of Rotation (EOR) exam
- Preceptor Evaluation of Student

Rotation Discussion and Self-Reflection Form

Students are required to complete a rotation discussion and self-reflection form as a tool to initiate a dialogue with the preceptor regarding progress and areas needing improvement during the SCPE. This form is to help facilitate formative feedback on specific areas needing improvement and strengths. This form can be accessed and submitted through Exxat and must be completed by the Sunday following the second week of the SCPE.

Blueprint Prep Mock Rotation Exam

Students are provided access to the online Blueprint Prep question bank as a tool to prepare for the EOR exams. Students are required to complete a Mock Rotation Exam through Blueprint Prep. These are formative assessments, and grades are awarded for completion. Students are encouraged to use this resource throughout the clinical year as a learning tool. This exam is taken at home. It must be completed by the Sunday following the completion of the second week, see schedule below.

End-of-Rotation (EOR) Exam

EOR exams are administered through the Physician Assistant Education Association (PAEA) national testing platform. The Surgery EOR exam consists of 120 multiple-choice questions based on the PAEA Surgery EOR Exam Topic List which can be found here: <https://paeaonline.org/assessment/end-of-rotation/content>. The exam is divided into two sections of 60 questions with an optional 10-minute break. Scores are reported as a scaled score (300-500). The program converts the scaled score to a 100-point score for computing the Final SCPE Score. The passing score for each exam is one standard



deviation below the national average. The exact score is subject to change per class based on national data provided by PAEA. The student must achieve a percentage score of 70% or higher to pass the course. Students receiving a non-pass (NP) on the EOR exam should refer to the [PA Program Student Handbook](#). See the exam schedule for EOR exam dates through the Class Outlook calendar and on Canvas.

Preceptor Evaluation of Student

The Preceptor Evaluation of Student is completed by the preceptor and reflects the student’s performance in medical knowledge, clinical and technical skills, clinical reasoning and problem-solving, interpersonal and communication skills, and professional behaviors during the course. Evaluations are completed by the primary preceptor. The student must achieve a score of 70% or higher on the Preceptor Evaluation of Student to pass. The course directors will discuss performance outcomes from the Preceptor Evaluation of Student via e-mail or in person if needed or as requested. Students receiving non-passing score (below 70%) on the evaluation should refer to [PA Program Student Handbook](#). See the exam schedule for EOR exam dates through the Class Outlook calendar and on Canvas.

Special Assignments

The program may require additional assignments for absences from the SCPE. Furthermore, preceptors may require assigned reading, discussions, or presentations. These elements are not part of the graded elements but may be required for completion of the rotation.

Graded Element	Points	Student Learning Outcomes Assessed	% of Final SCP Score
Rotation Discussion and Self-reflection	25	SLO 8	10%
Blueprint Prep Mock Rotation Exam-Surgery	25	SLO 1-4, 10, 12, 14-16, 19-21	10%
Preceptor Evaluation of Student	100	SLO 1-21	40%
Surgery EOR exam	100	SLO 1-4, 10, 12, 14-16, 19-21	40%
Total Points	250		100%

Formative Assignment Due Date by SCPE Timeframe	SCPE	Due Date
Rotation Discussion and Self-reflection	1	Sunday, May 24, 2026
Blueprint Prep Mock Rotation Exam-Surgery		
Rotation Discussion and Self-reflection	2	Sunday, June 28, 2026
Blueprint Prep Mock Rotation Exam-Surgery		
Rotation Discussion and Self-reflection	3	Sunday, August 2, 2026
Blueprint Prep Mock Rotation Exam-Surgery		
Rotation Discussion and Self-reflection	4	Sunday, September 13, 2026
Blueprint Prep Mock Rotation Exam-Surgery		
Rotation Discussion and Self-reflection	5	Sunday, October 18, 2026
Blueprint Prep Mock Rotation Exam-Surgery		
Rotation Discussion and Self-reflection	6	Sunday, November 22, 2026
Blueprint Prep Mock Rotation Exam-Surgery		



Rotation Discussion and Self-reflection	7	Sunday, January 24, 2027
Blueprint Prep Mock Rotation Exam-Surgery		
Rotation Discussion and Self-reflection	8	Sunday, March 7, 2027
Blueprint Prep Mock Rotation Exam-Surgery		
Rotation Discussion and Self-reflection	9	Sunday, April 11, 2027
Blueprint Prep Mock Rotation Exam-Surgery		

Grading Scale

All EVMS SHP programs for which the Macon & Joan Brock Virginia Health Sciences at Old Dominion University serves as the school of record will use the following grading scale for those courses in which grades affect the Grade Point Average (GPA). Mathematical rules for rounding to the nearest whole number based on two decimal places apply. For example, a final grade of 93.45 would round to a 94 (A). A final grade of 93.44 would round to a 93 (A-).

Table 1: Grades Not Affecting GPA

Code	Description
H	Honors
HP	High Pass
P	Pass
NP	Non-Pass

Table 2: Course Points Equating to Grade Specific to Course

Course Points	Letter Grade
90-100	H
80-89	HP
70-79	P
69 or less	NP

Table 3: Grades Not Affecting GPA

Code	Description
I	Incomplete
P	Pass
W	Official Withdrawal
WF	Unofficial Withdrawal

Policies

Attendance

Financial Services must verify participation of all students in all classes to initiate Financial Aid disbursements. In face-to-face courses, participation is verified by physical attendance. In online courses, completion of week one BioSig activities is verification of presence and participation in each course. Failure to participate (absences, failure to log in via the Learning Management System [LMS],



missing important deadlines, additional BioSig verifications) may lead to withdrawal from this course in accordance with the program/institution handbook. Refer to Section: Attendance Policies of the [Physician Assistant Program Student Handbook](#) for complete details of the Attendance Policies. To facilitate and maximize learning opportunities, attendance as per the preceptor is mandatory. Negotiating and requesting schedule changes with preceptors or sites is prohibited. Students are expected to follow the schedule provided by the preceptor which may include nights, weekends, on call shifts, and extended hours. Students are expected to be on time for clinic. Students who are absent or late must follow the policies outlined in the Attendance Policies of the [PA Program Student Handbook](#). Additionally, it is the student's responsibility to notify the preceptor and site of lateness and absences.

Professionalism

Professionalism is an important attribute. Behavior in the clinic may be considered an indicator of future behavior as a practicing PA. Students are expected to adhere to the professional standards described in the [PA Program Student Handbook](#).

Examination Policy

All EOR examinations will be administered by the EVMS Student Testing Center or MonitorEDU, when necessary. MonitorEDU is an online, remote proctoring service. This option is available for students who are traveling outside the local area. Students must have a secure internet connection to utilize MonitorEDU. All students are expected to comply with the examination procedures distributed by the program. Program administration will provide details regarding use of MonitorEDU prior to scheduling EOR exams. Refer to the PA Program Student Handbook for complete details on examination policies.

Late Work

Submission of work past the due date will result in the deduction of points from the above Evaluation and Grading section. However, all assignments are required to be completed to progress through the clinical year.

Academic Integrity

All students in the EVMS School of Health Professions must meet high expectations for academic integrity. In addition to being required to maintain the guidelines outlined for Monarch Citizenship through the Honor Code, Honor Pledge, and Monarch Creed, students enrolled in the EVMS School of Health Professions must adhere to the Expectations for Health Professions Student Behavior Policy.

Artificial Intelligence Use Policy

In this course, you may not use AI tools such as ChatGPT and DALL•E 2, to generate content (including text, images, digital art, sound, video, and programming code). Generative AI use is strictly prohibited. You must complete all course assignments on your own or with your classmates. Using AI tools to create content for your assignments is a form of academic dishonesty and a violation of the University Honor Code.

Course Schedule

The date and location of the first day of the rotation will be posted in Exxat. The remaining schedule details will be provided by the site on the first day. The start times and locations may have previous

student details but will be updated with your specific information by the weekend before the first day of the rotation.

Instructional Objectives

Students may not encounter each of the instructional objectives during this course. Through patient encounters and self-directed learning at the end of this SCPE, the student should be able to demonstrate the following knowledge, skills, and attitudes. Students should refer to the PAEA Surgery exam topic list (link provided above under: End of Rotation Exam) for a comprehensive list of conditions referred to in the following objectives related to surgery.

General Learning Outcomes (Program Competencies)

LO1. Apply evidence-based medical knowledge to aid in clinical decision-making (MKb).

- Research current clinical practice guidelines for patient encounters.
- Utilize clinical decision support tools in conjunction with patient data to guide treatment decisions.
- Apply knowledge of basic sciences (anatomy, physiology, pathophysiology, microbiology, and genetics) to diagnose and manage conditions encountered in surgery.
- Identify underlying disease processes for pre-operative, intra-operative, and post-operative presentations of conditions encountered in surgery.
- Recognize disease associations and complications through knowledge of scientific concepts.
- Recognize risk factors for preventable diseases.
- Utilize evidence-based medicine for evaluating best practices to increase knowledge and improve patient care in the surgery setting.

LO2. Order laboratory and diagnostic testing appropriately (CTSc).

- Identify the most relevant diagnostic studies based on the patient's reason for visit and suspected diagnosis.
- Evaluate the clinical relevance of diagnostic studies considering the patient's age, gender, comorbidities, and other individual factors.
- Identify the risks and benefits of diagnostic studies.

LO3. Interpret laboratory and diagnostic testing accurately (CTSc).

- Identify abnormal findings for laboratory tests and diagnostic studies.
- Determine the clinical significance of the results.
- Synthesize results of diagnostic studies with clinical data to understand the patient's condition.

LO4. Apply clinical reasoning to develop a differential diagnosis based on history, physical examination, and review of diagnostic studies (MKa, CRPSa).

- Establish a differential diagnosis by prioritizing potential conditions based on clinical presentation.
- Integrate findings from the patient's history, physical examination, and diagnostic studies to refine the differential diagnosis.
- Utilize clinical reasoning to rule in or rule out potential diagnoses.
- Revise the differential diagnosis through ongoing patient evaluation and interpretation of diagnostic study results.
- Identify the most likely diagnosis for conditions encountered in surgery (Refer to PAEA Exam Topic List).

LO5. Establish appropriate referral strategies for specialty care (CRPSb).

- Assess clinical scenarios to determine when specialty care is necessary, considering the severity of the condition and the patient's overall health status.
- Identify specialty disciplines and care provided.
- Identify conditions encountered in surgery that require referral or consultation with a specialist.
- Determine coordinated care plans, ensuring continuity of care.

LO6. Create thorough written documentation of patient encounters (ICSa).

- Document patient encounters in a clear, organized, and professional manner, adhering to legal, ethical, and institutional guidelines.
- Demonstrate attention to detail when documenting patient history, physical findings, differential diagnoses, and treatment plans.
- Use electronic health records (EHR) systems effectively, maintaining accuracy and confidentiality in patient documentation.

LO7. Demonstrate effective exchange of information when interacting with patients, families, preceptors, and other health professionals (ICSa).

- Participate in discussions with the preceptor ensuring clear communication of relevant clinical information.
- Demonstrate effective communication when counseling patients on management plans for preventive wellness and acute or chronic presentation of diseases encountered in surgery.
- Present patient encounters in a logical and concise manner.
- Communicate patient information with healthcare team members to coordinate care.
- Utilize sensitive and respectful communication when educating patients and families about difficult topics in surgery.

LO8. Demonstrate the professional attributes of a physician assistant (PA) (PBa).

- Adhere to ethical guidelines and standards of practice in all patient interactions, demonstrating honesty, integrity, and confidentiality.
- Show professional conduct by seeking feedback, reflecting on practices, and making improvements based on self-assessment.
- Take initiative in learning and in patient care while respecting the contributions of all team members.
- Apply appropriate patient safety measures (e.g., Universal Protocol, mandated reporting).
- Recognize risk management and the legal and policy issues relevant to patient populations.
- Identify how culture, religious beliefs, and health disparities influence healthcare.
- Establish the professional identity of a PA upholding the standards of the profession.
 - Model integrity, responsibility, and ethical conduct.
 - Show initiative to learn
 - Respond well to constructive feedback
 - Adapt to change
 - Recognize the limitations and boundaries of a PA
 - Adhere to policies and procedures of the practice
 - Engage in a self-directed approach to learning.
- Recognize medical ethical issues and the PA role in addressing them.
 - Provider-patient relationship
 - Informed consent
 - Equitable resource allocation
 - Patient Safety
 - Confidentiality

- End-of-Life decision making (e.g., code status, advance directives, and organ donation)

LO9. Collaborate with other members of the healthcare team (PBa).

- Determine the roles and responsibilities of various members of the healthcare team.
- Respect the expertise of other healthcare team members, working towards patient-centered care and mutual respect.
- Engage in resolving conflict when team disagreements arise maintaining focus on patient care and well-being.

Pre-operative Learning Outcomes (ARC-PA Standard B3.06d)

LO10. Perform a pre-operative evaluation of a patient (CTSa).

- Conduct a focused physical examination based on the patient's presenting signs or symptoms, including relevant systems such as cardiovascular, respiratory, gastrointestinal, and neurological assessments.
- Perform specialized maneuvers (e.g., palpation, percussion, auscultation) to assess pre-operative conditions.
- Recognize abnormal physical findings that could indicate the need for immediate intervention or further diagnostic testing in the context of a surgical condition.

LO11. Understand pharmacologic agents used pre-operatively including potential adverse effects and interactions (MKb, CRPSb).

- Identify pharmacologic agents used in the pre-operative period, including antibiotics for prophylaxis, anticoagulants, and pain management medications.
- Recognize the adverse effects associated with pre-operative medications, such as allergic reactions, gastrointestinal disturbances, bleeding risk, and renal or hepatic toxicity.
- Assess potential drug-drug interactions between pre-operative medications and a patient's current medication regimen.

Intra-operative Learning Outcomes (ARC-PA Standard B3.06d)

LO12. Apply knowledge of anatomy to participate in intra-operative care of a patient (MKb).

- Identify key anatomical structures relevant to the specific surgical procedure being performed, including muscles, nerves, blood vessels, and organs.
- Assist in creating appropriate surgical exposure by identifying anatomical landmarks, helping with retraction or tissue manipulation, and ensuring proper visualization of the operative site.
- Recognize potential intra-operative complications related to anatomical structures, such as bleeding from major vessels, injury to nerves, or damage to organs.
- Perform dissection, excision, or suturing, with careful consideration of anatomical structures.

LO13. Perform appropriate scrubbing, gowning, and gloving in preparation for a surgical case (CTSb).

- Perform a thorough surgical hand scrub using the correct technique, including the appropriate duration and sequence, to effectively reduce the risk of surgical site infections.
- Don a sterile surgical gown, ensuring that the gown remains sterile throughout the process.
- Don sterile surgical gloves, ensuring that the gloves remain sterile throughout the process.

LO14. Manage a sterile field properly using sterile technique during a surgical case (CTSb).

- Identify the boundaries of the sterile field, ensuring that no sterile items are contaminated and that the field remains intact throughout the procedure.
- Recognize how to handle sterile instruments, drapes, and supplies without compromising sterility.

- Recognize potential breaches in sterile technique (e.g., contamination of sterile drapes or instruments).
- Perform appropriate corrective actions when there is a potential breach in the sterile field such as re-draping the sterile field or replacing contaminated instruments.

LO15. Assist the surgeon intraoperatively during a surgical case (CTSb).

- Perform proper surgical exposure by using retractors and other tools to hold tissues and organs away from the surgical site, ensuring optimal visualization for the surgeon.
- Pass surgical instruments to the surgeon, ensuring that the correct instrument is provided at the right time.
- Participate in closure of the incision site by suturing or stapling using the appropriate instruments.
- Assist the surgeon in performing intraoperative tasks such as tissue dissection, cauterization, or hemostasis.

LO16. Provide effective retraction during a surgical procedure (CTSb).

- Identify common surgical retractors and retraction techniques across various procedures.
- Demonstrate proper body positioning and ergonomics to maintain steady, effective retraction while minimizing fatigue and maintaining sterility.
- Perform appropriate retraction that provides optimal visualization of the operative field without excessive tension or tissue trauma.

LO17. Understand pharmacologic agents used intra-operatively including potential adverse effects and interactions (CRPSb).

- Identify pharmacologic agents used intra-operatively, including antibiotics for prophylaxis, anticoagulants, and pain management medications.
- Recognize the adverse effects associated with intra-operative medications, such as allergic reactions, gastrointestinal disturbances, bleeding risk, and renal or hepatic toxicity.
- Assess potential drug-drug interactions between intra-operative medications and a patient's current medication regimen.

Post-operative Learning Outcomes (ARC-PA Standard B3.06d)

LO18. Elicit a medical history of a patient postoperatively (CTSa).

- Obtain a thorough postoperative medical history, including pain levels, appetite, bowel and urinary function, and any issues related to the wound.
- Identify common postoperative symptoms such as fever, nausea, vomiting, and shortness of breath.
- Assess the patient's functional status postoperatively, including mobility, ability to perform activities of daily living, and any psychological factors impacting recovery.

LO19. Perform an appropriate physical examination of a patient postoperatively (CTSa).

- Conduct a focused postoperative physical examination relevant to the patient's operative procedure.
- Perform specialized maneuvers (e.g., palpation, percussion, auscultation) to assess for signs of complications.
- Recognize abnormal physical findings that could indicate the need for immediate intervention or further diagnostic testing in the postoperative setting.

LO20. Formulate a differential diagnosis for post-operative complications (MKa, CTSa).

- Recognize potential postoperative complications based on the type of surgery performed, including infection, bleeding, thrombosis, wound dehiscence, pneumonia, and ileus.
- Establish a differential diagnosis based on the patient's clinical presentation, surgical procedure, and risk factors.
- Correlate clinical findings with diagnostic results (e.g., blood cultures, imaging studies, wound cultures, arterial blood gases) to adjust the differential diagnosis accordingly.

LO21. Demonstrate appropriate wound care post-operatively (CTSb).

- Assess the postoperative wound site for signs of infection (e.g., erythema, warmth, drainage), dehiscence, or hematoma.
- Perform postoperative wound care according to best practice guidelines, ensuring proper technique to prevent infection.
- Demonstrate proper handling of wound dressings and materials based on the wound's characteristics (e.g., absorbent dressings for draining wounds).

LO22. Develop appropriate management plans for post-operative complications (MKb, CRPSb).

- Identify common postoperative complications, such as infection, bleeding, deep vein thrombosis (DVT), pneumonia, ileus, and wound dehiscence.
- Formulate a management plan tailored to the specific postoperative complication, considering patient factors such as comorbidities, the type of surgery, and the severity of the condition.
- Adjust the management plan as needed by evaluating the patient's response to treatment using clinical signs, laboratory results, and patient-reported outcomes.

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Disclaimer

Every attempt has been made to provide a complete, detailed syllabus that accurately provides both the overview and expectations of this course. However, unforeseen circumstances and events may make it necessary for the Course Director/faculty to modify the syllabus during the semester. Changes to this document will be assessed in light of the course purpose, program mission, and overall benefit to the student. Changes will be made public promptly and through various methods including but not limited to in-class announcements, emails, LMS announcements, and changes to the Program Calendar. It is the responsibility of the student to ensure compliance.

Students are encouraged to self-disclose disabilities that the Office of Educational Accessibility has verified by providing Accommodation Letters to their instructors early in the semester in order to start receiving accommodations. Accommodations will not be made until the Accommodation Letters are provided to instructors each semester.

Please consult the EVMS School of Health Professions Student Handbook and other applicable policies and handbooks, and the [program-specific handbook](#) for descriptions of additional policies to be applied uniformly across classes within this program. Old Dominion University academic and

university policies may apply. Consult Library Services, and Offices of Financial Aid, or Student Affairs, for additional support.