PA LIKE A PRO

DRINKING OUT OF A FIRE HYDRANT:
HOW TO STUDY EFFECTIVELY IN PA SCHOOL

Savanna Perry, PA-C - The PA Platform
Seems exaggerated.
It is, but it isn't.
Tons of information. Really fast.
KEEP IN MIND

Study for the PANCE from day 1.
FIRST SEMESTER

C on first Anatomy test (barely)
Failed first pharmacology test (barely)
Learning Style

OLD METHODS MIGHT NOT WORK.

VARK LEARNING TEST
Gain insights to study better

VISUAL
Diagrams, charts, designs, NOT words

AURAL
Lectures, group discussion, speaking, talking

READ/WRITE
Words, Powerpoints, lists

KINESTHETIC
Simulation, video, demonstration, case studies, practice
Multiple times in multiple ways

@MASAA98

Be choosy about what resources you use, but go for a multimodal approach to make sure you're seeing that information in different ways.
Study Techniques

**REPETITION**
Re-listen, write things out, review the day's material and repeat in 24 hours

**GROUP STUDY**
Talk through concepts, quiz each other, teach each other

**POMODORO**
Take breaks! Set a timer for study time vs rest time and take away distractions

**APPLICATION**
Practice questions, create charts with highlights, teach someone else
Tips

SWITCH IT UP
Recognize when a study method isn't effective, and try something new.

ASK FOR HELP
Classmates, advisors, faculty, friends, family, internet

STICK TO WHAT Works
Once you do find a resource or method, use it until it doesn't work.
Don't sacrifice yourself!

**SLEEP**
Keep a regular bedtime. Will studying another 2 hours to sacrifice really impact your grade?

**EAT WELL**
Choose healthy foods, and take breaks for meals. Your brain needs fuel!

**EXERCISE**
Get up and active. Sitting in a classroom and studying all day can be exhausting. Wake up your muscles!
How I Studied

NOTE TAKING
Staying engaged in lecture by taking notes on important points and pearls

STUDY GUIDES
Putting notes into study guide form and sharing with my classmates

REVIEW PANCE RESOURCES
Make sure I was focusing on the most important topics

APPLICATION
Practice questions with explanations and discussing with others
Side Effects

Renin Angiotensin System Blockers

ACE inhibitors:
- Captopril
- Enalapril
- Lisinopril
- Quinapril
- Ramipril
- Telmisartan
- Valsartan
- Losartan

Angiotensin receptor antagonists:
- Valsartan
- Losartan

Beta Blockers
- Carvedilol (B & alpha blocker)
- Acenocoumarol
- Atenolol (selective B1)
- Metoprolol (selective B1)
- Propranolol (nonselective B & sympathic antagonist)
- Labetalol (nonselective B & selective a1)
- Nadolol (nonselective B)
- Timolol (nonselective B)

Diuretics
- Loop Diuretics
- Thiazide Diuretics
- Hydrochlorothiazide

Direct Vasodilators
- Articular
- Hydralazine
- Minidil
- Sodium Nitroprusside

Aldosterone Antagonists
- Spironolactone

Organic Nitrates
- Isosorbide Dinitrate
- Isosorbide Mononitrate
- Nitroglycerin
- Amyl Nitrate

Ca2+ Channel Blockers
- Diltiazem
- Verapamil
- Amlodipine
- Nitredipine
- Nifedipine
- Felodipine
- Nicardipine
DIGOXIN

Lanoxin, Lanoxicaps

CLASS:
Positive Inotropic agents – Cardiac glycosides

ADMINISTRATION:
IV or PO – only good oral inotropic agent
Digitalis compounds must be given slowly and in small doses

BINDING:
25% protein bound

METABOLISM:
Small amount metabolized in liver

ELIMINATION:
Majority excreted unchanged in urine

MOA:
Inhibit Na+/K+ ATPase = increase in IC Na+ = decrease in activity for Na+/Ca2+ exchanger = increase in IC Ca2+ = higher amount of Ca2+ present during AP = more forceful contraction
Direct electrical effects on heart = decrease in AP duration, ectopic beats, and arrhythmias

CLINICAL USES:
Tx of chronic CHF
Pts w/ severe left-ventricular systolic dysfunction after initiation of diuretic, ACE inhibitor, & B blocker therapy
NOT in pts with diastolic or right-sided HF

AE's:
Low therapeutic index = high risk
Cardiac = AV junctional rhythm, premature ventricular depolarization, AV blockade
Noncardiac = nausea, color vision abnormality, anorexia, diarrhea, disorientation, gynecomastia
Hypokalemia can increase the risk of toxicity by worsening arrhythmia
Monitor levels in renal insufficiency and adjust dosage as needed
Severe toxicity with ventricular tachycardia = give antiarrhythmic drugs and antibodies to digoxin (digoxin immune fab) to bind and inactivate drug

T1/2:
1.5 days = short = better Tx of toxic reactions

DRUG REACTIONS:
Digoxin levels in plasma double when coadministered with quinidine
Digoxin Intoxication can occur with quinidine, verapamil, amiodarone
K+-depleting diuretics, corticosteroids, and other drugs can increase digoxin toxicity

ONSET:
20 minutes – more rapid = useful in emergency situations
WHITE BOARDS

A time proven crowd favorite
Favorite Resources
CROWDSOURCED ON INSTAGRAM

- PANCE Prep Pearls
- Rosh Review, Lange
- Picmonic, Osmosis, SketchyPharm
- PACKRAT, Quizlet
Always here to help!

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