Physician Assistant

MPA 5725 | Supervised Clinical Practice Experience in General Internal Medicine

Course Information

Course Number and Title: MPA 5725 Supervised Clinical Practice Experience in General Internal Medicine

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 internal medicine designed to provide students with the opportunity to learn proper management of general medical conditions. Students will apply knowledge and skills learned in the didactic portion of the program through hands-on learning in the outpatient setting. This course allows students the opportunity to refine clinical and technical skills through the care of adult patients in a variety of encounters (preventive, acute, and chronic) under the supervision of a preceptor.

Course Goal

The goal of this course is to provide students with supervised clinical experiences in the internal medicine setting in preparation for clinical practice. Students will have the opportunity to apply foundational knowledge and enhance skills learned through evaluation, assessment, diagnosis, management and education of patients. Through patient encounters, students will refine communication, clinical and technical skills, 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 internal medicine. 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 appropriate diagnostic studies common to the internal medicine setting.
3. Interpret diagnostic studies commonly performed in the internal medicine setting accurately.
4. Apply clinical reasoning to develop a differential diagnosis based on history, physical examination, and results 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.

Elderly Preventive Care Learning Outcomes (B3.03a, b)

10. Elicit an appropriate history of an elderly patient for preventive wellness.
11. Identify cognitive impairment in an elderly patient.
12. Develop a plan for managing polypharmacy in an elderly patient by assessing medication history.
13. Provide patient education for an elderly patient on age-appropriate health maintenance.

Acute Care Learning Outcomes (B3.03a)

14. Elicit a problem-focused history for a patient presenting with an acute condition.
15. Determine appropriate therapeutic options for patients with an acute cardiovascular condition.
16. Perform phlebotomy for a patient with an acute condition.
17. Demonstrate proper technique in conducting an electrocardiograph on a patient with acute symptoms.

Chronic Care Learning Outcomes (B3.03a)

18. Elicit an appropriate history for a patient with multiple comorbidities.
19. Perform an appropriate physical examination of a patient with multiple comorbidities.
20. Formulate a management plan for a patient with a chronic condition.
21. Demonstrate appropriate patient counseling for management of chronic conditions.

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, McPhee SJ, Rabow MW, eds. *CURRENT Medical Diagnosis & Treatment 2024 (63rd edition)*. New York: McGraw-Hill; 2023.

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 provided by the preceptor and site. Students are expected to actively participate in patient care throughout the rotation and engage with their preceptor to facilitate learning. The following outlines the 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 are vital. The program utilizes this information to monitor the 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. Refer to the table below regarding requirements.

SCPE	Life span (B3.03b)	Visit Encounter Type (B3.03a)
Internal medicine	Elderly	Preventive, Acute, Chronic

End of Course Evaluations

Students are required to complete three end-of-course evaluations: 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 on 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 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 [EVMS MPA 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 formative assessment. The goal is to engage with the preceptor to seek feedback regarding progress and areas needing improvement during the SCPE. This form is used to help facilitate formative feedback on specific areas needing improvement and strengths. The form can be accessed and submitted through Exxat and must be completed by the Sunday following the second week of the SCPE.

Blueprint Prep 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. The mock rotation exam will be released at the beginning of the SCPE. It must be completed by the Sunday following the completion of the second week, see schedule below. The exam will be made available for retake in the future, if desired once the deadlines have passed.

End-of-Rotation (EOR) Exam

EOR exams are administered through the Physician Assistant Education Association (PAEA) national testing platform. The Internal medicine EOR exam consists of 120 multiple-choice questions based on the PAEA Internal medicine 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 EVMS MPA Program Student Handbook

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. Students receiving a non-passing score (below 70%) on the evaluation should refer to EVMS MPA Program Student Handbook

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	% of Final SCP Score
Rotation Discussion and Self-reflection	25	10%
Blueprint Prep Mock Rotation Exam-Internal medicine	25	10%
Preceptor Evaluation of Student	100	40%
Internal medicine EOR exam	100	40%
Total Points	250	100%

Formative Assignment Due Date by SCPE Timeframe	SCPE	Due Date
Rotation Discussion and Self-reflection Blueprint Prep Mock Rotation Exam-Internal medicine	1	June 1, 2025
Rotation Discussion and Self-reflection Blueprint Prep Mock Rotation Exam-Internal medicine	2	July 6, 2025
Rotation Discussion and Self-reflection Blueprint Prep Mock Rotation Exam-Internal medicine	3	August 10, 2025
Rotation Discussion and Self-reflection Blueprint Prep Mock Rotation Exam-Internal medicine	4	September 21, 2025
Rotation Discussion and Self-reflection Blueprint Prep Mock Rotation Exam-Internal medicine	5	October 26, 2025
Rotation Discussion and Self-reflection Blueprint Prep Mock Rotation Exam-Internal medicine	6	November 30, 2025
Rotation Discussion and Self-reflection Blueprint Prep Mock Rotation Exam-Internal medicine	7	January 18, 2026
Rotation Discussion and Self-reflection Blueprint Prep Mock Rotation Exam-Internal medicine	8	March 1, 2026
Rotation Discussion and Self-reflection Blueprint Prep Mock Rotation Exam-Internal medicine	9	April 5, 2026

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

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 EVMS MPA 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 EVMS MPA 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 EVMS MPA 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 EVMS MPA 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 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 internal medicine.

General Learning Outcomes (Program Competencies)
LO1. Apply evidence-based medical knowledge to aid in clinical decision-making (MKb).
- o Research current clinical practice guidelines to patient encounters.
- o Utilize clinical decision support tools in conjunction with patient data to guide treatment decisions.

- o Apply knowledge of basic sciences (anatomy, physiology, pathophysiology, microbiology, and genetics) to diagnose and manage conditions encountered in internal medicine.
- o Identify underlying disease processes for chronic and acute presentations of conditions encountered in internal medicine.
- o Recognize disease associations and complications through knowledge of scientific concepts.
- o Recognize risk factors for preventable diseases.
- o Utilize evidence-based medicine for evaluating best practices to increase knowledge and improve patient care in the internal medicine setting.

LO2. Order appropriate diagnostic studies common to the internal medicine setting (CTSc).
- o Identify the most relevant diagnostic studies based on the patient's reason for visit and suspected diagnosis.
- o Evaluate the clinical relevance of diagnostic studies considering the patient's age, gender, comorbidities, and other individual factors.
- o Identify the risks and benefits of diagnostic studies.

LO3. Interpret diagnostic studies commonly performed in the internal medicine setting accurately (CTSc).
- o Identify abnormal findings for laboratory tests and diagnostic studies.
- o Determine the clinical significance of the results.
- o 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 results of diagnostic studies (MKa, CRPSa).
- o Establish a differential diagnosis by prioritizing potential conditions based on clinical presentation.
- o Integrate findings from the patient's history, physical examination, and diagnostic studies to refine the differential diagnosis.
- o Utilize clinical reasoning to rule in or rule out potential diagnoses.
- o Revise the differential diagnosis through ongoing patient evaluation and interpretation of diagnostic study results.
- o Identify the most likely diagnosis for conditions encountered in internal medicine (Refer to PAEA Exam Topic List).

LO5. Establish appropriate referral strategies for specialty care (CRPSb).
- o Assess clinical scenarios to determine when specialty care is necessary, considering the severity of the condition and the patient's overall health status.
- o Identify specialty disciplines and care provided.
- o Identify conditions encountered in internal medicine that require referral or consultation with a specialist.
- o Determine coordinated care plans, ensuring continuity of care.

LO6. Create thorough written documentation of patient encounter (ICSa).
- o Document patient encounters in a clear, organized, and professional manner, adhering to legal, ethical, and institutional guidelines.
- o Demonstrate attention to detail when documenting patient history, physical findings, differential diagnoses, and treatment plans.
- o 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).
- o Participate in discussions with the preceptor ensuring clear communication of relevant clinical information.
- o Demonstrate effective communication when counseling patients on management plans for preventive wellness and acute or chronic presentation of diseases encountered in internal medicine.
- o Present patient encounters in a logical and concise manner.
- o Communicate patient information with healthcare team members to coordinate care.
- o Utilize sensitive and respectful communication when educating patients and families about difficult topics in internal medicine.

LO8. Demonstrate the professional attributes of a physician assistant (PA) (PBa).
- o Adhere to ethical guidelines and standards of practice in all patient interactions, demonstrating honesty, integrity, and confidentiality.
- o Show professional conduct by seeking feedback, reflecting on practices, and making improvements based on self-assessment.
- o Take initiative in learning and in patient care while respecting the contributions of all team members.
- o Establish the professional identity of a PA upholding the standards of the profession.
  - o Model integrity, responsibility, and ethical conduct.
  - o Show initiative to learn
  - o Respond well to constructive feedback
  - o Adapt to change
  - o Recognize the limitations and boundaries of a PA
  - o Adhere to policies and procedures of the practice
  - o Engage in a self-directed approach to learning.
- o Recognize medical ethical issues in internal medicine.
  - o Provider-patient relationship
  - o Informed consent
  - o Equitable resource allocation
  - o Patient Safety
  - o Confidentiality

LO9. Collaborate with other members of the healthcare team (PBa).
- o Determine the roles and responsibilities of various members of the healthcare team.
- o Respect the expertise of other healthcare team members, working towards patient-centered care and mutual respect.
- o Engage in resolving conflict when team disagreements arise maintaining focus on patient care and well-being.

Elderly Preventive Care Learning Outcomes (ARC-PA Standard B3.03a, b)
LO10. Elicit an appropriate history of an elderly patient for preventive wellness.
- o Gather a comprehensive medical history, including family history, social history, and relevant psychosocial and functional pertinent aspects related to preventive care in elderly patients.
- o Assess age-specific risk factors for chronic diseases and preventive health maintenance for elderly patients.
- o Identify key components of a preventive health history, including vaccination history, screenings, substance use, and mental health status.

- o Determine appropriate screenings to assess wellness-related aspects such as depression, substance use, and fall risk.

LO11. Identify cognitive impairment in an elderly patient.

- o Perform a focused cognitive assessment using validated tools such as the Mini-Mental State Examination (MMSE) or Montreal Cognitive Assessment (MoCA).
- o Recognize key clinical indicators of cognitive decline, including memory loss, difficulty with daily tasks, and changes in mood or behavior.
- o Differentiate between reversible causes of cognitive impairment, such as medication side effects or metabolic disturbances, and progressive conditions like dementia.

LO12. Develop a plan for managing polypharmacy in an elderly patient by assessing medication history.

- o Identify potentially inappropriate medications (PIMs) using validated tools such as the Beers Criteria or STOPP/START guidelines.
- o Assess the patient's medication regimen for drug-drug interactions, duplications, and unnecessary medications.
- o Collaborate with the patient and healthcare team to create a prioritized medication management plan.

LO13. Provide patient education for an elderly patient on age-appropriate health maintenance.

- o Explain recommended age-appropriate screenings and immunizations, such as colorectal cancer screening or pneumococcal vaccination.
- o Discuss lifestyle modifications (e.g., diet, exercise, smoking cessation) tailored to the elderly patient's health goals and physical abilities.
- o Provide patient education and appropriate resources, such as fall prevention techniques or community support programs, to maintain independence and optimize quality of life.

Acute Care Learning Outcomes (ARC-PA Standard B3.03a)
LO14. Elicit a problem-focused history for a patient presenting with an acute condition.

- o Gather key clinical details related to the patient's chief complaint and history of present illness with relevant background.
- o Elicit pertinent past medical histories and medication histories that may influence acute conditions.
- o Differentiate between urgent and non-urgent symptoms through focused history-taking.
- o Synthesize a concise, problem-focused summary to guide diagnostic and therapeutic decision-making.

LO15. Determine appropriate therapeutic options for patients with an acute cardiovascular condition.

- o Identify first-line treatment options for common acute cardiovascular conditions, such as acute coronary syndrome, heart failure exacerbation, or arrhythmias.
- o Evaluate the mechanism of action, dosing, and potential side effects of medications used in acute cardiovascular emergencies, such as nitroglycerin, beta-blockers, or anticoagulants.
- o Prioritize therapeutic interventions based on the severity and presentation of the cardiovascular condition.
- o Implement evidence-based treatment options for managing acute cardiovascular conditions.

LO16. Perform phlebotomy for a patient with an acute condition.

- o Demonstrate proper technique for venipuncture, including patient preparation, site selection, and use of sterile equipment.
- o Identify complications of phlebotomy, including hematoma or infection, and demonstrate appropriate management.
- o Ensure accurate labeling and timely transport of specimens to avoid diagnostic delays.

LO17. Demonstrate proper technique in conducting an electrocardiograph on a patient with acute symptoms.

- o Explain the indications for obtaining an electrocardiograph (ECG) in patients presenting with acute symptoms, such as chest pain, dyspnea, or palpitations.
- o Demonstrate correct lead placement for a 12-lead ECG, ensuring high-quality tracings.
- o Communicate ECG findings effectively to the supervising physician or healthcare team to guide immediate clinical decision-making.

Chronic Care Learning Outcomes (ARC-PA Standard B3.03a)
LO18. Elicit an appropriate history for a patient with multiple comorbidities.

- o Gather comprehensive history including past medical, surgical, and family history to understand the complexity of comorbidities.
- o Identify the chief complaint and its relationship to underlying chronic conditions through targeted questioning.
- o Assess the impact of comorbidities on the patient's functional status, quality of life, and social determinants of health.

LO19. Perform an appropriate physical examination of a patient with multiple comorbidities.

- o Conduct a system-based physical examination tailored to the patient's presenting complaints and underlying conditions.
- o Identify physical signs and symptoms that reflect interactions or complications of comorbid conditions (e.g., peripheral edema in a patient with heart failure and diabetes).
- o Correlate physical findings with the patient's medical history to prioritize differential diagnoses.
- o Demonstrate effective examination techniques while ensuring patient comfort and addressing any physical limitations.

LO20. Formulate a management plan for a patient with a chronic condition.

- o Develop a comprehensive treatment plan that addresses the primary chronic condition and associated comorbidities.
- o Prioritize interventions based on the patient's clinical status, comorbid conditions, and potential risks or benefits.
- o Evaluate the patient's current medications, considering potential drug-drug interactions, contraindications, and adverse effects, and adjust the treatment plan to minimize risks while maximizing therapeutic efficacy.
- o Select appropriate medications considering proper dosing and potential side effects.
- o Determine follow-up and monitoring strategies to evaluate the effectiveness of the management plan and modify it as needed.

LO21. Demonstrate appropriate patient counseling for the management of chronic conditions.
- o Provide clear and patient-centered explanations about the nature, progression, and management of chronic conditions.

- Identify barriers to adherence by discussing strategies for medication compliance, lifestyle modifications, and managing side effects.

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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.