Rush University Medical Center

College of Health Sciences

Department of PA Studies

**PA Program Class of 2027
Student Handbook**

2025-2026

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Introduction

Welcome to the Rush University PA Program!

This handbook outlines the policies and procedures specific to the PA Program and applies to all students, faculty, and staff. The information in this handbook does not supplant or replace any other University or CHS policies. The Rush University Catalog can be found here: Rush University Catalog 2024-2025. Additional policies related to specific courses may also exist and are described as appropriate in related course materials.

At the beginning of their second and third years, students will receive additional handbooks regarding policies and procedures related to clinical rotations. The policies described in these handbooks also apply to all students and faculty of the program.

Rush Mission, Vision, and Goals Statements

PA Program

PA Program Mission
The Rush University PA Program mission is to prepare qualified PAs to practice evidence-based medicine with competence, professionalism, and compassion driven by academic excellence and service to diverse communities.

PA Program Vision
The Rush University PA Program strives to be a national leader in educating exceptionally qualified PAs to transform clinical and professional practice.

PA Program Goals
1. Matriculate and retain qualified students from diverse backgrounds.
2. Prepare competent PAs with the medical knowledge, clinical skills, and professional behaviors required for entry-level practice.
3. Prepare graduates to work on interprofessional healthcare teams.
4. Support the institution and community through student service activities.

The PA Program is also dedicated to fulfilling the mission, vision, and values of the College, the University, and the Health System.

College of Health Sciences

College of Health Sciences Mission
The College of Health Sciences advances the quality and availability of health care through excellence in education, research and scholarship, service, and patient care.

College of Health Sciences Vision
The College of Health Sciences is and will continue to be a world-class school of allied health sciences whose programs are recognized as among the best in the United States.

College of Health Sciences Diversity Statement
The College of Health Sciences at Rush University supports an environment that values individuals and encourages engagement. Respecting multiple experiences and perspectives will serve to challenge all individuals to learn from each other. By promoting diversity, inclusion and intellectual exchange, we will not only mirror society as it is, but also model society as it should and can be.

Diversity encompasses the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, socioeconomic status, physical ability, cognitive, linguistic, or

psychosocial abilities, religious or ethical values system, national origin, and political beliefs. Inclusion is involvement and empowerment in which the inherent worth and dignity of all people are recognized. As an inclusive college, we will promote and sustain a sense of belonging, as well as value and respect the talents, beliefs, and backgrounds of all individuals.

Rush University

Rush University Mission
Rush University champions a learning environment in health and biomedical sciences through collaboration, education, research and equity for our students, faculty, staff and the communities we serve.

Rush University Vision
Rush University is a model for improving health through innovative research and transformative education in a culture of excellence and equity.

Rush System for Health

Rush Health System Mission
The mission of Rush is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research, and community partnerships.

Rush Health System Vision
Rush will be the leading academic health system in the region and nationally recognized for transforming health care.

Rush Health System Values
Rush's core values — innovation, collaboration, accountability, respect and excellence — are the roadmap to our mission and vision.

These five values, known as our I CARE values, convey the philosophy behind every decision a Rush employee makes. Rush employees also commit themselves to executing these values with compassion. This translates into a dedication – shared by all members of the Rush community – to providing the highest quality patient care.

Rush University

PA Program Performance on Goals
Updated 2024

The Rush PA Program reviews its goals annually to ensure they align with the University, College, and Program's Mission and Vision. The program revised its goals in 2024. As part of ongoing assessment of the program, the program assesses its performance on each goal using the outcomes and benchmarks listed below.

1. **Matriculate and retain qualified students from diverse backgrounds.**

   - Outcome measure related to **Diverse Students**: Admissions demographics.
   - Benchmark: At least 25% of matriculants will meet the criteria for the program's Additional Factors for Admissions Consideration, which include military veterans, persons from economically disadvantaged backgrounds, first person to attend a higher education training program, and recommended graduates from the Rush Bachelor of Science in Health Sciences program.
   - Results:

Class	Percentage of Students Meeting Additional Factors for Admissions Consideration
Class of 2026 (to matriculate May 2024)	62.50% (20/32)
Class of 2025 (matriculated May 2023)	37.5% (12/32)
Class of 2024 (matriculated May 2022)	59.4% (19/32)
Class of 2023 (matriculated May 2021)	37.9% (11/29)

   - Outcome measure related to **Retention**: Student Attrition rate, as defined by the percentage of students from an entering cohort who leave the program due to withdrawal or dismissal.
   - Benchmark: The annual attrition rate will be less than 10%.
   - Results:

Class	Attrition Rate
Class of 2023	6% (2/32)
Class of 2022	20% (6/30)
Class of 2021	0% (0/30)
Class of 2020	7% (2/30)
Class of 2019	3% (1/30)

   - Outcome measure related to **Retention**: Student Graduation rate, as defined by the percentage of students from the entering cohort that graduate from the program.
   - Benchmark: The annual student graduation rate will be 95% or higher.
     Results:

Class	Graduation Rate
Class of 2023	94% (30/32)
Class of 2022	80% (24/30)
Class of 2021	100% (30/30)
Class of 2020	93% (28/30)
Class of 2019	97% (29/30)

*Link to the program's ARC-PA attrition table. https://www.rushu.rush.edu/college-health-sciences/academic-programs/master-science-physician-assistant-studies

2. **Prepare competent PAs with the medical knowledge, clinical skills, and professional behaviors required for entry-level practice.**

- Outcome Measure: NCCPA PANCE pass rate.
- Benchmark: The program will have a 100% first-time and overall NCCPA PANCE pass rate each year.
- Results:

Class	Number of takers	First-time NCCPA PANCE pass rate – Rush PA Program	First-time NCCPA PANCE pass rate – National Average	Overall NCCPA PANCE pass rate – Rush PA Program	Overall NCCPA PANCE pass rate – National Average
Class of 2023	29	100%	92%	100%	89%
Class of 2022	24	92%	92%	100%	89%
Class of 2021	30	100%	93%	100%	91%
Class of 2020	28	93%	95%	100%	93%
Class of 2019	29	100%	93%	100%	91%

- Outcome Measure: The program's Summative Evaluation, which assesses students on their ability to meet the program's Terminal Program Competencies through a multiple-choice examination, case-based OSCE, station OSCE, and professionalism assessment.
- Benchmark: All students will pass the summative evaluation before progressing to graduation.
- Results:

Class	Number of takers	Pass Rate of Summative Evaluation
Class of 2023	30	100%
Class of 2022	24	100%
Class of 2021	30	100%
Class of 2020	28	100%
Class of 2019	29	100%

- Outcome Measure: The percentage of graduates licensed and employed as a PA within one year of graduation.
- Benchmark: All graduates will be licensed and employed as a PA within one year of graduation.
- Results: The program has not previously collected data on time to employment but will begin collecting this data in the 2024 Alumni Survey for analysis in 2025.

3. **Prepare graduates to work on interprofessional healthcare teams.**
   - Outcome Measure: Amount of time students work in interprofessional teams in the didactic year.
   - Benchmark: Students will spend at least 30 hours working on an interprofessional team during the didactic year.
   - Results: In the 2023-2024 academic year, didactic students spent on average 40 hours working on an interprofessional team in the course "IPE 502 - Interprofessional Patient Centered Teams" across the fall and spring terms, working directly with students in the following disciplines: occupational therapy, dietetics, vascular ultrasound, health systems management, nursing, medicine, perfusion, respiratory therapy, imaging sciences, medical lab sciences, speech-language pathology, and audiology. Students also work on interprofessional teams in Rush community service programs, and the program will begin collecting this data beginning in 2024 for analysis in the 2025 performance on goals.

   - Outcome Measure: Percentage of clinical rotation (SCPE) sites in which students work directly with learners from other disciplines such as medical students, APRN students, residents, and fellows.
   - Benchmark: At least 50% of the PA program's clinical rotation (SCPE) sites will provide PA students the opportunity to work directly with learners from other disciplines.
   - Results: 72% of current Rush PA program clinical rotation (SCPE) sites provide students this opportunity.

   - Outcome Measure: Preceptor evaluations of students during the third year of the PA program that rate students on "Works effectively as a member of the health care team."
   - Benchmark: Students will have an average score of 3 ("Average") or higher on this evaluation item.
   - Results: The Class of 2023 had an average evaluation item score of 4.86 out of 5 ("Excellent") on this evaluation item regarding collaboration with the healthcare team.

4. **Support the institution and community through student service activities.**

   - Outcome Measure: Number of community service hours completed by students annually.
   - Benchmark: The total number of service hours for all students will exceed 1000 hours per year.
   - Results:

Academic Year	Service to the Institution	Service to the Community	Total Service Hours
2023-2024	353 hours	1,412 hours	1,765 hours
2022-2023	366 hours	1,346 hours	1,712 hours
2021-2022	254 hours	940 hours	1,194 hours

PA National Certification Examination

The National Commission on Certification for the PA (NCCPA) administers the PA National Certification Examination (PANCE) and maintains the certification status for all PAs in the United States. In order to obtain individual state licensure, all PAs must take and pass the PANCE examination. Adhering to the NCCPA's certification standards ensures that all PAs in the country maintain minimum competency for practice.

The program offers many opportunities for students to develop test-taking skills and take practice exams. Additionally, the program's curriculum and assessment standards are based on the NCCPA's Content Blueprint for the PANCE. The Content Blueprint covers both the organ systems and diseases, and the knowledge and skills areas required to pass the PANCE. The program offers a board review course at the conclusion of the program for each cohort.

Because of the evolving nature of the Content Blueprint, students should regularly check the NCCPA website for updates to the PANCE Blueprint, which can be accessed here.

Rush PA Program Performance on the NCCPA Certification Examination

Graduation Class	2017-2	2018	2019	2020	2021	2022	2023	2024
Number of First-Time Takers	30	29	29	28	29	24	30	31 As of 4/2025
First-Time Pass Rate	100%	100%	100%	93%	100%	92%	100%	94%
National Pass Rate	97%	98%	93%	95%	93%	92%	92%	92%

The program's overall first-time taker pass rate since 2013 is 97%.
The program's overall PANCE pass rate is 100%.

Institutional and Program Accreditation

Rush PA Program Accreditation Status

At its March 2024 meeting, the Accreditation Review Commission on Education for the PA, Inc. (ARC-PA) placed the Rush University PA Program sponsored by Rush University on Accreditation-Probation status until its next review in March 2026.

Probation accreditation is a temporary accreditation status initially of not less than two years. However, that period may be extended by the ARC-PA for up to an additional two years if the ARC-PA finds that the program is making substantial progress toward meeting all applicable standards but requires additional time to come into full compliance. Probation accreditation status is granted, at the sole discretion of the ARC-PA, when a program holding an accreditation status of Accreditation - Provisional or Accreditation - Continued does not, in the judgment of the ARC-PA, meet the Standards or when the capability of the program to provide an acceptable educational experience for its students is threatened.

Once placed on probation, a program that fails to comply with accreditation requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and is subject to having its accreditation withdrawn.

Specific questions regarding the Program and its plans should be directed to the Program Director and/or the appropriate institutional official(s).

The program's accreditation history can be viewed on the ARC-PA website at https://www.arc-pa.org/accreditation-history-Rush-university/.

The accreditation status of the Rush University PA Studies Program is public information, and the program will make its accreditation status known to prospective applicants, students, and the general public through appropriate program publications, the program web site, or upon request.

Rush University Accreditation Status

Rush University is accredited by the Higher Learning Commission (HLC), a regional accrediting agency that accredits degree-granting post-secondary educational institutions in the North Central region, which includes 19 states. In its accreditation process, HLC assesses the academic quality and educational effectiveness of institutions and emphasizes institutional structures, processes, and resources.

Rush University has been accredited by the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools since 1974. The HLC has reaffirmed Rush's accreditation status through 2028-2029.

Additionally, all health care practice or administration degree programs offered by Rush University are accredited by their respective governing body.

PA Program Faculty and Staff

The following is the contact information for the PA principal faculty and staff.

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Tuition and Estimated Program Costs

The PA Program charges a flat tuition fee by term based on the 30-month curriculum. There are no additional fees associated with attending Rush.

Tuition for the 2024-2025 academic year is $109,902. The total tuition amount is evenly divided across each term of the program, equal to $13,739 per term.

For more information about financial aid, visit https://www.Rushu.Rush.edu/Rush-experience/student-services/office-student-financial-aid or contact Financial Aid at **financial_aid@Rush.edu** or **(312) 942-6256.** To determine your specific financial aid needs, speak with a representative in the Office of Financial Aid. Individual financial need is based on personal preferences and circumstances.

The following estimated cost information is provided for planning purposes only.

Estimated Costs	First Year	Second Year	Third Year
Books, Equipment, and Supplies	$1407.00	$500.00	$500.00
Tuition:	$41,207.00	$41,207.00	$27,478.00
ESTIMATED TOTALS:	$42,624.00	$41,717.00	$27,978.00

**Note: Estimated cost of attendance, excluding Living Allowance, based on current rates. Contact the Office of Financial Aid for Living Allowance allocations for 2024-2025.

All costs are subject to change without notice; tuition is subject to change at a rate of 2-5% annually.

Tuition refund information is available at: Tuition Refund and Waivers, Office of Financial Affairs

PA Program Scholarships
Rush University and the College of Health Sciences offer scholarship awards to incoming PA annually. In 2024, the PA Program awarded over $250,000 in scholarships to incoming students, benefiting more than one-third of the class. The PA Program's scholarships are:

PA Program Scholarship - a merit- and need-based scholarship to offset the cost of tuition All incoming students are automatically eligible for this scholarship and no application is required. Total award amount is approximately $150,000 annually. Merit is determined by undergraduate performance, and need is determined by FAFSA.

CHS Leadership Scholarship - a College of Health Sciences award seeks to recognize incoming students with demonstrated leadership experiences prior and a commitment to develop their leadership skills further during the program. The award amount is equivalent to the total cost of tuition and is divided among qualified recipients. All incoming students are eligible to receive this scholarship, and awards are made based on candidates submitting an essay describing their prior leadership experiences, their impact on the communities served, and their commitment to addressing observed or experienced inequality and systematically unfavorable outcomes in diverse populations. Additional consideration is given to experiences that demonstrate a dedication to building resilience among the affected individuals.

Within the College of Health Sciences, diversity encompasses the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, socioeconomic status, physical ability, cognitive, linguistic, or psychosocial abilities, religious or ethical values system, national origin, and political beliefs.

Grainger Scholarship - a competitive scholarship award to promote leadership and service. Successful awardees design a community service project that aims to aid an underrepresented or underserved community in Chicago. Scholarship applications are provided upon admission to the program. The award is $40,000 to two incoming students annually.

For more information regarding scholarships, contact the College of Health Sciences Admissions Office at **chs_admissions@rush.edu.**

Students may also be eligible to apply for non-Rush scholarships and are encouraged to do so. However, external funding awards may impact the total amount of funding available to them through Rush scholarships. Students are encouraged to discuss external scholarship awards with the Office of Financial Aid prior to accepting funding.

Program Curriculum

The Rush University PA Program is part of the College of Health Sciences' Department of PA Studies. The program offers a 30-month graduate curriculum, culminating in a Master of Science (MS) in PA Studies. The curriculum is divided into three components. The first year involves 12 months of didactic course work comprised of lectures, laboratory work, hands-on learning experiences, and independent study.

The second year of the program begins clinical training, consisting of 8-week rotations in Internal Medicine and General Surgery, and 4-week rotations in Family Medicine, Emergency Medicine, Obstetrics and Gynecology, Pediatrics, Behavioral Health, and Long-Term-Care/Rehabilitation medicine. Students are also provided with two 4-week elective rotations in an area of their choosing. Rotations are hands-on learning experiences where students apply the knowledge gained in the didactic year towards patient care. Clinical rotations occur in both inpatient and outpatient settings. While on rotation, students are expected to work a minimum of 32-hours per week and will participate in all patient care activities, which may include taking call, admitting patients, and participating in all scheduled learning activities, such as Grand Rounds, Return to Campus events, Medication-Assisted Treatment Curriculum, and Simulation Sessions.

The third year of the program provides advanced clinical training. This consists of six months of rotations in a single specialty, which will allow students to enhance their medical knowledge and patient care skills. Opportunities for advanced clinical rotations are continuously expanding; the program currently offers rotations in a variety of areas in both medical and surgical practices. As in second-year rotations, students are expected to work a minimum of 32 hours per week in various patient care activities as assigned, as well as participate in all scheduled learning activities. An elective rotation is also included. The third year also provides students with leadership development opportunities and a board review course.

The sequencing and site placement of rotations is made at the sole discretion of the PA faculty. Sites within a 90-mile or 90-minute drive, without traffic, are considered reasonable boundaries for site placement. More information regarding clinical rotations is provided before students embark on their second year and can be found in the clinical year handbooks.

As part of the master's component of the curriculum, students are expected to become proficient in reviewing, analyzing, and applying current research literature towards effective, evidence-based clinical decision-making. Students are introduced to research and statistical methods in the first year of the program and these concepts are reinforced throughout the program. To showcase research competence, students develop a master's research project. For this project, students work with a faculty mentor to identify an issue of clinical interest and create a research proposal. Students conduct a literature review, formulate a research question, and create study methodology to investigate their research question. For the final component of the master's research project, students create a poster and present their research proposal to classmates and members of the faculty. The primary goal of this project is to familiarize students with the components of research through the creation of their own unique project.

PA Curriculum Sequence

Note: Changes to the course sequence may occur at the discretion of the PA Program and may be implemented at any time.

Program Year 1 Didactic Courses

Term I - Summer Term		*Credit Hours (16)*
PHA 510	Human Physiology	2
PHA 511	Human Anatomy	4
PHA 512	History & Physical Examination	3
PHA 513	PA Professional Practice	2
PHA 514	Clinical Medicine I	5

Term II - Fall Term		*Credit Hours (17)*
PHA 520	Principles of Clinical Pharmacology I	3
PHA 521	Research & Statistics	2
PHA 522	Diagnostic Reasoning I	2
PHA 523	Public Health and Epidemiology	2
PHA 524	Clinical Medicine II	6
PHA 525	Principles of Advanced Practice I	2
IPE 502	Interprofessional Patient Centered Teams	0

Term III - Spring Term		*Credit Hours (19)*
PHA 530	Principles of Clinical Pharmacology II	3
PHA 532	Diagnostic Reasoning II	2
PHA 533	Psychosocial Medicine	2
PHA 534	Clinical Medicine III	6
PHA 535	Principles of Advanced Practice II	2
PHA 536	Emergency and Surgical Medicine	2
CHS 605	Ethics in Healthcare	2
IPE 502	Interprofessional Patient-Centered Care	0

Total Credit Hours for Year 1:	*52*

Program Year 2 Core Clinical Rotations Sample rotation sequence, individual schedules will vary.

Term I - Summer Term	*Credit Hours (16)*
PHA 581 Family Medicine	4
PHA 582 Internal Medicine I	4
PHA 583 Internal Medicine II	4
PHA 584 General Surgery I	4

Term II - Fall Term	*Credit Hours (16)*
PHA 585 General Surgery II	4
PHA 586 Obstetrics and Gynecology	4
PHA 587 Pediatrics	4
PHA 588 Behavioral Health	4

Term III - Spring Term	*Credit Hours (16)*
PHA 589 Long Term Care/Geriatrics	4
PHA 590 Emergency Medicine	4
PHA 591 Elective I	4
PHA 592 Elective II	4
Total Credit Hours for Year 2	*48*

Program Year 3 Advanced Practice Rotations

Term I - Summer Term	**Credit Hours (16)**
PHA 593 - Advanced Clinical Practice I	15
PHA 595 - Master's Research Project I	1

Term II - Fall Term	**Credit Hours (16)**
PHA 594 - Advanced Clinical Practice II	15
PHA 596 - Master's Research Project II	1
Total Credit Hours for Year 3	*32*

PA Program Total Credits for 30 Months	**132**

Course Descriptions

Program Year I

SUMMER

PHA 510 – Human Physiology (2 credit hours)
This lecture-based course will present a comprehensive and advanced review of organ systems, including human physiologic function, regulation and integration as a basis for understanding the complex interaction of specific body systems and their relationship to disease. Commonly occurring pathophysiologic processes will be introduced to prepare students for more in-depth learning about specific disease states and patient presentations in subsequent courses.
Pre-requisite for PHA 510: none
Co-Requisite for PHA 510: Concurrent enrollment in PHA 511

PHA 511 – Human Anatomy (4 credit hours)
This course provides students with a thorough understanding of the principles of functional and applied human anatomy necessary for the practice of clinical medicine. The course has laboratory (small group), lecture, and discussion components.
Pre-requisite for PHA 511: none
Co-Requisite for PHA 511: Concurrent enrollment in PHA 510

PHA 512 – History & Physical Examination (3 credit hours)
This course will introduce students to the proper skills and techniques for patient assessment. This lecture and lab-based course teaches students how to conduct an effective patient interview, how to perform a physical exam, and how to document clinical findings in the medical record. Students will learn both the comprehensive and problem-focused medical history formats and be introduced to important concepts for communication. Students will learn how to perform a comprehensive physical examination, and to recognize the normal examination findings associated with each organ system. The course will also introduce students to common pathological PE findings and how to interpret the significance of these findings to diagnosing disorders. Finally, students will learn to accurately record history and physical exam findings as part of a patient medical record using the SOAP note format. The course material will be presented sequentially in an organ system basis.
Pre-requisite for PHA 512: none
Co-Requisite for PHA 512: none

PHA 513 – PA Professional Practice (2 credit hours)
This course is designed to introduce and familiarize the student with the major professional issues and communication skills important to a practicing PA working on a medical team. Topics include the history and development of the PA profession, the physician/PA relationship, PA scope of practice and professional regulations, licensure, certification and recertification, PA program accreditation and PA professional organizations. The course also covers legal issues in health care related to PA practice, including the Health Insurance Portability and Accountability Act (HIPAA), professional liability, laws and regulations, billing and reimbursement, quality assurance, and risk management.
Pre-requisite for PHA 513: none
Co-Requisite for PHA 513: none

PHA 514 – Clinical Medicine I (5 credit hours)
This is the first in a three-part course series designed to provide students with an intensive study of the principles essential to the practice of clinical medicine. Lectures will discuss the etiology, pathophysiology, clinical presentation, diagnostic evaluation, and management principles of various diseases in the following topic categories: Introduction to Pharmacology, Genetics, Introduction to Pediatrics, Dermatology, Allergy & Immunology, Hematology & Oncology, Otolaryngology, Orthopedics, Rheumatology, and Infectious Disease. Lectures, readings, case study analyses, and discussions of specific disorders in each category will provide an understanding of the key clinical concepts relevant to patient care.
Pre-requisite for PHA 514: none
Co-Requisite for PHA 514: Concurrent enrollment in PHA 510, PHA 511, and PHA 512

FALL

IPE 502 – Interprofessional Patient Centered Teams (0 credit hours)

IPE 502 will introduce students to the four Interprofessional Educational and Collaborative Practice (IPEC) domains: Values/Ethics, Roles/Responsibilities, Teams/Team work, and Communication. Students will use experiential team-based learning to apply knowledge, skills, and values of the IPEC competencies.
Pre-requisite for IPE 502: none
Co-Requisite for IPE 502: none

PHA 520 – Principles of Clinical Pharmacology I (3 credit hours)

This is the first in a two-part course series designed provide students with an intensive study of the pharmacology and pharmacotherapeutics principles required for patient care. Emphasis in the course is placed on the applications of pharmacological principles in clinical medicine.

This course is organ system-based; the topics discussed will mirror the major organ systems covered in Clinical Medicine II. Pharmacological principles discussed in this course include the following: principles of pharmacology and drug action; pharmacokinetics and dynamics; drug dosage calculation; the usage profile for major classes of clinically important drugs, including indications, contraindications and side effects and dosing and administration; principles of drug selection and assessment of therapeutic efficacy and outcome.
Pre-requisite for PHA 520: Successful completion of PHA 510, PHA 511, and PHA 514
Co-Requisite for PHA 520: Concurrent enrollment in PHA 524

PHA 521 – Research and Statistics (2 credit hours)

This blended course is designed to discuss the different components and terminology of research, as well as various research models ranging from the highly quantitative to broad qualitative methods. The course will provide a practical approach to research planning through the logical sequence of developing a research proposal pertaining to the research interests of individual students.

Formulation of research questions, hypotheses, literature search techniques, ethical issues and the writing of the research proposal/final research reports and the dissemination of research findings will be discussed. This course is designed to provide first-time researchers with the skills to undertake research and to write up proposals and final reports in areas of their choice.
Pre-requisite for PHA 521: none
Co-Requisite for PHA 521: none

PHA 522 – Diagnostic Reasoning I (2 credit hours)

This is the first in a two-part course series designed to develop students' skills in clinical problem solving and promote application of knowledge gained throughout PA school for use in patient assessment and management and formulating patient care plans. In class, students develop their patient care skills through case analysis and discussion. Students are presented with clinical case scenarios that they must analyze and make decisions relevant to patient evaluation and management. The cases in this term gradually progress from less to more complex diagnostic and management issues. The goal of this course is to develop students' clinical critical thinking and problem-solving skills, including utilizing previously learned information and recognition of how to find necessary information to fill knowledge gaps.
Pre-requisite for PHA 522: Successful completion of PHA 512 and PHA 514
Co-Requisite for PHA 522: Concurrent enrollment in PHA 520 and PHA 524

PHA 523 – Public Health and Epidemiology (2 credit hours)

This course is an introduction to principles and practices of population health in the United States health care system, focusing on the Chicago metropolitan area and Chicago Medical District as an exemplar microcosm to represent the larger health system paradigm. The course will discuss issues related to health care access, population health trends and current topics in public health policy and health care reform. Additionally, the role of social determinants of health on disease management is explored as a tool for reviewing health outcomes in

the United States. Course discussions will explore the influence of race, class, gender, immigration and social status on health care policy. These discussions are designed to provide students with various lenses through which to analyze current and emerging public health policies, practices and health care outcomes.
Pre-requisite for PHA 523: none
Co-Requisite for PHA 523: none

PHA 524-Clinical Medicine II (6 credit hours)
This is the second in a three-part course series designed to provide students with an intensive study of the principles essential to the practice of clinical medicine. Lectures will discuss the etiology, pathophysiology, clinical presentation, diagnostic evaluation, and management principles of various diseases in the following topic categories: Pulmonology, Cardiology, and Gastroenterology & Nutrition, Nephrology, and Urology. Lectures, readings, case study analyses, and discussions of specific disorders in each category will provide an understanding of the key clinical concepts relevant to patient care.
Pre-requisite for PHA 524: Successful completion of PHA 514
Co-Requisite for PHA 524: Concurrent enrollment in PHA 520 and PHA 522

PHA 525 – Principles of Advanced Practice I (2 credit hours)
This is the first of a two-part course series that prepares students for clinical practice. The course focuses on developing effective patient-centered communication skills that enhance the patient experience and improve health outcomes. Through practical strategies and evidence-based methods, students will learn how to engage patients in shared decision-making, tailor health education to individual needs, and foster trust and collaboration in the healthcare setting.
Pre-requisite for PHA 525: Successful completion of PHA 512, and PHA 514
Co-Requisite for PHA 525: Concurrent enrollment in PHA 524

SPRING

PHA 530 – Principles of Clinical Pharmacology II (3 credit hours)
This is the second in a two-part course series designed to provide students with an intensive study of the principles of pharmacology and pharmacotherapeutics required for patient care. Emphasis in the course is placed on the applications of pharmacological principles in primary patient care. This course is organ system-based; the topics discussed will mirror, as much as possible, the major organ systems covered in the Clinical Medicine III. Pharmacological principles discussed in this course include mechanism of drug action, pharmacokinetics and pharmacodynamics, clinical indications, contraindications, drug interactions, adverse effects, drug selection, and assessment of therapeutic efficacy and outcome.

Pre-requisite for PHA 530: Successful completion of PHA 520 and PHA 524
Co-Requisite for PHA 530: Concurrent enrollment in PHA 534

PHA 532 – Diagnostic Reasoning II (2 credit hours)
This is the second in a two-part course series designed to develop students' skills in clinical problem solving and promote application of knowledge gained throughout PA school for use in patient assessment and management and formulating patient care plans. In class, students further refine their patient care skills through case analysis and discussion. The format of the course is similar to PHA 522 - Diagnostic Reasoning I, where students will be presented with clinical case scenarios that they must analyze and make decisions relevant to patient evaluation and management. The cases in this term present more complex diagnostic and management issues than in the previous course.

The goal of this course is to further develop students' clinical critical thinking and problem-solving skills, including utilizing previously learned information and recognition of how to find necessary information to fill knowledge gaps.
Pre-requisite for PHA 532: Successful completion of PHA 520, PHA 522, and PHA 524
Co-Requisite for PHA 532: Concurrent enrollment in PHA 530 and PHA 534

PHA 533 – Psychosocial Medicine (2 credit hours)
This two-credit course will explore the psychosocial aspects of patient care to help students develop a greater understanding of the dynamic between one's own and patient's attitudes, biases, and values and the impact these have on one's medical practice, patient relationships, and communication. The course discusses basic counseling and patient education skills necessary to help patients and families cope with illness and injury and to modify behaviors as needed to adhere to therapeutic management plans and improve outcomes. Topics discussed in the course will address the intersection of culture, faith, religion, and sexuality and these forces' impact on attitudes regarding health, wellness, and patient care.
Pre-requisite for PHA 533: none
Co-Requisite for PHA 533: none

PHA 534 – Clinical Medicine III (6 credit hours)
This is the third in a three-part course series designed to provide students with an intensive study of the principles essential to the practice of clinical medicine. Lectures will discuss the etiology, pathophysiology, clinical presentation, diagnostic evaluation, and management principles of various diseases in the following topic categories: Neurology, Psychiatry, Endocrinology, Obstetrics & Gynecology, Gerontology, and Preventative Medicine. Lectures, readings, case study analyses, and discussions of specific disorders in each category will provide an understanding of the key clinical concepts relevant to patient care.
Pre-requisite for PHA 534: Successful completion of PHA 520 and PHA 524
Co-Requisite for PHA 534: Concurrent enrollment in PHA 530 and PHA 532

PHA 535 – Principles of Advanced Practice II (2 credit hours)
This is the second of a two-part course series that prepares students for clinical practice. The course focuses on developing essential communication skills for effective collaboration among healthcare team members. Students will also learn key decision-making considerations critical for PA practice.
Pre-requisite for PHA 535: Successful completion of PHA 512, PHA 524, and PHA 525
Co-Requisite for PHA 535: Concurrent enrollment in PHA 534

PHA 536 – Emergency and Surgical Medicine (2 credit hours)
This two-credit course will provide students with an introduction to the diagnosis and treatment of disease states and conditions encountered in emergency and urgent care settings. Students will also be introduced to surgical concepts needed to assess patients and provide care in surgical settings. Emergency medicine lectures will discuss the role of triage, assessment, and the management of commonly encountered chief complaints of adult and pediatric patients in the Emergency setting. Surgical lectures will discuss general surgical concepts, including pre-, intra-, and post-operative care. The course will culminate with an intensive, hands-on skills training for a variety of skills and procedures.
Pre-requisite for PHA 536: Successful completion of PHA 514 and PHA 524
Co-Requisite for PHA 536: Concurrent enrollment in PHA 534

CHS 605 – Introduction to Ethics in Health Care: Interdisciplinary Perspectives (2 credit hours)
This interdisciplinary course will introduce students to foundational theories of health care ethics, ethical decision-making frameworks, legal and professional standards in health care ethics, institutional and interprofessional ethical constraints, and major ethical issues facing health care professionals. Students will have the opportunity for case analysis and discussion with students from other professions with which they will someday be practicing. Course content will include lecture, online content, case analysis, and discussion.
Pre-requisite for CHS 605: none
Co-Requisite for CHS 605: none

IPE 502 – Interprofessional Patient Centered Teams
IPE 502 will introduce students to the four Interprofessional Educational and Collaborative Practice (IPEC) domains: Values/Ethics, Roles/Responsibilities, Teams/Team work, and Communication. Students will use experiential team-based learning to apply knowledge, skills, and values of the IPEC competencies.
Pre-requisite for IPE 502: none
Co-Requisite for IPE 502: none

Program Year II - Core Clinical Rotations
Individual rotation schedules will vary

PHA 581 – Family Medicine (4 credit hours)
The family medicine rotation is a core clinical rotation that provides PA students with hands-on experience in delivering primary care to patients across the lifespan. Students will work closely with family medicine providers to assess, diagnose, and manage a wide range of medical conditions, from chronic illnesses to acute issues. Key skills include conducting patient histories, performing physical exams, interpreting diagnostic tests, and developing treatment plans. Emphasis is placed on patient-centered care, communication, and preventive health strategies. Students will also gain experience in patient education, counseling, and procedures relevant to the setting.
Prerequisite for PHA 581: Successful completion of all first-year PA program courses

PHA 582 – Internal Medicine I (4 credit hours)
The internal medicine I rotation is a core clinical rotation that provides PA students with hands-on experience in the assessment, diagnosis, and management of adult patients with a variety of medical conditions. Students will work alongside internal medicine providers to manage complex, chronic, and acute illnesses. Key skills include conducting thorough patient histories, performing detailed physical exams, interpreting diagnostic tests, and developing individualized treatment plans. Emphasis is placed on the management of comorbidities, patient-centered care, and interdisciplinary communication. Students will also gain experience in patient education, counseling, and evidence-based practices for managing adult health.
Prerequisite for PHA 582: Successful completion of all first-year PA program courses

PHA 583 – Internal Medicine II (4 credit hours)
The internal medicine II rotation is a core clinical rotation that provides PA students with hands-on experience in managing adult patients, with an emphasis on an assigned medical subspecialty. This rotation directly follows internal medicine I, building on foundational skills to assess, diagnose, and treat a wide range of chronic and acute conditions. Key skills include taking thorough patient histories, performing detailed physical exams, interpreting diagnostic tests, and developing treatment plans. Emphasis is placed on managing comorbidities, patient-centered care, and clear communication within the healthcare team. Students will also gain experience in patient education and applying evidence-based practices in adult healthcare.
Prerequisite for PHA 583: Successful completion of all first-year PA program courses

PHA 584 – General Surgery I (4 credit hours)
The general surgery I rotation is a core clinical rotation that provides PA students with hands-on experience in the care of surgical patients. Students will work alongside surgery providers to assess, diagnose, and manage a range of surgical conditions, in the preoperative, operative, and post-operative setting. Key skills include performing patient histories, conducting physical exams, assisting in surgical procedures, and developing post-operative care plans. Emphasis is placed on patient safety, aseptic techniques, and the management of surgical complications. Students will also gain experience in patient education, including post-surgical care instructions and recovery strategies.
Prerequisite for PHA 584: Successful completion of all first-year PA program courses

PHA 585 – General Surgery II (4 credit hours)
The general surgery II rotation is a core clinical rotation that provides PA students with hands-on experience in the assessment, diagnosis, and surgical management of patients, with a focus on an assigned surgical subspecialty. This rotation directly follows General Surgery I, expanding on foundational surgical skills while allowing students to work closely with specialists in a focused area of surgery. Key skills include conducting pre-operative assessments, assisting in surgeries, managing post-operative care, and developing comprehensive treatment plans. Emphasis is placed on surgical techniques, patient safety, and effective communication within the healthcare team. Students will also gain experience in patient education, wound care, and the management of surgical complications.
Prerequisite for PHA 585: Successful completion of all first-year PA program courses

PHA 586 – Obstetrics and Gynecology (4 credit hours)
The obstetrics and gynecology rotation is a core clinical rotation that provides PA students with hands-on experience in the care of reproductive health. Students will work closely with OB/GYN providers to assess, diagnose, and manage a variety of gynecological and obstetrical conditions. Key skills include conducting gynecological histories, performing physical exams, interpreting diagnostic tests, and providing prenatal, postnatal, and preventive care. Emphasis is placed on patient-centered care, family planning, and communication with diverse patient populations. Students will also gain experience in prenatal monitoring, labor and delivery support, and reproductive health counseling.
Prerequisite for PHA 586: Successful completion of all first-year PA program courses

PHA 587 – Pediatrics (4 credit hours)
The pediatrics rotation is a core clinical rotation that provides PA students with hands-on experience in delivering primary care to infants, children, and adolescents. Students will work closely with pediatric providers to assess, diagnose, and manage common childhood illnesses and developmental concerns. Key skills include performing pediatric histories, conducting age-appropriate physical exams, interpreting pediatric diagnostic tests, and developing treatment plans. Emphasis is placed on preventive care, patient education, and effective communication with both patients and families. Students will also gain experience in immunizations, growth monitoring, and addressing the unique healthcare needs of children.
Prerequisite for PHA 587: Successful completion of all first-year PA program courses

PHA 588 Behavioral Health (4 credit hours)
The behavioral health rotation is a core clinical rotation that provides PA students with hands-on experience in the assessment and management of mental health conditions. Students will work alongside behavioral health providers to diagnose and treat a range of psychiatric disorders. Key skills include conducting mental health assessments, performing psychiatric interviews, and developing treatment plans, including pharmacological and therapeutic interventions. Emphasis is placed on empathy, therapeutic communication, and patient advocacy. Students will also gain experience in crisis intervention, patient counseling, and understanding the intersection of mental health and physical health.
Prerequisite for PHA 588: Successful completion of all first-year PA program courses

PHA 589 – Long-Term Care/Geriatrics (4 credit hours)
The long-term care/geriatrics rotation is a core clinical rotation that provides PA students with hands-on experience in the care of older adults or adults with rehabilitation needs. Students will work closely with geriatricians or rehabilitation medicine providers to assess, diagnose, and manage complex health issues. Key skills include conducting comprehensive assessments, managing acute and chronic conditions, and addressing the physical and psychosocial needs of these patients. Emphasis is placed on patient-centered care, advanced care planning, and interdisciplinary team collaboration. Students will also gain experience in fall prevention, medication management, optimizing functional support, and improving quality of life.
Prerequisite for PHA 589: Successful completion of all first-year PA program courses

PHA 590 – Emergency Medicine (4 credit hours)
The emergency medicine rotation is a core clinical rotation that provides PA students with hands-on experience in the fast-paced environment of the emergency department. Students will work closely with emergency medicine providers to assess, diagnose, and manage a wide range of acute, life-threatening, and urgent conditions. Key skills include conducting rapid patient histories, performing focused physical exams, interpreting diagnostic tests, and initiating emergency treatment plans. Emphasis is placed on triage, rapid decision-making, and effective communication in high-stress situations. Students will also gain experience in trauma care, resuscitation, and patient stabilization.
Prerequisite for PHA 590: Successful completion of all first-year PA program courses

PHA 591 – Elective Rotation I (4 credit hours)
The first elective clinical rotation offers PA students the opportunity to explore a specialized area of medicine or surgery. In the medical rotation, students will work alongside specialists to assess, diagnose, and manage complex conditions in a focused field of practice. In the surgical rotation, students will gain hands-on experience in the perioperative care of surgical patients, assisting in procedures and managing post-operative recovery. Key skills across both rotations include performing patient histories, conducting physical exams, interpreting diagnostic tests, and developing treatment plans. Emphasis is placed on clinical decision-making, patient-centered care, and effective communication within the healthcare team. This elective provides students the chance to refine their skills in a particular area of interest, preparing them for a diverse range of future clinical opportunities.
Prerequisite for PHA 591: Successful completion of all first year PA program courses

PHA 592 – Elective Rotation II (4 credit hours)
The second elective clinical rotation offers PA students the opportunity to explore a specialized area of medicine or surgery. In the medical rotation, students will work alongside specialists to assess, diagnose, and manage complex conditions in a focused field of practice. In the surgical rotation, students will gain hands-on experience in the perioperative care of surgical patients, assisting in procedures and managing post-operative recovery. Key skills across both rotations include performing patient histories, conducting physical exams, interpreting diagnostic tests, and developing treatment plans. Emphasis is placed on clinical decision-making, patient-centered care, and effective communication within the healthcare team. This elective provides students the chance to refine their skills in a particular area of interest, preparing them for a diverse range of future clinical opportunities.
Prerequisite for PHA 592: Successful completion of all first year PA program courses

Program Year III – Advanced Clinical Rotations

SUMMER

PHA 593 – Advanced Clinical Practice I (15 credit hours)
This is the first of a two-part clinical rotation series, designed for third-year PA students to gain advanced clinical experience in a focused area of medicine or surgery. The focused area of practice is determined based on student interest and clinical availability. This advanced rotation series allows students to enhance their clinical skills and deepen their expertise in their assigned focused area. Key skills include conducting patient histories, performing physical exams, interpreting diagnostic tests, developing evidence-based treatment plans and performing various procedures with a higher level of autonomy.
Prerequisite for PHA 593: Successful completion of second year PA rotations.

PHA595 – Master's Research Project I (1 credit hour)
This is the first of a 2-part course sequence that will integrate the critical thinking, application of research data analysis, and presentation skills taught throughout the program in a formative research capstone project. Students are expected to apply knowledge obtained from the PHA521 Research and Statistics, and participation in journal club activities in the development of their project.

Students will work with an assigned faculty advisor to develop a clinical research question and gather, analyze, and critique relevant research literature related to the proposed question to develop an extensive literature review paper. Students will use this information in the next part of the course sequence to prepare a master's capstone project designed to develop a potential original research study.
Prerequisite for PHA 595: Successful completion of PHA 521 – Research and Statistics

FALL

PHA 594 – Advanced Clinical Practice II (15 credit hours)
This is the second of a two-part clinical rotation series, designed for third-year PA students to gain advanced clinical experience in a focused area of medicine or surgery. The focused area of practice is determined based on student interest and clinical availability. This advanced rotation series allows students to enhance their clinical skills and deepen their expertise in their assigned focused area. Key skills include conducting patient histories, performing physical exams, interpreting diagnostic tests, developing evidence-based treatment plans and performing various procedures with a higher level of autonomy.
Prerequisite for PHA 594: Successful completion of PHA 593 – Advanced Clinical Practice I

PHA 596 – Master's Research Project II (1 credit hour)
This is the second of a 2-part course sequence that will integrate the critical thinking, application of research data analysis, and presentation skills taught throughout the program in a formative research capstone project. Students are expected to apply knowledge obtained from the PHA521 Research and Statistics, and participation in journal club activities in the development of their project.
Students will work with an assigned faculty advisor to develop a feasible clinical research project based on the research question and literature review developed in PHA 595. Students will then prepare a master's capstone paper and presentation based on their original research study design.
Prerequisite for PHA 596: Successful completion of PHA 595 – Master's Research Project I.

Course Sequencing

Students are required to complete all courses in the PA curriculum as posted and must take them as a cohort in the prescribed sequence. There is no mechanism for part-time attendance in the program. Students are batch registered by faculty for all the courses they are required to take each term, and do not need to register individually.

Students may be ineligible to register for courses if a hold is placed on their account due to late tuition payments or failure to meet requirements, such as completing required annual training modules. All holds must be resolved to qualify for registration. Failing to address a hold will result in delayed registration, which may incur additional fees as outlined by the Registrar's Office. Students are responsible for any late fees incurred due to late registration. Not registering on time also constitutes a professionalism violation, and the student may be subject to academic probation as well as being withheld from continuing class or clinical rotations until the matter is resolved.

Under extraordinary circumstances, a student may require deviation from the proscribed course sequence, while remaining a student in the program (see section on **Leave of Absence** below). This is known as deceleration. Requests for deceleration are considered on a case-by-case basis and are granted at the sole discretion of the faculty in consultation with the Progress and Promotions Committee (see section on **Progress and Promotions Committee** below).

Course Syllabus and Other Learning Materials

The faculty will provide students with a syllabus and other relevant materials related to each course at the beginning of each term via Canvas, the University's learning management system. The syllabus provides information regarding the course goals and objectives, teaching methods, lecture topics, required readings, lecture learning objectives, and grading criteria. The Course Director identified in the syllabus is responsible for covering course topics or assigning self-study related to course content. The Course Director is the final arbiter in all matters concerning course grading. Lecture and learning materials are distributed at the discretion of the Course Director and lecturers.

Course Evaluation Procedures

Evaluations for each course take place at the end of every term or rotation. Additionally, students are asked to evaluate individual guest speakers throughout all phases of the program. Student evaluations provide valuable information regarding program performance and help the faculty improve the program.

Course evaluations are administered through the CHS Dean's Office using the IDEA Survey tool. Evaluations are anonymous, and faculty only receive aggregate submission compliance rates. Compliance reports only identify response rates and will not contain information regarding respondents or the content of student evaluations.

Individual speaker evaluations may be administered through various platforms of the faculty choosing. Preceptor evaluations are done through the program's clinical rotation management system.

Students are expected to complete all course, instructor, and preceptor evaluations on time and in an honest, professional, and constructive manner. Providing constructive feedback is an important skill in professional PA practice that students develop during the program.

Requirements for Graduation

In order to receive the degree of Master of Science in PA Studies, students must:
1. Satisfactorily complete all required curricular course and assessment activities
2. Maintain the program's standards of satisfactory performance (See **Academic Performance**)
3. Demonstrate competencies appropriate for a new graduate PA (see **Appendices K - N**)

Additionally, students must meet the following requirements:
1. Always maintain a 3.0 or higher GPA throughout the curriculum
2. Adhere to the program's ethical behavior and professionalism standard
3. Pass all global formative and summative evaluations
4. Successfully complete a Master's Research Project
5. Discharge all financial commitments
6. Return in good working order all borrowed and loaned materials

PA Program Policies

Students enrolled in the PA Program are subject to all applicable policies, rules, and regulations of Rush University and its administrative departments, the CHS, and the PA Program. The following policies are either programmatic additions to other University policies or applications of university policies in the PA Program. The policies in this handbook do not supplant any University or CHS policies. Students are advised to refer to the [Rush University Catalog](#) for additional applicable policies.

Classroom Expectations

Student Attire and Identification

Students in the PA Program are expected to maintain a professional appearance for all program-related activities. Professional appearance demonstrates respect and creates a positive image of Rush PA students to colleagues, faculty, hospital staff, administration, and patients. The following are further guidelines regarding the program's dress code.

In general, students are expected to maintain a clean and neat appearance. Students may choose to wear either scrubs or business casual attire. Clothing should be wrinkle-free and fit properly. For all presentations or activities involving patients, whether actual or simulated, student attire should be business casual, unless scrubs are otherwise indicated. Students' university-issued photo ID must be worn and visible at all times.

If wearing scrubs, they must be a matched set, solid colored, and neat. Students may wear any colored scrubs except powder blue, which is reserved for the operating room setting only.

Students must wear a short white lab coat for all actual or simulated patient contact activities. The coat must, at minimum, have the Rush logo patch on the left chest. Students on clinical rotations must wear the PA Program-issued short white lab coat with the PA Program patch affixed to the upper left arm sleeve

Additional details can be found in the dress code policy statement and guidelines in **Appendix J** of this handbook.

Use of Electronic Devices During In-Person Class

Students may use portable devices in class only to take notes related to the current lecture topic and must refrain from web surfing, texting, instant messaging, mobile messaging from a laptop, or emailing during class. Repeated infractions of this policy constitute a violation of professionalism (See section on **Professionalism**).

All mobile phones must be silenced and put away during class and examinations. Students may not disrupt class to respond to messages except in emergencies. If a student has a situation that requires taking a call during a lecture, they should inform the instructor before the start of class and exit the room quietly. Disrupting class for personal communications is considered a violation of professionalism.

Course directors may prohibit the use of electronic devices during class in order to maximize discussion and engagement. This will be noted in the course syllabus. In courses where electronic devices are prohibited, students are permitted to take written notes for their reference.

Etiquette for Synchronous Online Lectures and Activities

Remote lectures take place on the Zoom platform and students will be provided with access links on Canvas.

For all synchronous online lectures and activities, students are expected to log in on time, have their cameras on, and be in a quiet location appropriate for active participation in a virtual lecture, such as at home, in a classroom, or at the library. Students should not log onto online lectures in a noisy location, such as on a train, a busy café, at an airport, or while walking outside. The camera should be positioned so that the student's face

is visible at all times during the presentation. Generally, students are asked to be muted during lectures, but may be required to unmute at any time.

It is a student's responsibility log on before the start of class and to be on time. If a student arrives late to class, they may not be admitted to the lecture.

If, for whatever reason, a student is unable to have their camera on during lecture, they must inform the course director or faculty member facilitating the lecture. Students may use the Zoom chat feature to inform the faculty of the issue preventing their camera access.

For guest speaker presentations, students will receive instructions at the start of the session on how to engage with the speaker, such as by unmuting or using the chat. Students should not send private messages directly to a guest speaker.

Infractions of this policy are considered a professionalism violation (See the section below on **Professionalism**).

Lecture Recording

Lectures are not routinely recorded during in-person or remote classes. Similarly, the program does not offer a synchronous virtual component for in-person lectures. If a student misses class due to an excused absence or illness, it is their responsibility to collaborate with classmates and course directors to make up missed class content.

In the instance of an extended absence (3 days or more), such as for a mandatory isolation period due to a medical illness, such as COVID, the faculty may accommodate students by providing asynchronous recordings of missed classes. If a student has an excused extended illness, they must submit a lecture recording request to the Director of Academic Education as soon as possible and provide documentation from a medical provider verifying the mandated absence from class or proof of a positive COVID test. It is important to note that some courses may not be able to be recorded due to the sensitive nature of the content and the discussions shared in class, or due to logistical aspects of the course format.

Students who miss class due to a personal day cannot request lecture recordings from course directors.

Students may request permission to record a lecture on their own device at any time from a speaker and Course Director. Students are not permitted to record lectures on their own devices, whether class is conducted in-person or virtually, without prior authorization from the course director and lecturer.

Assessment Procedures and Policies

Student performance is assessed throughout the program using various mechanisms such as assignments, group presentations, quizzes, OSCEs, and examinations.

The course syllabi outline the specific assessments used in each course. The multiple-choice exam format is the primary method of student assessment used throughout the program. However, some courses will utilize other types of questions in assessments. Exams are predominantly taken on campus via computer-based test-taking applications.

All exam materials are confidential. Additionally, students may take exams at different times. Therefore, students should not discuss exam materials with other students, whether within or between cohorts. These policies apply to all program assessments, including course examinations, summative and formative evaluations, and OSCE assessments.

The following policies apply to all program exams:

Taking Exams
- Exams in the PA program are electronic and may be administered either in person on campus or remotely via an online proctor. Course directors will provide information about examinations at the beginning of each term. Detailed instructions will be provided regarding exam procedures. Exams are typically taken on students' personal devices, unless they take place on campus in the testing center.
- Only a pen or pencil and one blank sheet of paper is allowed at the students' workspace. If the exam occurs on campus, the program will provide scratch paper. You must leave your scratch paper with the testing exam proctor or destroy the paper in front of the remote proctor prior to exiting the exam.
- Food and drink are not allowed in the test station area and should be stored with the students' personal belongings during exams.
- Use of programmable calculators, cell phone calculators, or any other electronic device is prohibited during an exam.
- All personal belongings, including books, notes, food, and drinks, must be placed away from the student either at the front or rear of the examination room for the duration of the exam. Personal belongings should not obstruct aisles or other walkways in the room. All electronic devices must be completely silenced during examinations and stored with personal belongings.
- Noise-blocking foam earplugs may be worn during an exam. Other forms of noise blockers, such as headphones and earbuds, are not acceptable.
- Students are expected to work without taking breaks during exams. Except in cases of emergency, only one student at a time is allowed, with the exam proctor's permission, to leave the room for any reason during an exam. If you need to leave the room during an exam, quietly notify the proctor and wait to be acknowledged before leaving the room. If the exam is remote, students must not leave their workspace until they have completed the exam.
- Proctors will not answer questions related to understanding or interpreting exam material.
- Students should notify the proctor if there is a technical problem with the exam.
- If a remote proctor is used, you may be recorded during the examination as part of the monitoring process. Recordings are the sole property of the PA Program and are used only to verify students' behavior during a scheduled examination.
- Upon completing an on-campus exam, unless otherwise instructed, students must exit the exam room quietly and with minimal disruption to the remaining test takers.

Exam Scoring
- Electronic exams are scored via the assigned test platform.
- Unanswered questions receive no points. Electronic exams cannot be retrieved once submitted. Students are solely responsible for ensuring the correct and accurate completion of an exam form before submitting it for scoring.

Missed Exams
- If a student must miss an exam due to illness or other unforeseen catastrophic event, they must notify both the Course Director and the Director of Academic Education of their absence at the earliest possible time.
- To secure an excused exam absence, the student must provide documentation for the absence, in the form of a clinical evaluation note for illness or other paperwork as indicated.
- Students must notify the program of an exam absence using the contact method identified in the course syllabus. If the Course Director or Director of Academic Education is not available, the student should contact the program director regarding the exam absence.
- If a student misses an exam due to illness or other unforeseen event, they are required to make up the exam at the earliest reasonable time upon returning to class, at the discretion of the Course Director. An alternate day/time for the exam will be scheduled at the earliest availability when the student is no longer ill and may occur outside of business hours or over the weekend.

- Except under extraordinary circumstances, it is not acceptable to notify the Course Director or program faculty of a missed exam after the scheduled start time.
- If a student misses an exam and does not have an excused absence, they must take the exam within 24 hours of the originally scheduled time to demonstrate competency in the material. Under these circumstances, the exam will likely occur during the evening or over the weekend, depending on proctor availability. The date and time for rescheduled makeup exams are determined at the faculty's discretion and must be adhered to by the student. For any exam that occurs outside of regular business hours, the student's score will be released the next business day. In the case of an unexcused exam absence, the highest score they can attain on the exam is 70%. Any additional unexcused exam absences will result in a score of zero on the exam.

Late Arrival to Exams
- For all exams, students are expected to arrive 15 minutes prior to the scheduled start time and should be seated and ready to begin 5 minutes before the start time. Students must notify faculty if they will be late to an exam.
- If a student arrives more than 15 minutes late to any exam without notification to the faculty, they will not be permitted to sit for the exam, and this is considered a missed exam (see section on **Missed Exams** above).
- If a student arrives less than 15 minutes late, they may sit for the exam but will not receive additional time to complete the exam.
- Students should notify the course director using the method identified in the syllabus if they know they will be late to an exam.
- Late arriving students should be as quiet and undisruptive as possible taking their place in an exam.
- A trend of tardiness to exams constitutes a violation of the professionalism policy.

Reviewing Exams
- Exam reviews are provided at the discretion of each course director to give students the opportunity to learn from questions they may have answered incorrectly. Reviews may include a discussion of difficult exam questions or topics that scored low overall. Occasionally, the course director may choose to provide printed or electronic individual exam reports to students. Exam reviews are not opportunities for students to debate exam content or the wording of questions.
- Challenging exam questions is not allowed during the review.
- Exam reviews will be scheduled at the discretion of the faculty after all students have completed an exam and the faculty has completed their validation review of the scores.
- During an exam review:
  o No one is allowed to leave the room with an exam or score report.
  o Students must return their exam report to faculty when finished reviewing.
  o Students are not allowed to copy or reproduce exam materials in any manner. Personal notes may not be taken regarding exam content.
  o Students are only allowed access to their own test scores and answer sheets.

Exam Validation Review and Rescoring
- For each exam, the Course Director reviews all questions prior to posting the exam scores. Questions answered incorrectly by 30% or more of the class are reviewed for accuracy.
- Exam rescoring may occur based on this review, at the discretion of the Course Director.

Exam Score Posting
- Posted exam scores are final. Scores are posted on Canvas by 5pm on the business day following the exam. The faculty will notify students if there is a delay in releasing the scores.
- Cumulative course grade information is posted on Canvas.

Failed Exams and Exam Remediation
- For all examinations during the academic year, the minimum passing score is 70%.
- Any student who receives an exam score less than 70% on any exam must arrange for remediation with the Course Director. The timing, content, and methods of the exam remediation are at the sole discretion of the Course Director. Refer to the section on **Remediation** for more information.
- Only one remediation attempt is allowed per exam. Failing to score above 70% on a remediation exam constitutes an exam failure and the student will be placed on probation for further action as described in this Handbook. Refer to the section on **Probation** for more information.
- Successful remediation does not change the original exam score; however, it is required for the student to continue with the course. The final course grade is based solely on first-time test scores.
- Any failed examination must be remediated within the period designated by the Course Director to continue in the course. Failure to remediate an exam in a timely manner constitutes unprofessional behavior and may result in the student being placed on probation.
- If a student fails a final examination, they are not permitted to progress to the subsequent term until they successfully pass the remediation. Students may have the option to complete remediation activities during scheduled breaks or vacations to avoid delaying their progression to the next term.
- Exam remediation is intended to allow students who fail an exam to demonstrate their understanding of course materials to successfully continue in the program. However, students are expected to learn the materials sufficiently and develop their test-taking skills so that they can pass all exams on the first attempt.

Exam Procedure Violations
- Failing to adhere to examination procedure policies, engaging in inappropriate test-taking behavior or cheating on an exam, or discussing and revealing exam content to current or future students constitutes a violation of the program's policy on professionalism.
- Cheating during examinations is not tolerated. If a student is suspected of inappropriate behavior or cheating during an exam, they will be asked to forfeit their exam. The incident will be referred to the Progress and Promotions Committee for review and further action.
- Violating the program's examination procedure policies puts a student at risk of being placed on probation and possible dismissal from the program. The exam proctor and/or Course Director is the final arbiter of inappropriate behavior during an exam or exam review session. The assessment of the exam proctor and/or Course Director regarding a student's testing behavior is final.

Exam Grading Scale

The PA Program is committed to providing a high-quality education that produces exceptional clinicians. To maintain our high educational standards, we use the following standards of academic performance:

Grading Scale
89.5 – 100   =   A
79.5 – 89.4   =   B
69.5 – 79.4   =   C
69.4 or below =   F

Terminal Program Competency Assessments

Program Formative and Summative Evaluations
At the end of each year, all students are evaluated on their cumulative performance to determine their eligibility to progress to the next phase of the program. These assessments are called formative and summative evaluations. The formative evaluation process determines students' eligibility to progress through each year of the program. The summative evaluation process determines students' eligibility to graduate from the program.

Both formative and summative evaluations are conducted by the PA faculty and reviewed by the Progress and Promotions Committee.

The formative and summative evaluation criteria are anchored in the program's Terminal Program Competencies. Details of the competencies and skills that students are expected to acquire during their training at RUSH are identified in the Terminal Program Competencies (**Appendix K**).

During the formative evaluations each year, students on probation will be reviewed to ensure they meet all terms and conditions of their probation letter in order to come off probation and progress to the following year. Under some circumstances, a student on probation may demonstrate satisfactory performance progress but still have incomplete remediation activities at the end of a year. In such cases, the faculty may deem the student eligible for progression to the next year of the program while remaining on probation. In such cases, the student's probation status will not change despite successful progression through the curriculum. Eligibility for advancement through the curriculum is at the discretion of faculty and the Progress and Promotions Committee.

In addition to all academic and/or clinical assessments completed throughout the year, other standardized assessment activities are used to assess competency and skill acquisition. Examples of other assessment methods include, but are not limited to, OSCE assessments, standardized examinations, and standardized clinical skills assessments. All assessments related to the Summative Evaluation occur during the final four months leading up to graduation.

A copy of the forms used to conduct the formative and summative evaluations is attached as **Appendix E** and **Appendix F**.

Objective Structured Clinical Examination (OSCE)
Evaluating students' clinical knowledge, skills, and patient assessment capacity is a critical component of the program evaluation process. The program uses a standardized patient evaluation format known as the Objective Structured Clinical Examination (OSCE) to assess competence in these areas. The OSCE evaluates students' competency in the following areas: patient communication, history and physical performance skills, diagnostic evaluation capacity, therapeutic management development, and medical documentation. The OSCE requires students to demonstrate their global mastery and synthesis of materials by performing the components of a patient encounter on a simulated patient.

An OSCE is administered at the end of each year of the program. The OSCE is a high-stakes assessment and passing performance is required to progress through the curriculum to the next year of the program. Students must successfully pass the OSCE to demonstrate they have sufficient skills to care for patients. Students are expected to score above the minimum passing score established by the program for the exam. Failure to achieve a passing score indicates that a student has a deficit of required clinical knowledge and skills. If a student does not pass the OSCE, they will have an opportunity to remediate the exam for a satisfactory performance score. Failure to achieve a passing score on an OSCE constitutes grossly unsatisfactory academic performance, and the student may be recommended for placement on probation, regardless of their previous performance evaluations or cumulative GPA in the program. Assessments, such as OSCEs, are designed to mimic time-sensitive patient care and therefore components of these activities may not be eligible for time-based accommodations. Students with time-based accommodations should discuss the details of these accommodations with the Office of Student Accessibility Services as well as the Program Director.

The Formative Evaluation
The first formative evaluation takes place at the end of the didactic year to determine a student's eligibility to progress to the clinical year. The determination of eligibility to progress is based on assessment activity performance and direct, observed, or reported interactions of the student with core faculty, adjunct and guest instructors, and the administrative staff throughout the didactic year. The following definitions are used to describe progression eligibility:

- Eligible to progress to clinical rotations without reservation
- Eligible to progress to clinical rotations but remain on probation
- Ineligible to progress to clinical rotations

The second formative evaluation takes place at the end of the second year to determine a student's eligibility to progress to the third year of the curriculum. Determination of eligibility to progress to the third year is based on assessment activity performance and direct, observed, or reported interactions of the student with the preceptors and their staff, and the PA faculty throughout the clinical year. The following definitions are used to describe progression eligibility:

- Eligible to progress to third year without reservation
- Eligible to progress to third year but remain on probation
- Ineligible to progress to the third year

Any failed component of a formative evaluation must be successfully remediated for the student to progress to the next year of the program. Students requiring remediation may elect to complete their remediation activities over their scheduled break or vacation to avoid deceleration or a delay in their progression to the next year. Details regarding the timing of remediation are discussed on an as-needed basis.

If areas for improvement are identified in the formative evaluation process, the student will be advised of the recommendations prior to starting rotations and will be monitored for progress throughout the clinical curriculum. If the student is deemed to be ineligible for progress, the Progress and Promotions Committee will be convened for further evaluation and recommendations for remediation.

The Summative Evaluation

The program's summative evaluation determines students' eligibility to graduate. It consists of four assessments that take place within the final four months of the program. It assesses a student's attainment of the program's Terminal Program Competencies (see **Appendix K**). As stated above, OSCEs are designed to mimic time-sensitive patient care, and therefore, components of these activities may not be eligible for time-based accommodations.

The components of the summative evaluation are:

1. **End-of-Program Summative Exam**
   Students will complete a 120-question multiple-choice examination mapped to the NCCPA PANCE blueprint. It assesses core medical knowledge and application. The minimum passing benchmark is an overall score of 70%.

2. **Case-Based OSCE**
   Students will complete a set of standardized patient encounters that will assess their ability to do the following:
   a. Conduct an accurate and efficient problem-focused patient history and physical
   b. Order and interpret common laboratory and radiology results
   c. Formulate a differential diagnosis, assessment, and comprehensive patient plan
   d. Provide appropriate and thorough patient education and counseling
   e. Document findings of the visit and or a management plan

   The minimum passing benchmarks for the summative OSCE is an overall score of 80%, case scores of 80%, and case component scores of 70%.

3. **Station OSCE**
   Students will complete a set of stations to assess their technical and clinical skills performance. The minimum passing benchmark for the station OSCE is an overall score of 80%, and station scores of 70%.

4. **Professionalism Assessment**

   Students will receive a Professionalism Assessment, outlining their professional behavior in the following domains: Communication, Professional Appearance and Demeanor, Dependability and Engagement, Self-Awareness and Accountability, Honesty and Ethics, and Teamwork and Collaboration. The minimum passing benchmark is an overall score of at least 117 out of 130 points. Additionally, students must score a "5" on any item that the faculty deem is critically important, as indicated with an asterisk on the evaluation form, in order to meet the program's professional performance standards.

   Summative Examination Remediation

   Students are required to pass each component of the Summative Evaluation according to program standards as outlined in the PA Program Handbook. Students who do not meet the passing benchmarks above will be required to complete a remediation process at the discretion of the PA faculty. If a student falls below the overall passing score for any of the four assessments or fails a remediation of an individual component, they will be placed immediately on probation. If a student is already on probation at the time of a failure, they will be presented to the Progress and Promotions Committee to determine further action. Failing any component of the Summative Evaluation may delay a student's graduation date for a minimum of one term, at the student's expense.

PA Clinical Knowledge Rating and Assessment Tool (PACKRAT)

The PA Clinical Knowledge Rating and Assessment Tool (PACKRAT) is an electronic examination developed by the PAEA to help students assess their preparedness for passing the PANCE. Studies have shown that the PACKRAT is a strong predictor of pass/fail performance on the PANCE. The exam also provides students with objective data to evaluate their medical knowledge and general didactic preparedness.

The PACKRAT is 4 hours long and contains 225 multiple-choice questions. The content directly parallels that of the Exam Content Blueprint for PANCE, and covers all topics related to primary care medicine.

As part of the program's general educational mission, and to facilitate students' preparation for the PANCE, the program offers the PACKRAT at the end of each year of the program. The last PACKRAT is administered just prior to graduation.

Performance on the PACKRAT offers students a standardized measure by which to evaluate their acquisition of medical knowledge and examination performance capacity. It is offered as a study guide for students in preparation for the PANCE. Although the outcome of the PACKRAT is not tied to any progression standard in the program, it is a useful tool to predict PANCE performance.

Academic Performance – Standards and Progression in the Program

Course Grade Assignments

Course grades are assigned according to the policies set forth in each course syllabus.

Students are expected to complete all required course learning and assessment activities during the assigned term dates. Under extraordinary circumstances, if a student is unable to complete the required course or rotation work within the designated time frame, they may be granted an extension to complete outstanding work and duties. Extensions will result in the granting of a course grade of incomplete, or "I." An incomplete grade is given solely at the discretion of the Course Director or Directors of Academic or Clinical Education (as appropriate) upon careful consideration of the circumstances affecting the student's ability to complete assigned tasks on a timely basis. If an incomplete grade is given, it must be remediated within a predetermined time frame set forth by the faculty. If the student successfully completes the required tasks and assignments, the incomplete grade will be converted to a final course grade according to the grading criteria for that subject. Failure to complete the required work on time, or in a satisfactory passing manner, will result in the incomplete grade converting to an "F," and the student is subject to probation and possibly dismissal from the program.

Satisfactory Academic Performance

Satisfactory performance is defined as passing each academic year course with a grade of at least a "B" and maintaining a cumulative grade point average (GPA) of 3.0 or better at all times. During clinical rotations, the standard for satisfactory performance is receiving all course grades of Pass.

The following outlines the process of evaluating academic performance in the didactic year. Clinical year performance standards and their assessment are outlined in the supplemental clinical year handbooks.

Assessment of academic performance is performed continuously throughout the program. Satisfactory academic progress is assessed through the successful completion of all coursework, curricular activities, and clinical rotations. In addition to ongoing student assessment processes, there is a formal evaluation process at the end of each phase of the curriculum to determine the student's eligibility to progress through the program. This process is known as the Formative Evaluation at the end of the first two years, and the Summative Evaluation at the end of the third year (See **Formative** and **Summative Evaluations**).

Satisfactory academic performance also includes continuous demonstration of professionalism and ethical conduct. Students are expected to comply with the program's professionalism policy as outlined in this handbook (see **PA Professionalism and Professional Behavior Policy**). Students are also expected to adhere to the conduct and academic honesty standards set forth in the Rush University Student Honor Code (see **Appendix B**), the Rush Statement on Academic Honesty (see **Appendix C**), and the CHS Guide for Professional Conduct (see **Appendix D**). Students may progress through the program only if they maintain satisfactory professional conduct and academic performance at all times.

A student's performance must meet satisfactory performance standards in order to progress through each year of the program. Information on program progression is discussed in the **Program Formative** and **Summative Evaluations** section.

Unsatisfactory Academic Performance

Unsatisfactory performance indicates a failure to adhere to program standards for progression and will result in the convening of the program's P&P Committee for further action.

Unsatisfactory performance is defined as meeting any of the following criteria:

- Failure to achieve a final grade of a "B" or higher in any course.
- Failure to achieve a passing final grade in any clinical course.
- Failure to attain and maintain a cumulative GPA of 3.0.
- Failure to successfully pass the remediation of any assessment.
- Failure to comply with program or university policies.

The faculty are committed to supporting students and helping them identify and address performance challenges during their education in preparation for their future PA careers. We use the process below to recognize, address, and remediate performance issues. The designations used are Warning and Probation. These designations are internal to the program and are used to track student performance deficiencies. Receiving these designations does not affect a student's standing in the university, is not reflected on transcripts, and does not affect financial aid.

Progress and Promotions Committee

The program's Progress and Promotions Committee consists of the core faculty members of the PA Program (excluding the Program Director and Department Chair), other CHS faculty, and practicing advanced practice providers from both within and outside Rush University.

The Committee oversees all matters related to student performance during the program. If a student does not make satisfactory progress in any area, the Progress and Promotions Committee is convened to identify the source of the student's difficulties and consider remediation strategies to help the student overcome challenges and succeed in the program. The student's faculty advisor or another representative may serve as the student advocate in these meetings.

The Committee's remediation recommendations will be discussed with the student by their faculty advisor, the Program Chair, or other designee as determined by the Committee. If the student fails to make satisfactory academic progress despite remediation, and the Committee finds no reasonable expectation of a successful remediation of the situation, the Committee may recommend that the student be dismissed from the program. For more information regarding dismissal policies, refer to the Academic Appeals and Rules of Governance policies in the RUSH University Catalog. The final decision regarding dismissal rests with the Dean of the CHS, as discussed in the College of Health Sciences Policies and Procedures for the RUSH University Rules for Governance.

The Progress and Promotions Committee reviews the formative and summative evaluations completed by PA faculty to assess students' eligibility to progress to the next year of study and graduation (see **Formative** and **Summative Evaluations**).

Any performance that does not meet the above criteria is deemed unsatisfactory academic performance.

Remediation, Warning, and Probation

The following is an outline of actions taken if a student encounters academic performance issues during the first year of the program. Please reference the Clinical Year Handbook for policies surrounding unsatisfactory performance in the second and third year of the program.

Remediation

Remediation is the program's process to help students improve their performance. Remediation can occur for either academic or professionalism issues. The process of remediation involves providing students with additional assistance and resources to acquire expected knowledge and/or skills related to expected program learning outcomes and the program's professionalism standard. Remediation also requires students to demonstrate acquisition of knowledge and/or skills by re-evaluation or re-testing for a passing score. Remediation in the program can take many forms, depending on the student's needs, and is determined according to the discretion of the faculty.

Please refer to the section on **Professionalism** for a detailed description of the program's approach to remediating professionalism.

The process for remediation is as follows:
- If a student fails any assessment, they are required to meet with the course director and remediate the assessment. The method of remediation is determined at the discretion of the course director. Remediation may include, but is not limited to, additional assignments, additional assessments, recommendation for counseling, or referral for evaluations. Remediation must be completed within the time frame designated by the course director. If a student does not complete a remediation, they will not progress in the program.

- If the student passes the remediation, they are permitted to progress in the program. The original assessment score will stand and be factored into the final course grade.
- If the student does not pass the remediation, they will be placed immediately on Probation and will be required to meet with faculty to discuss further remediation plans. Please refer to the section below on **Probation**.
- If a student does not pass a course with a final grade of B or higher, they will be required to take a global remediation in order to demonstrate knowledge of the course content and to be able to progress in the program. A global remediation can evaluate the student on content from the entire course and the format of examination is at the discretion of the course director.

Warning

Warning indicates that a student has performance deficiencies and is at risk of being placed on Probation. If a course director identifies that a student has performance deficiencies in their course, they may send students a notice of Warning at their discretion. In the didactic year, some examples of indications for Warning are as follows:
- If the student has a cumulative course grade of less than 80% at the half-way point of the term

- Failure of multiple quizzes, exams, presentations, or written assignments in a course

When a student is given a notice of Warning, they are required to meet with the course director and Director of Academic Education to discuss study and test-taking strategies and discuss their performance expectations for the remainder of the term.

The student will remain on Warning for the duration of <u>one subsequent term</u>, and if there are no further performance issues, they will be removed from Warning. If a student is placed on Warning during the Spring term and there are no further performance issues, they will be removed from Warning in order to progress to the clinical year.

If a student is placed on Warning and has a subsequent failure of either a course or a remediation exam, they will progress to Probation, as described below.

Probation

Probation indicates that a student is unable to meet expected performance standards and that continued remediation and monitoring are required to help the student meet the expected level of performance.

In the didactic year, students will be placed on probation for the following reasons:
- Receiving a course grade less than a B in any course

- Failing a remediation assessment

- Receiving three professionalism violations

- Committing an egregious violation of policy or professionalism

A written letter outlining the terms of probation will be sent to a student for their signature indicating receipt of a written description of the probation, an understanding of the terms of probation, and agreement to the terms of probation. The terms of probation as determined by the P&P Committee are non-negotiable and students are expected to abide by the terms. If a student refuses to sign the letter with the terms of probation, they will not be permitted to progress in the program.

The faculty will notify the program's Progress and Promotions Committee of the student's status, and a remediation plan will be developed and provided to the student in writing. The remediation plan will be individualized and targeted to correct the deficiency. Strategies may include but are not limited to:
- Assigning an additional mentor

- Tutorial activities with topic-appropriate assignments

- Timed multiple-choice-question assessments
- Oral presentation(s) to the faculty
- Submission of a written paper
- Written or oral examination (topic-specific or comprehensive)
- OSCE
- Other remedial activities as deemed appropriate by the P&P Committee

If the student successfully completes the remediation plan, they will remain on Probation for the remainder of the didactic year in order to allow them the ability to demonstrate that they have corrected any deficiencies or behavioral misconduct issues. If they have no subsequent performance issues and meet satisfactory academic performance at the end of the year, they will be removed from probation and may progress to the clinical year.

Students who have been placed on probation must demonstrate satisfactory progress and comply with any other probationary terms outlined by the P&P Committee and/or program director. Failure to meet the terms and conditions of probation may lead to dismissal, as described below.

Under some circumstances, a student on Probation may demonstrate satisfactory performance progress but still have incomplete remediation activities at the end of a term. In such cases, the faculty may deem the student eligible for progression to the next year of program while remaining on Probation. In such cases, the student's Probation status will not change despite progression through the curriculum. Eligibility for advancement through the curriculum is at the discretion of the faculty and the Progress and Promotions Committee and will be clearly outlined in the terms of the student's Probation letter. Once the remediation is successfully completed, the student will come off probation.

In some instances, the Progress and Promotions Committee may decide that a student will stay on probation while being permitted to progress to the next year. The terms of this probation status will be outlined clearly in a letter to the student.

If a student's performance issues are ongoing and unresolved despite remediation efforts, the student will remain on Probation, will be denied permission to progress, and may be subject to dismissal from the program. Refer to the section below on **Expectations on Probation**. The faculty will convene the Progress and Promotions Committee to determine further action.

It is important to note that in some cases, students may not receive a letter of Warning before being placed on Probation.

Expectations on Probation

- If a student is placed on Probation due to failing a course, they will be given the opportunity to globally remediate the course. If the student does not pass this remediation, they will be referred to the P&P Committee and will be subject to dismissal from the program.

- Once a student is on Probation, they are expected to pass all assessments on the first attempt. If a student on Probation fails an assessment, they are required to remediate it. If they fail an assessment and its remediation, they will be referred to the P&P Committee and will be subject to dismissal from the program.

- Students are required to pass all courses with a final course grade of a B or higher. If a student on probation due to academic deficiencies fails a course, they will be referred to the P&P Committee and are subject to dismissal from the program.

- If a student is on Probation due to academic deficiencies, such as failure of a course, and receives a professionalism violation, they will follow the same three-step process as described above in the section on **Professionalism Violations**. If a student on Probation receives three professionalism violations, they will be referred to the P&P Committee and are subject to dismissal from the program.

- If a student is on Probation due to professionalism deficiencies and receives a grade of less than "B" in a course, they will have one opportunity to globally remediate the course. If they do not pass the global remediation, they will be referred to the P&P Committee and will be subject to dismissal from the program.

- If a student has an egregious lapse in either academic performance or professionalism they may be placed immediately on Probation without prior notice of Warning, regardless of prior academic performance or cumulative GPA. If the lapse in academic or professional performance is egregious, as determined at the discretion of the faculty, a student may be denied permission to progress and may be subject to dismissal from the program, without opportunity for remediation, regardless of prior academic performance or cumulative GPA. The P&P Committee will evaluate such incidents on a case-by-case basis.

Probation remains in effect until the student receives official notification of their status change in writing.

Students will receive written notification of their change in status (Warning or Probation), which will become part of the student's program record. Receiving a notice of either Warning or Probation does not reflect on the student's RUSH University transcript. Upon receipt of the notice, the student must meet with their academic advisor as soon as possible to identify challenges and discuss potential solutions to remediate their performance.

Program Dismissal

Dismissal is defined as the removal of a student from the program for significant professionalism or academic deficiencies despite remediation efforts by the faculty.

If all usual and reasonable remediation efforts are exhausted and the student is still unable to maintain satisfactory academic performance, the recommendation will be made to dismiss the student from the program, regardless of prior academic performance, final course grade, or cumulative GPA.

A recommendation for dismissal from the program will be made if a student consistently fails to demonstrate the ability to sustain the academic and/or professional performance standards of the program. This determination is made in accordance with our obligation to maintain the standards of the profession and the public's safety. Specifically, a recommendation for dismissal from the program will be made under the following circumstances:
- If a student is unable to maintain expected academic performance despite reasonable remediation and counseling, including, but not limited to, failing multiple examinations or courses, failing a remediation activity, failing a preceptor evaluation, or failing to comply with professionalism standards
- If a student continues to have performance issues while on probation
- If the student has an egregious lapse in either academic or professional performance or violates RUSH policy regarding conduct and behavior
- If a student violates any of the following: the PA Program's Professionalism and Professional Behavior Policy; the RUSH academic honesty policy; the RUSH University Student Honor Code; or the RUSH University Drug and Alcohol-Free Campus policy.

Violations of PA and university codes of conduct, technical standards, or community laws may also result in dismissal.

Students may be dismissed from the program **without first having been placed on probation** for egregious academic or professional misconduct issues at the discretion of the faculty. Professional misconduct may constitute the sole reason for dismissal from the program.

The process is described as follows:
1. The P&P Committee reviews student academic and professional progress when prompted by student performance deficiencies.
2. Students being considered for dismissal will be given notification of this pending decision and an outline of the reasons for dismissal by the program director.
3. Students are strongly encouraged to appear before the P&P Committee when a recommendation for dismissal is being considered to provide any relevant information or evidence related to their possible dismissal; however, students may waive their right to such an appearance in writing. Students must notify the PD prior to the scheduled meeting of their intent to appear. Students may also elect to provide a written statement to P&P.
4. A decision for dismissal must be based upon evidence presented at the P&P Committee meeting.
5. If a student is dismissed from the program, they may choose to appeal this decision. For more information regarding University dismissal policies, see the section on **Appeals** or refer to the Academic Appeals and Rules of Governance policies provided in the RUSH University Catalog. The student may continue to participate in classes and coursework while the appeal is being investigated.

Withdrawal

Withdrawal is defined as the permanent departure from the university without the expectation of returning. In order to withdraw, students must submit the Petition for Withdrawal form through the Registrar's Office. Students who withdraw must reapply to be readmitted if they wish to return to the University.

Deceleration

Deceleration is defined as a delay in a student's progress through the program's course of study that will extend the date of graduation beyond that of their cohort.

Decelerations are initiated by either:
1. A student requesting a leave of absence (see section on **Leave of Absence** below)
2. A recommendation by the PA Program's Progress and Promotions Committee (see section on **Progress and Promotions Committee** below) as part of a remediation plan.

Students must meet with the program director to discuss the implications of the deceleration on their course of study and proposed graduation date. Students are also required to meet with the Office of Financial Aid to determine the implications of their leave on their tuition and loans.

During the didactic year, courses are offered only once per academic year and serve as prerequisites for subsequent courses; therefore, deceleration lasts for the remainder of the academic year. This requires the student to take a leave of absence and rejoin the program with the next cohort at the beginning of the following academic year in May. If a decelerated student has already completed and received final grades for courses in the didactic year, they are not required to retake them but must audit all previously taken courses to demonstrate currency of knowledge. Auditing may incur a registration fee, which is less than the amount of full tuition.

During the clinical year, deceleration typically results in a delay of one to two terms and requires either a leave of absence or continuous enrollment to complete remediation activities. This is determined on a case-by-case basis by the P&P Committee and the program director depending on the needs of the student.

Upon return to the program after a deceleration, the student may be required to demonstrate competency. This could be in the form of a written comprehensive examination, practical examination, retaking previously passed courses or clinical rotations, and/or participating in a student learning contract while on leave. The type of assessment will be determined on a case-by-case basis.

A leave of absence or deceleration is permitted only once during the didactic year. The longest a student may take to complete the program is a 42-month time period (see section on **Program Completion Deadline**). Any leave of absence or deceleration must be completed within a 12-month period of time.

Leave of Absence

Under extraordinary circumstances, a student may encounter challenges that disrupt the continuity of their coursework and impact their ability to progress within the standard program timeline. In such circumstances, a student may petition for a leave of absence from the program. Rush University defines a leave of absence as a temporary suspension of studies granted to an eligible student for whom an approved time limit has been set and a specific date of return established. Each degree has a time limit for completion that includes leave of absence time. A leave of absence will only be granted if the student has a compelling reason for the request, such as parental leave, sustained illness, or extraordinary personal issues.

Students must adhere to the following process:
1. If a student requires a leave of absence from the program for any reason, they must first petition the program director for the leave. The terms of the student's leave, the timeline of their return to the program, and any conditions required to reenter the program must be arranged prior to the student beginning the leave and agreed to in writing by both the student and the program director. Permission to take a leave of absence is granted at the sole discretion of the Program Director.
2. Once the leave is approved by the program director, the student must submit a Leave of Absence Request form through the Registrar's Office. Students may contact the Registrar's Office at https://www.Rushu.Rush.edu/student-life/student-affairs/office-registrar with questions.
3. Students who take a leave of absence from the program may incur additional fees and/or tuition costs for which the student is solely responsible. Taking a leave of absence may also impact a student's eligibility for financial aid; therefore, students are required to meet with the Office of Financial Aid to determine the implications of their leave on their tuition and loans. Arranging for consultation with financial aid is the responsibility of the student and should take place before any final decision is made or any agreement signed.
4. In order to avoid being charged full tuition, students must request a leave of absence by the last day of registration to drop or add courses.
5. Students requesting a leave of absence due to medical reasons must provide documentation of medical clearance upon their return stating that they are released to return to full-time student status without restrictions.
6. Per RUSH University policy, the maximum length of time that will be approved for a single leave is three consecutive terms. Students needing to be gone longer than three consecutive terms will need to petition for an exception to the policy or will need to withdraw.
7. Students must adhere to the program completion deadline of 42 months total, as described in the **Program Completion Deadline** section.
8. If a leave of absence is granted, it may hinder a student's progress through the program, leading to a deceleration from the program's proscribed course of study and a delay in their graduation date (see section on **Deceleration**).

A student is no longer considered to be enrolled in the program if:
- They do not register for courses at the end of an approved period of a leave of absence
- They fail to apply for a leave of absence and they do not register for courses
- Their request for a leave of absence has been denied and they do not register for courses

Readmission after a Leave of Absence

When a student on an official leave of absence is ready to return to the program, the student must give the program director advanced notice in writing to initiate the re-entry process. Students must re-enter the program at the start of a term. Students must submit a letter of intent to return to the program director at least 30 business days prior to their expected return or as outlined in the original approval letter. Students must also

complete the [Return from Leave of Absence form](#) through the Registrar's Office. Failure to follow this process may result in the student's delay in expected progression through the program.

Additionally, if a student is on leave due to a medical condition or sustained illness, they must provide documentation from their healthcare provider that they are cleared to return to full-time coursework.

All students returning from a leave of absence will be required to meet with either the program director or the P&P Committee to ensure that they are capable of meeting the technical standards of the program, and to determine if they are eligible for continuation of their training.

Students who have taken a leave of absence may be required to repeat some parts of the program or the entire program, as well as any remediation activities determined by the P&P Committee before resuming the program. Students returning from a leave during their clinical phase of training may be required to repeat some or all of their clinical rotations. Whether a student has a clinical assignment immediately available to them when they are ready to return to active student status depends on the availability of clinical training sites.

Students should be aware that successfully completed courses may not be repeated for credit. Any coursework or clinical instruction deemed appropriate by the P&P Committee for the student to retake in order to return the student to an appropriate level of progression may require the student to audit courses without credit. Students are required to enroll in Continuous Enrollment during the semester they are auditing courses, and therefore the student must be willing to bear both the time and financial consequences.

If the leave of absence will disrupt the completion of didactic courses in which the student is enrolled, the student may be required to decelerate. A leave of absence is permitted only ONCE during the didactic year. The maximum amount of time a student may take to complete the program is a 42-month time period.

Readmission without a Leave of Absence

Any student who leaves the university without following the prescribed protocol for obtaining a formal leave of absence from the Office of the Registrar will not be automatically readmitted. A student who wishes to restart the PA program without having an approved leave of absence must reapply in the next admissions cycle.

Program Completion Deadline

Students are expected to complete the program within its prescribed 30-month curriculum. The maximum amount of time allowed to complete all program requirements is 42 months.

Due to the sequential nature of the curriculum, students must complete and pass all courses in any given semester to be eligible to enroll in courses for the subsequent semester. Students must successfully pass all didactic courses before being permitted to progress to the clinical phase of the program.

If a student is on an approved deceleration, the maximum amount of time a student may remain in the program is one year beyond the expected program duration, or 42 months. Failing to complete the program within the maximum time allotted will result in a withdrawal from the program. Students at risk of failing to complete the program must meet with the Program Director to develop a plan to successfully complete the program.

Professionalism and Professional Behavior

Professionalism relates to the expected intellectual, ethical, behavioral, and attitudinal attributes necessary to perform as a health care provider. Students in the PA program are expected to behave ethically and professionally, and in a manner appropriate to a clinician-in-training through all phases of the program.

All students in the PA Program are expected to adhere to the ethical codes set forth in the following Professionalism Policy. Additional professionalism policies as stated in either program courses or the clinical

entity may also apply. All students at RUSH are also expected to adhere to the RUSH University Statement on Academic Honesty and the CHS Guide for Professional Conduct (See **Appendices C** and **D)**.
Additionally, PA students are required to behave according to the Guidelines for Ethical Conduct for the PA Profession, published by the American Academy of Physician Associates, available here. (See **Appendix N**).

Professionalism Policy for All PA Program Activities

The PA Program believes that professionalism is an important quality of being a PA student and future practicing clinician. The lecturers, faculty, and staff of the program evaluate student professionalism at all times throughout the program on a pass-fail basis.

Criteria to be evaluated in the professionalism component will include, but not be limited to, the following areas:

- Honesty and academic integrity
- Attendance and punctuality
- Student work ethic, dependability, and accountability
- Appropriate behavior in all University and PA program activities
- Preparedness for class, presentations, and other assignments
- Attentiveness and engagement all class and clinical activities
- Respectful and appropriate interaction with lecturers, faculty, staff, preceptors, and fellow students
- Respectful behavior in all clinical settings towards patients, their family, and their loved ones
- Ability to work effectively as a team member on group assignments, projects, and in the clinical setting
- Respectful attitude towards the faculty, staff, preceptors, and peers
- Handling of complaints and disputes, including the following of established protocols and chain of command
- Appropriate verbal and non-verbal communication
- Respond to all communication requests, such as emails and phone calls, in a timely manner
- Appearance and attire appropriate to place and situation as defined by faculty
- Compliance with departmental and University policies and procedures
- Adherence to deadlines

Professionalism Policy Violations

Students in the program are expected to always behave in a manner which conveys the highest degree of personal, moral, and intellectual integrity. PA students are expected to demonstrate their professional capacity by treating one another and others with respect, being reliable in all program activities, communicating effectively in both written and oral forms, accepting personal responsibility for one's actions, and exhibiting knowledge of their limitations**.**

As noted in the above section, **Academic Performance – Standards and Progression**, throughout all phases of the program, students are continuously evaluated regarding their professional and ethical behavior. Each year students will receive a Professionalism Assessment filled out by faculty, attached as **Appendix G**. For more information regarding the program's policy on professionalism, refer to the **PA Professionalism and Professional Behavior Policy** below. Students are also expected to adhere to the criteria contained in the CHS Guide to Professional Conduct, (**Appendix D**).

The following is an outline of actions taken if a student encounters professionalism issues during the first year of the program:
- At the first occurrence of a professionalism issue, the student will be notified and informed that subsequent issues will constitute a professionalism violation. Repeated violations to our professionalism policy will be addressed in the following sequence:

- If a student commits a professionalism violation, they will be notified by program faculty in writing. Further actions will be determined on a case-by-case basis depending on the nature of the violation. Students may be required to meet with faculty to discuss a plan for remediation.
- If a student commits a second professionalism violation at any time during the remainder of the year, they will be required to meet with the Director of Academic Education and they will receive a written Professionalism Assessment that will become a part of their program record.
- If a student commits a third professionalism violation during the remainder of the year, they will be placed on probation immediately and will be required to meet with the Director of Academic Education and/or the Program Director to discuss further steps and remediation. The Progress and Promotions Committee will be notified. The same terms as listed above for probation apply to a student who is placed on probation for professionalism reasons.
- If a student commits an egregious professionalism violation, they may be placed immediately on probation and bypass the stepwise process as listed above, at the discretion of the faculty and the Progress and Promotions Committee.
- At the end of the didactic year, a Professionalism Assessment will be completed as part of the Formative Evaluation, and may reference professionalism warnings and violations from the entire year.
- The didactic and clinical phases of the program are distinct, each presenting different demands, environments, and opportunities for professional development. As such, any professionalism violations accrued during the first year will remain part of the student's record for reference and support purposes but will not carry forward as active violations unless the student is on probation with ongoing professionalism issues. If a student is on probation with ongoing professionalism issues, their probation status may continue into the clinical years.
- For additional policies related to professionalism in the clinical year, please refer to the clinical year handbooks.

Academic Honesty

Students in the program are expected to approach all program activities with the highest level of academic and intellectual honesty. With the vast amount of information available through electronic and other media, we must acknowledge, through proper citation, the originators of any print, electronic, or oral presentation used in our work. All assignments must be the student's own work and must properly cite when another author's work is used.

It is considered academic dishonesty to represent another's work as one's own, or to collaborate in such falsification in others. Activities such as plagiarizing, cheating, inappropriate testing behavior, unauthorized use of Rush computer hard- or software or permitting others to use your work for such ends, are all forms of academic dishonesty. It is also dishonest to misrepresent yourself or your role to patients, their families and loved ones, or preceptors. Additionally, it is considered academic dishonesty to share confidential assessment information with other individuals, including both classmates and those outside of the PA program.

Academic dishonesty falls within the purview of the PA Professionalism and Professional Behavior Policy. Please refer to the policies on Academic Performance regarding the handling of violations of professional behavior. Violations of the academic honesty policy are reviewed on a case-by-case basis, and may result in immediate placement on probation or dismissal from the program.

The use of artificial intelligence (AI) tools in coursework and studying is evolving. Students are encouraged to explore AI responsibly to support their learning, such as for summarizing materials, organizing study notes, or generating practice questions. However, it is essential to understand that AI is not always accurate and does not singularly use the resources required by the PA Program. Students should continue to reference the required and recommended materials assigned to each course to guide their studying. Furthermore, individual courses may have specific guidelines regarding the permitted use of AI. Students must adhere to each course's policy and consult with instructors when in doubt. Unauthorized use of AI for assignments, exams, or clinical documentation may be considered academic misconduct.

Copyright and Use of Materials

Educational materials include, but are not limited to, course syllabi, course objectives, lecture handouts, readings, assignments. All PA program materials are protected under state and federal copyright law.

The materials provided by the program are for students' personal study purposes only. Copying, sharing, or distributing the materials in any manner without specific and express approval of the author and/or course director is considered an act of academic dishonesty and a violation of RUSH's Academic Honesty and Student Conduct policy. This includes sharing electronic or print copies of the materials or posting materials online. Students who fail to comply with this standard are liable for copyright infringement and subject to disciplinary action.

Patient Information Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) privacy and security rule creates a framework to ensure the safety, security and integrity of all patient medical record information. This includes all forms of patient record information, whether in electronic and paper file formats, and all health care information communication, whether electronic, written or verbal. The goals of the privacy and security rule are to:
- Protect and enhance patient rights by providing access to and controlling inappropriate use of health care information.
- Improve health care quality by maintaining trust between patients, providers, and payers.
- Improve efficiency and effectiveness of care delivery by creating a national framework for the privacy, confidentiality, and security of patient information, whether held electronically or in paper.

Protecting the privacy, confidentiality, and electronic security of patient information is of utmost importance at RUSH. The institution is committed to maintaining patient confidentiality and understands the sensitivity of patient information. All RUSH University students are expected to complete annual HIPAA Privacy and Security education. To review the University's HIPAA policy, see the 2023-2024 RUSH University Catalog.

Time and Attendance
Academic Calendar

Classes and activities during the first year of the program are scheduled in accordance with the RUSH academic calendar, available here: RUSH University Academic Calendar.

During the clinical phase of the program, clinical rotations do not adhere to the posted academic calendar to facilitate clinical training.

Students are expected to adhere to their appropriate schedule as assigned by the program. The program will provide the didactic and clinical year schedules to students as far in advance as possible. Last minute schedule changes may be needed based on rotation availability. Regardless of year of the program, students will be registered for courses according to the posted RUSH academic calendar.

Scheduled Vacation and Breaks

As noted under the Academic Calendar section, during the didactic year, the program adheres to the RUSH University academic calendar, with vacations and breaks as posted on the Registrar's Office calendar.

If a student does not meet the minimum course grade of B or higher, or fails a Formative Evaluation, they will require remediation at the end of the term. Depending on the timing of remediation, this may delay their progression to the following term. Students may elect to use scheduled vacation and break time to complete the required remediation and avoid delays or deceleration.

During the clinical rotations, breaks are determined at the discretion of the PA Program.

Class Hours

In the didactic year, the faculty considers 8:00 AM – 5:30 PM, Monday through Friday as available class time. Students should plan their schedule accordingly. Making personal appointments during normal class hours is not permitted. Students who must miss class for any reason, including urgent medical appointments, must obtain approval from the course faculty in advance (see Attendance section above).

The faculty makes every effort to provide students with an accurate schedule of classes; however, changes occur frequently in the schedule. Many of the lecturers are clinicians with busy practices. Occasionally, the responsibilities of patient care take precedence over lecturing, resulting in changes to the lecture schedule. Rescheduling lectures may require adding classes to empty time slots in the schedule; therefore, not all unscheduled time is "free time". While every effort will be made to minimize schedule changes, the program requests that students be flexible regarding the class schedule. Refer to the section on **Attendance** above regarding requests for time off before scheduling any other activities during scheduled class time.

Throughout the program, course-related activities may occur during non-class hours and off the main campus. These activities may include occasional weekends and evenings and may require additional travel time as well. If the activity involves the entire class, the dates and times will be posted on the class schedule and details for these activities will be presented at the start of the relevant term. If the activity involves individual or small groups of students, information regarding scheduling and other details will be provided as appropriate.

If a student has a schedule conflict with any course activity, they must notify faculty as soon as possible to request an excused absence and arrange a makeup session. However, not all academic activities can be made up. As a PA student, attendance at course activities should be a priority over personal activities.

During the clinical rotations, duty hours are determined at the discretion of the PA Program.

Attendance

Attendance in the program is on a full-time basis only. Students entering the PA program must complete the curriculum in its entirety in order to graduate. Advanced standing or transfer credit is not awarded in the program, regardless of previous professional or academic experience.

Attendance and punctuality to all program-related activities (whether in person or virtual) is expected of all students. Class attendance and punctuality are criteria within the standards of professional behavior (see PA Professionalism and Professional Behavior Policy). Both the volume and the pace of instruction in the program require attendance in all classes for academic success. Students are expected to arrive on time for all activities and to be seated and ready to start class at the designated start time. Students are expected to notify the faculty if they expect to be late to class before the class start time, and are asked to enter the room quietly without disruption.

A trend of late arrivals is considered a violation of the program's professionalism policy. If faculty notes a trend in tardiness, the student will be given a warning and subsequent tardiness will result in a professionalism violation.

Excused Absences and Illnesses

During the academic year, if a student must miss class due to illness, bereavement, or other unexpected event, the absence will be excused if reasonable effort is made to notify the program in an appropriate manner prior to the absence. Both the course director and the Director of Academic Education should be notified prior to the start of class. Notification should be made by email and should include the nature of the problem and the expected number of classes to be missed.

If a student requires more than one day's absence due to illness or other unexpected event, they must contact the Director of Academic Education at the first possible opportunity to determine reasonable arrangements for missed classes. In some cases of prolonged absences, faculty may provide lecture recordings for missed content. Students are required to provide documentation from a healthcare provider to excuse them from class for more than one day. If a student is projected to miss more than one week of class, they must petition for an official Leave of Absence (see section on **Leave of Absence** above).

Policies regarding absences during the clinical year can be found in the clinical year handbooks.

Absences due to personal travel and social events are considered unexcused absences. Unexcused absences also apply to leaving class early without prior approval. Unexcused absences are considered professionalism violations and may result in missed coursework for which the student might not receive credit. A personal day may be requested in advance to miss class for these types of absences (see section on **Personal Days** below).

In addition to the PA Program's professionalism policy, each course has specific attendance requirements that students must follow. For absences of any kind, students may be required to complete make-up work at the discretion of the course director.

Failure to adhere to the attendance policies of a course may affect the final course grade. This is outlined in each course syllabus.

Personal Days

During the didactic year, students are allowed to take two personal days each term to use at their discretion, and must abide by the following policies:

1. Students must notify the Director of Academic Education via email at least two weeks in advance of the requested personal day with the subject "Personal Day Request".
    a. Submission of a personal day request does not guarantee approval. Requests are not finalized until approval is received from the Director of Academic Education. Students should not make travel plans until their request is approved.
2. Students must ensure the requested personal day meets the following criteria:
    a.   Personal days cannot be used on the first day of the term, the day of an examination or assessment, a scheduled student presentation, a simulation activity, or during Skills Week.
    b. Personal days cannot be requested as partial or half days; if a student wishes to request a personal day, it must be a full day.
3. Violations of the personal day policy constitute professionalism violations and may result in loss of subsequent personal days.
4. Personal days cannot be saved and do not roll over to subsequent terms.
5. Personal days cannot be used on Mondays in the Fall and Spring term due to mandatory courses that occur on that day.
6. There will be additional days throughout the year in which personal days will not be permitted due to mandatory meetings and assessments. These will be discussed at the beginning of each term.
7. Students must notify course directors of an approved personal day 1-2 days prior to the planned absence.

Students may be excused for necessary medical appointments and in some cases, do not need to use a personal day for such, but all requests must be made in advance to the Director of Academic Education, and the course director must be notified for any approved planned absences.

Policies regarding personal days in the clinical years can be found in the clinical year handbooks.

Religious Holiday Time Off

Students requesting time off for religious holidays should notify the Director of Academic Education and/or Director of Clinical Education as soon as possible upon admission to the program. The student should also provide a schedule of religious holiday time off needs at the beginning of each academic year. Students should discuss any additional accommodations related to religious holidays at the beginning of the academic year.

Students may be required to make up any missed work due to any absence, whether a sick day, personal day, or excused absence. Students are required to contact the course director to discuss make-up work.

Clinical Rotations

Students must successfully pass all didactic courses and the end of year OSCE before being permitted to progress to the second year of the program.

Supervised Clinical Practice Experiences (SCPEs) offered during the clinical years of the program do not follow the academic calendar.

Clinical Rotation Assignments

All clinical rotations are assigned based on preceptor availability. Details regarding clinical rotation assignments are in the Clinical Handbooks and will be provided to students during the Spring term.

The PA Faculty have the sole responsibility for securing sites for clinical rotation placement. Students may recommend a new site for elective placements but are not permitted to provide their own sites for core rotation placement. Recommending a new site for an elective rotation does not guarantee an affiliation agreement will be established with the site or that placement will be finalized. Faculty will ensure that the preceptor is qualified and that the site meets PA program standards and allows students to meet the rotation learning outcomes. Second and third year core clinical rotations take place within a 90-minute/90-mile radius from RUSH University. Students may complete an out of state rotation for elective rotations only. Students are required to have immediate access to a car for the duration of the clinical years. Sometimes, due to unforeseen circumstances, there may be a late change in site placement.

Each rotation has minimum duty hours and patient contact requirements. Duty hours may include nights, weekends, overnight call, and holidays. Students will be given more information about clinical year policies and placements in the spring term of the didactic year.

Student Support and Resources

Advising

Each student is assigned a PA faculty advisor. Students are required to meet with their advisor for routine advising once per term but can request to meet with their advisor at any time. The student is expected to initiate the required advising session; additional sessions may be initiated by the student or faculty advisor as needed. Prior to routine advising meetings, students will be asked to fill out a pre-advising meeting form in order to guide the discussion with their advisor. Students are expected to log in on time for the meeting, have their cameras on framed to include their face, and to be in a quiet location appropriate for discussion, such as at home, in a classroom, or at the library. Students should not log onto meetings in noisy locations such as on the train, in a car, at a busy café, walking outside, or in the airport.

Students are strongly encouraged to meet with their faculty advisor to discuss any concerns or issues that may impact their performance or progression through the program. Students must comply with faculty requests to

meet with their advisor in a timely manner. Failure to meet with their advisor or complete the pre-meeting review form constitutes a professionalism violation.

Routine advising discussions focus on two areas – review of the student's academic progress and counseling on professional development. Advisors are also a resource for exploring issues regarding rotations and to explore employment strategies following graduation.

If a student has challenges maintaining acceptable academic performance during the program, the advisor is the student's primary resource for guidance and assistance. The advisor will work with the student to identify potential sources of academic difficulty and will assist the student in overcoming those difficulties. Advising may entail referral to other counseling and support services available through the University.

In addition to the PA faculty advisor, students are encouraged to meet with Course Directors for any concerns related to a specific course.

Center for Clinical Wellness

RUSH University provides offers students access to professional counseling, at no charge, for a variety of concerns ranging from academic problems to issues of personal development. Students may seek guidance on a wide range of personal issues that may be affecting their health and academic performance. Students may voluntarily seek the services of the counseling center at any time. Additionally, the PA program faculty may recommend the wellness center to students. Information regarding student wellness center resources can be found here.

The Center for Clinical Wellness maintains strict standards of privacy and confidentiality. No information about an individual student is released to anyone, inside or outside the University, without the prior consent of the student. No student contact with the Wellness Center becomes a part of any other University record.

Students who wish to utilize the Center for Clinical Wellness, should follow the contact pathways below:

Accommodations

Being a PA requires certain cognitive, motor, communication, and behavioral capacities. The minimum expected capacity in these domains are expressed in the Technical Standards for PA Students (**Appendix O**). Technical standards may be met with or without accommodation. Students with permanent or temporary disabilities who believe they may need an accommodation to meet the Technical Standards, program requirements, or learning objectives in didactic or clinical years of the PA Studies program must contact the Office of Student Accessibility Services to request accommodations. Accommodations are never retroactive, so timely requests are essential and encouraged. To learn more about the accommodation request process, visit the Office of Student Accessibility Services website.

Students should be advised that some accommodations may not be deemed reasonable in every setting, given that an accommodation could not create a fundamental alteration of course, assessment, or clinical experience objectives. Students with accommodations should work closely with the Office of Student Accessibility Services to understand parameters around their accommodations and assess any alternate accommodations that may be appropriate.

Student Activities

PA Student Society

The student government of the PA Program is called the RUSH PA Student Society and is comprised of several Class Officer roles. Class Officers take on important, additional leadership roles and responsibilities. They facilitate communication among their cohort, between classes, and in interactions with the larger community both at RUSH and beyond. Class Officers are elected by their cohort annually during the summer term. Most officer roles continue through the duration of the program. A list of the Class Officer positions, responsibilities, and terms of participation are discussed during the summer term.

Any student who wishes to hold an officer position must be in good academic standing and passing all coursework at the time of elections, and for the duration of the program. In the event a class officer is unable to maintain their duties and responsibilities, or falls behind in their studies, the vacant seat will be filled in a manner deemed appropriate by the remaining officers and the program's Student Society faculty advisor.

Community Service

RUSH and the PA Program are committed to providing service to our community, as set forth in our Mission Statements. Throughout the program, students are expected to develop and participate in various community service activities in the PA Program, the University and throughout the Chicago area.

The PA Program requires that each student completes at least twelve (12) hours per academic year of approved community and/or professional service – eight (8) of which must be service to the community. Examples of activities that may be used to meet this requirement include participation in community health fairs, participation in RUSH organized and approved service activities, participation in PA Program admissions recruitment and interviews, and participation in community health education events. In addition to RUSH and PA Program sponsored service activities, students may participate in appropriate events that serve the community. Note the following criteria regarding participation in service activities:
- Participation in any service activity must not conflict with class or other program related activities. Requests for time off from class or rotation to participate in service activities are not permitted.
- For all activities not sponsored by RUSH or the PA Program, students should notify the program and obtain approval to participate from the Faculty Advisor for Student Activities, prior to attending the event itself.
- For every service event, students should complete and submit a PA Program Professional and Service Documentation Log form on Microsoft Forms. This form must be submitted within 4 weeks of

completion of the service activity. Students will not receive credit for their service activity if the forms are not submitted in a timely manner.

- The Service Documentation Log must contain the event name, date, hours served, and contact name / information for the event organizer or supervisor as available. The student will be required to attest on their form that the information submitted is true and accurate as to their completed service hours.
- Students may refer to the Canvas shell for more information regarding Service Hours. Any questions regarding the service requirement should be directed to the Faculty Liaison.

Professional Organization Membership

Students are strongly encouraged to sustain membership and participation in PA professional organizations while in the program and for the remainder of their career. Membership provides critical support for these organizations' political and professional advancement activities. Students will have the opportunity to become actively involved in these organizations.

The Program provides student membership in both the AAPA and IAPA during enrollment, as well as encourages any student leadership roles in these organizations. A list of PA professional organizations and their contact information is available in the **PA Professional Organizations** section below.

Student Conference Attendance

Program-Supported Travel

Students may be invited or accepted to attend conferences and professional meetings as a representative of the program. Examples of such activities, include but are not limited to, attendance at state and local PA professional meetings as the RUSH PA Student legislative representative, acceptance at a medical or professional conference to present a lecture, research, or poster, and participating in the AAPA National Student Challenge Bowl competition. The program strongly encourages participation in such activities and will help support student involvement whenever possible. Based on annual budget availability, the program may supplement registration, travel, and accommodations to students on a case-by-case basis. All requests to attend conferences or professional meetings must be submitted to and approved by the program director prior to the student confirming their attendance and booking travel.

Students are not excused from class or clinical rotations to attend conferences or professional meetings at which they are not presenting, aside from IAPA CME events, the national AAPA Conference, AAPA Lobby Day, and the AAPA Advocacy and Leadership Summit. Students must request approval to attend these events and must provide proof of attendance. Any costs, including registration fee, flight, lodging, etc., are at the student's expense.

Global Health Trips

Students may be permitted to attend a week-long RUSH global health trip during the clinical years of the program. Global health trips may only be available to students during specific clinical rotations of the clinical year. Students must be in good standing and receive approval from the Director of Clinical Education prior to committing to a trip. In order to attend, students must fill out required compliance forms through the Office of Global Health and are required to purchase travel insurance. All trip costs are at the expense of the student; however, Rush offers partial scholarships to cover a portion of the costs related to the administrative fee of the global health trip. Students can learn more about global health by visiting https://www.Rushu.Rush.edu/about/faculty-affairs/global-health. Students are required to complete a post-trip evaluation and assignment.

Due to the nature of clinical rotations and scheduling, students are not permitted to attend non-RUSH global health trips while in the program.

Students may be required to make up missed coursework or rotation time due to their absence and must discuss planned absences due to conference attendance with their course directors before making travel plans.

Student Health and Safety

Incoming Student Screening

On admission to the program, students are required to obtain and document health and background status clearance in order to attend classes and care for patients. Health screening entails documentation of immunity to major communicable diseases, for personal and public health safety. The program adheres to the CDC standards on vaccinations for health care workers, available here: http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html.

For more information regarding the program's screening clearance requirements, refer to the packet received upon acceptance to the program. Rush University uses CastleBranch to conduct its student screening services. The program also requires each student complete a criminal background check and drug screening on file at the time of registration for class. The drug screen is repeated each year of the program. Students are responsible for the cost of these screenings.

Criminal background check clearance is a common requirement for student placement at clinical rotation sites. If a student has a history of any misdemeanor or felony conviction, they should disclose these activities in their applications, or as soon as possible upon admission to the program. Positive results in the criminal background check will be handled on a case-by-case basis, depending on the nature of the charges and its outcome. Students with a history of a felony conviction are not guaranteed availability of clinical placement, which may compromise their ability to complete the program.

Documentation of negative drug screening is also a common requirement for clinical placement and is consistent with RUSH's zero-tolerance, drug-free campus and workplace policy (refer to **Drug Free Campus and Workplace** for information). Students with a positive drug screen at any time during enrollment in the program will be advised on a case-by-case basis and will be subject to action in accordance with the policies described in the Student Catalog.

Immunizations

The PA program requires that each student have medical clearance from their healthcare provider and a record of immunization currency on file before they register for classes. Rush University and the PA Program adhere to the CDC and State of Illinois standards on vaccinations for health care workers. Information on the CDC guidelines are available here: http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html. The State of Illinois guidelines are available here: https://dph.illinois.gov/topics-services/prevention-wellness/immunization.html.

The program requires students have documented immunity to each of the following:
- Measles, Mumps, Rubella
- Tetanus, Diphtheria, and Pertussis
- Hepatitis B via the three-vaccination series (must document both having undergone the vaccination series and immunity)
- Varicella (Chicken Pox, either by occurrence or vaccination)

Providing a vaccination history is not sufficient to document immunity. Students must have titer test results that prove immunity. Waivers for non-conversion are reviewed on a case-by-case basis, in accordance with the RUSH Employee Health standards.

In addition to documenting immunity to the above, students must document the following:

- Tuberculosis status annually, by a negative Quantiferon-TB Gold test, a 2-step PPD test, or a negative chest x-ray, as appropriate.
- Influenza vaccination within the year prior to program matriculation date. Thereafter, students must comply with RUSH's annual influenza vaccination policy.
- Meningitis conjugate booster immunization after 16 years of age
- Valid exemption, as indicated

During the clinical years, it is required to provide updated health records. Additionally, certain rotations may specify that students must be in compliance with other requirements such as additional drug screens or vaccinations, such as COVID-19. If required, this is an out-of-pocket expense for the student. The program will inform students of any necessary procedures to meet such requirements in advance of the start of clinical rotations.

Students must comply with all clinical rotation site health maintenance requirements to remain in good standing in the program. The program is not required to provide alternate rotation assignments based on personal preferences, and this may result in delays in a student's ability to complete the program.

Student health records are confidential and will remain on file through CastleBranch. However, each student is required to sign a release of information that permits the program to provide affiliated clinical practice sites, agencies, and preceptors proof of the student's health status, as needed.

Health Insurance

Students are required to carry personal health insurance at all times during the program. In addition to providing coverage in the event of a health issue, the student's health insurance will be used to cover expenses if a hazardous exposure incident occurs in the clinical setting. Neither RUSH nor the PA Program will cover the cost of evaluation and management if a hazardous exposure event were to occur during the program.

Students who do not carry a personal policy must purchase coverage through the University. More information regarding acquiring health insurance during enrollment is available here.

Students are responsible for maintaining their personal health and are required to have health insurance to cover the cost of all necessary medical care throughout the program, including hazardous exposure incidents regardless of the location in which the exposure occurs. Refer to the RUSH University Catalog for information regarding compliance with mandatory health insurance policies and the University sponsored health insurance program. The program's student health policies are aligned to comply with CDC, state, and RUSH guidelines, as applicable.

Program director and faculty, medical director, and instructors are not permitted to act as healthcare providers or offer healthcare services to students, except in an emergency in which no other healthcare providers are available.

Drug Free Campus and Workplace

RUSH University Medical Center maintains compliance with the Drug Free Schools and Communities Act (DFSCA) and all members of the RUSH community are expected to comply with these standards at all times, regardless of state and local laws governing social practice. Violations of this policy will be handled on a case-by-case basis, consistent with RUSH policies and practices. The full policy is posted as **Appendix I.**

Safety Incidents

Any incident that affects patient, student, or staff well-being, or a patient's care, must be reported to the program immediately. Incidents occurring during the didactic year should be reported to the Director of Academic Education. Incidents occurring during the clinical year should be reported to the preceptor and the Director of Clinical Education. Filing a hospital incident report may also be required, depending on the issue and the policy of the particular institution involved. Incidents involving gross errors in judgment or practice on the part of the student may constitute grounds for dismissal from the program. If a student is in immediate danger, call Rush Security 3-4567 if on campus and 911 if off-campus.

Hazardous Exposure Incidents

In the event of hazardous material exposure at any phase of training during the program, students must adhere to the University protocol outlined below. The program does not cover expenses incurred as a result of hazardous exposure incident.

Procedures for Hazardous Exposure Incidents

Exposure Incident Definition: Eye, mouth, mucous membrane, non-intact skin contact, or parenteral exposure to blood or potentially infectious or hazardous materials, that results from the performance of a duty related to a student's educational program.

Procedure at RUSH University Medical Center

- Wash injured area with soap and water. If eyes, nose, or mouth, use water only.
- Immediately report the incident to your preceptor / course instructor.
- Immediately call and then report to Employee and Corporate Health Services (ECHS), 4th floor Atrium, 312-942-5878.
  - If the ECHS is not available, leave a message reporting the incident. Include your name, student ID, and a contact number for a staff member to contact you. YOU MUST report the incident to ECHS AS SOON AS POSSIBLE to ensure you are cared for appropriately.
- If ECHS is closed, immediately report to the RUSH Emergency Room (ER), RUSH Tower, 1st floor, 312- 947-0100. Please bring your student ID or indicate that you are a student and not an employee. If student is seen in ER, the student must report to ECHS on the next business day.
- Supply ECHS or ER nurse/physician with the following information on the source: (a) name, (b) date of birth, (c) medical record number, (d) known medical diseases (Hepatitis B, HIV), and (e) patient room number. All information is recorded confidentially in the Blood/Body Fluid Exposure Record.
- Students will be counseled or treated as deemed appropriate by ECHS or ER personnel.
- Return to ECHS or to consultants as directed for follow-up lab work and treatment as indicated.
- Failure to comply with procedure in a timely manner may result in additional costs or risk to the student.

Procedure Off-Campus

If an exposure incident occurs off campus, follow the protocol at your facility and contact the RUSH ECHS at 312-942-5878 AS SOON AS POSSIBLE to report the incident. Follow-up care should be received at ECHS or at consultants as directed by ECHS.

Emergency Communication

In an emergency, if anyone outside the University needs to reach a student, they should call the Program Coordinator at the phone number provided. The program staff will attempt to forward a message to the student. The program does not give out student contact or location information to anyone, regardless of circumstances, without prior written permission from the student.

Emergent communication between the Program and students after class hours is by email. Students are expected to check their email at least once a day for notices such as class cancellations or other announcements during non-class hours.

In the event of a significant threat to student safety, follow the Rush Safety and Security protocols outlined [here](#).

Mandatory Training Modules

Students at RUSH University are required to complete electronic training modules annually through the RUSH Learning Hub on topics including, but not limited to, Compliance and HIPAA Privacy, Infection Prevention and Control, Fire Safety, Cybersecurity Awareness, Emergency Management, and Sexual Harassment Prevention. Students must complete all modules by the deadline, or they will have a hold placed on their student account and be unable to register for courses.

Medical Liability Insurance

RUSH University medical liability insurance coverage applies to those learning opportunities assigned to a student by the PA Program as part of training in the PA curriculum. Coverage is not in effect and does not cover student activities associated with outside employment, volunteer work, or observational activities not required or assigned by the PA Program.

The RUSH medial liability insurance only applies if a student participates in a PA Program-approved activity. Students should not accept invitations to work with, observe, or shadow a clinician unless the program has approved the activity and/or assigned the student to that activity.

Social Media

RUSH maintains a strict policy regarding the use of its name, logo, trademark, and image in any form of social media. Students, faculty, and employees are not permitted to use the RUSH name, refer to, make statements on behalf of RUSH, or represent themselves as an agent of RUSH without express advance permission from the Department of Marketing and Communications. This relates to all publicly accessible forms of communication via the internet, including but not limited to or any other form of on-line publishing, including blogs, discussion forums, newsgroups and e-mail distribution lists. For more information, refer to the complete RUMC policy on social media (**Appendix H**).

Students are not permitted to refer to faculty, staff, classmates, clinical rotation sites, preceptors, or other program associates on any personal social media forum without explicit permission. Students are not permitted to refer to or identify patients or their protected health information in any social media forums or other non-RUSH electronic communications under any circumstances.

The officers of the program's student society that manage its social media account are expected to adhere to these policies.

Always keep in mind that you are personally responsible for the content you publish on-line, and that what you publish online can never be truly erased or deleted. Failure to adhere to this policy constitutes an egregious lapse in professionalism and will require disciplinary action.

Student Employment During the Program

The following guidelines apply to students regarding employment while in the PA program:
- Students are not permitted to work while enrolled in the program. The PA Program maintains an intense curriculum that demands a great deal of time, effort, and energy. It is important that students maintain personal balance and allow sufficient time for social activities, recreation, and rest.
- During the clinical phases of the program, several factors make it even more difficult to maintain employment. The requirements of the rotations and the variability of both the hours and location of the rotations prohibit students from working during their clinical rotations.
- Students should not accept any form of payment for the tasks they perform while on clinical rotations.
- While on clinical rotations, students may not provide services within the preceptor's practice apart from those rendered for their educational value and as part of the clinical instruction experience. Students may not receive monetary compensation for work performed within the preceptor's practice.
- Students should not perform any services outside of those appropriate for a PA student in training, regardless of the student's prior professional or academic background. This includes but is not limited to substituting for instructional or clinical faculty or performing staff clerical or administrative duties.
- Students of the PA Program are not permitted to participate in the RUSH University work-study program.
- Students are not allowed to work for the PA program or its clinical agents in any capacity.

Employment and Career Services

The University's Office of Student Life and Engagement offers career resources support, helping students active in the job search process with counseling on creating resumes, cover letters, and personal statements and offers job search strategies and interviewing techniques. More information about these services can be found [here.](#)

During the third year of the program, the program will provide information and training in professional development and seeking employment through seminar presentations on such topics as conducting a job search, interviewing skills, and negotiating salaries and benefits.

Transcripts

Office transcripts must be requested through the Registrar's Office using the [Transcript Request Form](#). Currently enrolled students who need an Unofficial Transcript may download one from the Student Planning Self-Service portal. Unofficial transcripts are not available to alumni or to students who are no longer enrolled.

Discrimination and/or Harassment of Students

RUSH is committed to preventing harassment of any type in the institution, and the PA Program has a zero-tolerance stance towards acts of discrimination by or towards any of its students. The program strictly adheres to the University's policies on the reporting and handling of any complaint of discrimination or harassment related to its students. Under these policies and procedures, harassment of a sexual nature, as well as harassment related to age, ancestry, color, disability (as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act), gender, gender identity and/or expression, marital or parental status, national origin, pregnancy, race, religion, sexual orientation, veteran's status, or any other category protected by federal or state law, is prohibited.

The RUSH policies include protections for, and prohibit retaliation against, an individual making a complaint or supplying information about a complaint. They also incorporate protections for a person who considers themselves accused in bad faith.

All complaints and concerns about conduct that may violate this Policy (including retaliation for reports made pursuant to this Policy) should be filed with RUSH's Title IX Coordinator:

Catherine C. Howlett, JD, Title IX Coordinator, Rush University Medical Center

catherine_c_howlett@Rush.edu

Confidential reports can also be made through the RUSH Hotline at (877) 787-4009 or via the RUSH web reporting tool at https://secure.ethicspoint.com/domain/media/en/gui/56889/index.html. The RUSH policy on harassment and/or discrimination, and is located here: Sexual Assault and Harassment Prevention

Grievances, Complaints, and Student Appeals

All issues or concerns related to PA Program courses or activities should be first directed to the respective Course Director. All clinical rotation issues should be addressed with the Director of Clinical Education or the course director. If the student's issue is not resolved at the course level, the matter should be referred to the Director of Academic or Clinical Education, as appropriate. If the issue remains unresolved, the chain of command within the PA department requires the matter be brought next to the Program Director, then Department Chair, as appropriate.

If the matter in question cannot be resolved at the Chair level, it will be directed to the Program's Progress and Promotions Committee for further consideration. This committee will either resolve the matter in question to the student's satisfaction or instruct the student on available mechanisms for appeal as described in the RUSH University Catalog. The CHS Student Academic Appeal and Grievance Procedures can be found in the Academic Appeals and Rules of Governance policies provided in the CHS Catalog and found here: Student Academic Appeal and Grievance Procedures.

Non-academic issues or concerns can be addressed to either the Director of Academic or Clinical Education, as appropriate, or directly to the Program Director or Department Chair. Additionally, RUSH University has a procedure to address non-academic issues. Information regarding RUSH's Non-Academic Complaint Procedures can be found at: https://www.RUSHu.RUSH.edu/student-disclosure-information/institutional-information/complaint-resolution

In the case where a student feels their complaint would be best handled through formal procedures, RUSH University offers a process for students to confidentially submit their formal complaints through the Student Complaint Portal. The Student Complaint Portal can be located at: https://secure.ethicspoint.com/domain/media/en/gui/56889/index.html.

Certain complaints have specific procedures, such as regarding Title IX sexual misconduct, harassment or grade appeals. Under circumstances where a student files a formal complaint through the Student Complaint Portal requiring a specific procedure or contact person, the complaint will automatically be routed to the appropriate area for additional review and follow-up. The University's goal is to make it seamless for students to file a complaint, regardless of if the student is not exactly sure where the complaint should be filed. Please review the Student Complaint Portal FAQs for additional information. Students should also refer to their University student handbook or their specific academic program guidebook for certain procedures.

Student complaints can also be submitted anonymously. However students should keep in mind that there are inherent limitations with the University conducting a thorough investigation if the complaint is submitted anonymously.

University Student Services

Rush University provides a wide range of services to its students. Students are encouraged to use the services as needed.

Below is a partial list of the student services available on campus. Students are directed to the University website: www.rushu.rush.edu and to the Student Handbook for more information.

- Bookstore
- Career services
- Financial aid
- Center for Academic Excellence
- Center for Clinical Wellness
- Office of Student Life and Engagement
- Library
- Lockers
- McCormick Educational Technology Center (METC) Computer resources Copy machines printing
- Media services
- Parking
- Registrar
- Security
- Shuttle bus services
- Student affairs
- Student health insurance
- Study spaces

Important RUSH Phone Numbers

RUSH University Center for Clinical Wellness	312-942-3687
RUMC Campus Security	312-942-5678
RUMC Emergency Room	312-947-0100
RUMC Employee & Corporate Health Services	312-942-5878

PA Professional Organizations

The American Academy of Physician Associates (AAPA) / The Student Academy of the AAPA (SAAAPA)

The AAPA is the national organization representing the PA profession. The Academy's purpose is to promote the professional and personal development of its members and to promote the interests of the profession. Students are encouraged to join the national organization.

SAAAPA is the organization of chartered student chapters of the AAPA. Each accredited PA program is eligible to charter and maintain a student organization. Students are encouraged to work with a faculty advisor to establishing a SAAAPA chapter at RUSH University.

American Academy of PAs
2318 Mill Road, Suite 1300
Alexandria, VA 22314
Phone: (703) 836-2272
Websites: AAPA: http://www.aapa.org/ SAAAPA: SAAAPA

The Illinois Academy of Physician Associates (IAPA)

The constituent chapter of AAPA for PAs in Illinois. Student involvement in the state academy is strongly encouraged.

Illinois Academy of PAs
100 East Washington Street Springfield, IL 62701
Phone: (217) 528-9970
Website: http://http://www.illinoispa.org

The PA Education Association (PAEA)

The national organization of PA educational programs. It was formed in 1972 for the purpose of enhancing the quality of education offered by PA Programs.

Association of PA Programs
655 K Street NW, Suite 700
Washington, DC, 20001-2385
Phone: (703) 548-5538
Website: http://www.paeaonline.org/

The National Commission on the Certification of PAs (NCCPA)

Develops and administers the national certification examination, awards certification, monitors continuing medical education, and administers the periodic recertification examinations for PAs.

National Commission on the Certification of PAs
12000 Findley Road, Suite 200
Duluth, Georgia, 30097-1409
Phone: (678) 417-8100
Website: http://www.nccpa.net

PA PROGRAM HANDBOOK

APPENDICES

APPENDIX A
Rush University
College of Health Sciences
TOEFL POLICY

All applicants whose native language is not English must present evidence of proficiency in English by satisfactorily completing the Test of English as a Foreign Language examination (TOEFL).

TOEFL Score Minimums

A total TOEFL score of at least 88 on the Internet-based version, or 570 on the paper-based version*, or 230 on the computer version, must be achieved. In addition, applicants must score no less than 55 on the paper version or, 20 on the computer version or, 18 on the Internet-based version on each of the three subtests of the TOEFL (listening, structure/writing, and reading).

- Starting October 2017, the paper-based test will no longer be administered. It will be replaced with the paper-delivered test. A minimum score of 18 on each of the three subtests (reading, listening and writing) is required.

How to Submit Your Score

An official report of these scores must be received by the Admissions Office prior to the date(s) on which admission decisions are made for the program(s) to which the applicant has applied. To obtain information or to register to take the TOEFL, write directly to:

The Education Testing Service
P.O. Box 6151
Princeton, New Jersey 08541-6151, U.S.A.

You may also wish to visit the TOEFL Web site at http://www.toefl.org. The applicant should indicate on his/her application for the examination that results should be sent to institution code number 1676.

Waiver for U.S. Graduates

Applicants whose native language is not English and who have graduated from high school or successfully completed a higher education degree program (Associate degree or higher) in the United States or one of its English-speaking protectorates may petition for waiver of the TOEFL requirement to the College of Health Sciences' Dean's Office.

Waiver requests should include proof of receipt of a high school or college diploma from an accredited institution in the United States or one of its English-speaking protectorates. College or university degrees must be granted by a regionally accredited college or university to be considered for waiver of the TOEFL.

Email waiver requests to CHS_Admissions@rush.edu.

APPENDIX B
Rush Student Honor Code

Rush University Student Honor Code
I pledge that my academic, research, and/or clinical work will be of the highest integrity.
I shall neither give nor receive unauthorized aid; I shall not represent the work of others as my own; I shall not engage in scientific misconduct; and I shall treat all persons with the greatest respect and dignity, just as the ethical codes of RUSH University Medical Center and my future profession demand. I recognize that behaviors that impede learning or undermine academic, research, and clinical evaluation, including but not limited to falsification, fabrication, and plagiarism, are inconsistent with RUSH University values and must be reported.

Implementation of the Honor Code

This Honor Code (hereafter referred to as the "Code") sets the standards for expected professional behavior within the University and the Medical Center. Commitment to this Code is a shared responsibility of all faculty, staff, and students within the RUSH University community to ensure the highest standards of behavior, whether in the classroom, the laboratory, or in the clinical setting, and to ensure that education obtained at RUSH provides a sound foundation for each student's future success as an academic, scientific, or healthcare professional.

Code Enforcement

Any violations of this Code or suspicion of student or academic misconduct should be reported to the student's college for further review in accordance with the procedures specified by that college. Each college will be expected to set standards for addressing Honor Code violations and cases of misconduct in a fair and consistent manner that best fits their respective student population. Students refusing to sign must submit a letter to their dean's office explaining why, and adherence to the Code is required for matriculation, whether or not the document has been signed. The Code may also be enforced for off-campus actions when the student is representing themselves as a member of the University.

Commitment

By signing below, I affirm my commitment to this Code and pledge to act with integrity and adhere to the Rush University values of Innovation, Collaboration, Accountability, Respect, and Excellence. I understand that this signed document becomes part of my permanent record, and I must uphold the letter and spirit of this Code throughout my Rush education.

_____   _____
Student Signature   Date

_____   _____
Printed Name   College

APPENDIX C
Rush University
Statement on Academic Honesty and Student Code of Conduct

Academic Honesty

Rush University students and faculty belong to an academic community with high scholarly standards. As essential as academic honesty is to the trust that is fundamental to the educational process, academic dishonesty violates one of the most basic ethical principles of an academic community and will result in sanctions imposed under the University's disciplinary system.

Examples of conduct that would subject a student to disciplinary action include but are not limited to the following: all forms of academic dishonesty including but not limited to cheating; plagiarism; collusion; gaining or seeking unfair advantage in relation to any work submitted; helping others to gain an unfair advantage; removing examination materials from a secure examination area; the unauthorized downloading or copying of examinations that are given online; fabricating assigned academic work, including clinical assessments and presenting them as authentic; facilitating academic dishonesty; and unauthorized examination behavior.

- **Academic Misconduct** refers to any academic behavior that is in violation of the policy stated below.
- **Plagiarism** refers to any attempt by students to use the work, words or ideas of others without proper attribution, or any attempt to pass off the work, words or ideas of others as their own. Such acts are considered plagiarism whether they occur intentionally. Acts of plagiarism include but are not limited to the following:
    o Presenting any phrase or extracts, verbatim, without using quotation marks and without any reference to the author
    o Paraphrasing all or part of an author's work and presenting it without any, or with inadequate, reference to the author
    o Copying or paraphrasing all or part of another student's work or otherwise presenting another student's work as their own
- **Collusion** is an agreement or cooperation in order to cheat or deceive for a fraudulent purpose. Collusion applies to students (past, present and future) who intentionally cooperate in order to gain an unfair advantage in the gaining of an award, qualification or grade.
- **Cheating** is using unauthorized materials, including electronic devices, or obtaining unauthorized help from another person in any work submitted for academic credit.
- **Fabrication** is inventing information or citations in an academic or clinical exercise.
- **Facilitating academic dishonesty** is providing unauthorized material or information to another person.
- **Unauthorized examination behavior** is, for example, conversing with another person, passing or receiving material to or from another person, temporarily leaving an examination site to visit an unauthorized site or without permission or manipulating the physical or electronic testing environment to unfair advantage. These examples are not inclusive of all possible unauthorized examination behaviors.

Disciplinary actions will be imposed by the program/college, including but not limited to warning, probation, suspension or expulsion from the University on those members of the learning community who violate the Academic Honesty Policy.

Student Code of Conduct

Rush University provides outstanding health sciences education and conducts impactful research in a culture of inclusion, focused on the promotion and preservation of the health and well-being of our diverse communities.

All students enrolled at Rush University are expected to uphold the I CARE values of innovation, collaboration, accountability, respect and excellence.

The Rush University Student Code of Conduct sets the standards for expected professional behavior within the university and the medical center. Commitment to this code is a shared responsibility of all faculty, staff and students within the Rush University community to ensure the highest standards of behavior-whether in the classroom, the laboratory or in the clinical setting-and to ensure that education obtained at Rush provides a sound foundation for each student's future success as an academic, scientific or health care professional.

The Student Code of Conduct provides the framework for how students should conduct themselves as members of the academic learning community. At Rush University, we value and support freedom of expression in a manner that is civil and respectful to others.

Examples of conduct that would subject a student to disciplinary action include but are not limited to the following:

- Obstruction or disruption of teaching, research, administration, clinical practice and community outreach or other university or medical center activities
- Falsification of student records, transcripts or financial aid forms or applications
- Theft of, or damage to, University or medical center property or the property of a member of the university or medical center community
- Threatened or physical abuse of any person, or action that threatens or endangers the safety of others
- Misrepresentation, falsification, alteration or misuse of university or medical center documents, records or identification, or research data
- Unauthorized use or entry of university or medical center facilities
- Conviction of a crime deemed serious enough to render the student unfit to pursue their profession
- Conduct that is inconsistent with the ethical code of the profession the student is preparing to enter
- Unlawful use or possession of controlled substances on the university or medical center campus
- Unauthorized possession or concealment of firearms or other weapons on the university or medical center premises at any time
- Attempting to gain access to another's email or computer account, username or password
- Knowingly setting off false fire, safety or security alarm
- An accusation of student and/or faculty academic dishonesty or misconduct made in bad faith

Student Code of Conduct Violation Enforcement

Any violations of this Student Code of Conduct or suspicion of student or academic misconduct should be reported to the student's college for further review in accordance with the procedures specified by the college. Each college will be expected to set standards for addressing Student Code of Conduct violations and cases of misconduct in a fair and consistent manner that best fits their respective student population. Adherence to the Student Code of Conduct is required upon matriculation. The Student Code of Conduct may also be enforced for off-campus actions when the student is representing themselves as a member of the university.

Good Standing: A student who has upheld the guidelines of the Student Code of Conduct and has not been found in violation of the policy resulting in either probation, suspension or expulsion.

Student Conduct Sanctions

In determining appropriate sanctions when violations of the Student Code of Conduct occur, the college will use the current case as well as any past disciplinary infractions that were upheld. Disciplinary sanctions will be determined by reviewing the statements and interest of the complainant, the respondent and the impact that the infraction may have on the University community. The college will take into consideration the severity of the complaint, the safety of the respondent, university community and any other relevant factors when imposing

sanction. The following list of sanctions is not considered an exhaustive list, but a guide to follow when determining the appropriate sanction for the violation.

Warning: A written notification that a violation of the Student Code of Conduct occurred and that any further responsible finding of misconduct may result in more severe disciplinary action. A warning is noted for administrative purposes and is not considered a part of the student's disciplinary record. In addition, a warning does not adversely affect a student's standing.

Probation: A written notification of reprimand that the matter is serious and in violation of the Student Code of Conduct. Probation is for a designated period of time and may include more severe sanctions, if found responsible for additional violations of the Student Code of Conduct, including suspension or expulsion from the college. Notification of probation is considered a change in *good standing* status with the college/university and the student(s) may be restricted from participating in other college or university activities.

Loss of Privileges: Denial of the use of certain college facilities or the right to participate in certain activities, events, programs or to exercise certain privileges for a designated period of time.

Restitution: A student may be required to make payment to an individual, the college or the university related to the misconduct for damage, destruction, defacement, theft or unauthorized use of property.

No Contact Restrictions: Are those set by the college administrator, university administrator and director of security that the party is restricted from having contact whether direct or indirect with a designated party. These restrictions may include indirect or direct contact such as email, texting, U.S. mail or any other contact via a third party.

Educational Requirements/Referrals: The college reserves the right to impose counseling or substance assessments or other required educational sanctions.

Suspension: The separation of a student from the college for a specified period of time, after which the student is eligible to return. The suspension letter will include all the conditions that must be met before a student is reconsidered for readmission.

Students who are on suspension may not participate in any college and/or university sponsored activities both on campus and offsite that are owned or operated by Rush University and Rush University Medical Center.

Expulsion: Expulsion is the permanent separation of the student from the college and their academic program, and all educational activities sanctioned by Rush University.

APPENDIX D
CHS Guide to Professional Conduct

Professionalism relates to the intellectual, ethical, behavioral, and attitudinal attributes necessary to perform as a health care provider or manager. As it applies to his or her professional role, the student will be expected to:

Attend
- Demonstrate awareness of the importance of learning by asking pertinent questions, identifying areas of importance in practice and reporting and recording those areas.
- Avoid disruptive behavior in class, laboratory and clinical or practicum rotations, such as talking or other activities that interfere with effective teaching and learning.

Participate
- Complete assigned work and prepare for class, laboratory, and clinical or practicum objectives prior to attending.
- Participate in formal and informal discussions, answer questions, report on experiences, and volunteer for special tasks and research.
- Initiate alteration in patient care techniques when appropriate via notification of instructors, staff and physicians.

Dependability and Appearance
- Attend and be punctual and reliable in completing assignments with minimal instructor supervision.
- Promote a professional demeanor by appropriate hygiene, grooming and attire.

Communicate
- Demonstrate a pleasant and positive attitude when dealing with patients and co-workers by greeting them by name, approaching them in a non-threatening manner, and setting them at ease.
- Explain procedures clearly to the patient.
- Ask patients how they feel and solicit patient comments regarding the patient's overall condition and response to assessment and/or therapy.
- Communicate clearly to staff and physicians regarding the patient status, utilizing appropriate charting, oral communication and the established chain of command.
- Demonstrate a pleasant and positive attitude when dealing with co-workers, instructors, faculty, nurses and physicians.

Organize
- Display recognition of the importance of interpersonal relationships with students, faculty, and other members of the health care team by acting in a cordial and pleasant manner.
- Work as a team with fellow students, instructors, nursing staff and the physician in providing patient care.
- Organize work assignments effectively.
- Collect information from appropriate resources.
- Correlate care to overall patient condition.
- Adapt care techniques to overcome difficulties.
- Devise or suggest new techniques for patient welfare or unit efficiency.

<u>Be Safe</u>
- Verify identity of patients before initiating therapeutic action.
- Interpret written information and verbal directions correctly.
- Observe and report significant changes in patient's condition promptly to appropriate person(s).
- Act to prevent accidents and injury to patients, personnel and self.
- Transfer previously learned theory and skills to new/different patient situations.
- Request help from faculty/staff when unsure.
- Comply with hospital and university guidelines for performance.

<u>Examples of critical errors in professional conduct and judgment include:</u>
- Failure to place the patient's welfare as first priority.
- Failure to maintain physical, mental, and emotional composure.
- Consistent ineffective, inefficient use of time.
- Failure to be honest with patients, faculty, and colleagues.
- Scholastic dishonesty in any form.
- Failure to follow the Rush University Medical Center Code of Conduct.

Suspected violations of the Professionalism Policy will be handled in accordance with the professionalism standards outlined in the University handbook. Violators of this policy may be placed on probation and may be denied permission to continue in the program.

APPENDIX E
PA Program
First Year Formative Evaluation

Student Name:

Evaluation Date:

This formative evaluation is conducted by PA program faculty at the conclusion of the didactic year to assess PA student progress towards achieving terminal program competencies. The evaluation is designed to provide both students and faculty with critical feedback on knowledge, skills, and professional behaviors essential for clinical practice. By aligning assessment tools with the program's defined competencies, this evaluation serves as a checkpoint to identify areas of strength and opportunities for growth prior to students entering their clinical rotations. Students will undergo another formative evaluation at the end of their second year and a summative evaluation in the last 4 months prior to graduating.

Academic and Professionalism Components:					
Assessment	**Assessment Benchmark**	**Meets / Does Not Meet Benchmark**	**Completed Remediation(s)**	**Terminal Program Competency Mapping**	**Competencies in Need of Improvement**
All didactic courses	Passes each course with a final grade of B or higher			1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.4, 5.1, 5.2, 6.1, 6.2	
IPE course	Completes all course requirements			4.2, 6.3	
History OSCE	Passes with a score of 80% or above			3.1, 3.3, 3.4, 5.2	
PE OSCE	Passes with a score of 80% or above			3.1, 3.3, 3.4, 5.2	
End-of-Year OSCE	Passes global OSCE and each case with a score of 80% or above			1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 3.4, 5.1, 5.2, 6.1, 6.2	
Skills Training Module	Passes online modules with a score of 80% or above and completes check-off sheet			3.4	
BLS/ACLS certification	Receives certification			3.2, 3.4	
PACKRAT exam	Completes exam; Goal $\leq$1 SD of national mean for first time takers			1.1, 1.2, 1.3, 2.1, 2.2, 2.4, 3.2	
Professionalism Assessment	Passes with score of 91/130 points or higher			4.1, 4.4, 5.2	

Medical Terminology Exam	Passes with a score of 70% or higher			1.1	

Academic and Professionalism Standing:

	Meets / Does Not Meet	Comments
Was the student on warning or probation during first year? *If yes, does the student meet criteria to be removed?*	Y / N	
	Y/ N	
Was the student on a professionalism plan? *If yes, did student adhere to plan?*	Y / N	
	Y / N	

Administrative Components:

	Meets/Does Not Meet	Comments
Completed mandatory service hours	Y / N	
Completed review of Professionalism Assessment	Y / N	
Returned all program equipment	Y / N	
Completed all second-year onboarding requirements	Y / N	

Decision:

Progress to second year	Progress to second year and remain on probation	Ineligible to progress to second year
Comments/recommendations for student:		

APPENDIX E
PA Program
Second Year Formative Evaluation

Student Name:

Evaluation Date:

This formative evaluation is conducted by PA program faculty at the conclusion of the second year to assess PA student progress towards achieving terminal program competencies. The evaluation is designed to provide both students and faculty with critical feedback on knowledge, skills, and professional behaviors essential for clinical practice. By aligning assessment tools with the program's defined competencies, this evaluation serves as a checkpoint to identify areas of strength and opportunities for growth prior to students entering their third-year rotations. Students will undergo a summative evaluation in the last 4 months prior to graduating.

Academic and Professionalism Components:					
Assessment	**Assessment Benchmark**	**Meets / Does Not Meet Benchmark**	**Completed Remediation(s)**	**Terminal Program Competencies**	**Competencies in Need of Improvement**
All Final Preceptor Evaluations	Passing Score $\geq$ 78/130 points			1.1., 1.2, 1.3., 2.1., 2.2., 2.3., 2.4., 3.1., 3.2., 3.4., 4.1., 4.2., 4.4., 5.1., 5.2., 6.1., 6.2., 6.3.	
All End of Rotation Examinations	Passing Score $\geq$ 1.5 SD below the national mean for exam			1.1., 1.2., 1.3., 2.2., 2.4., 3.2.	
All Patient Notes	Passing Score $\geq$ 25/35 points			3.3.	
All Journal Club Discussions	Passing Score $\geq$ 14/20 points			5.2.	
All Hot Topic Papers	Passing Score $\geq$ 18/25 points			5.2.	
Oral Case Presentation	Passing Score $\geq$ 18/25 points			5.2.	
Clinical and Technical Skills Passport	Competent level or above for each skill			1.1., 3.1., 3.2., 3.4., 5.1., 5.2., 6.1.	
End of Second Year OSCE	Passing Score 80% overall			1.1., 1.2., 1.3., 2.1., 2.2., 2.4., 3.1., 3.2., 3.3., 3.4., 5.2., 6.1., 6.2.	

End of Second Year PACKRAT	Completion; Goal >1 SD below the national mean			1.1., 1.2., 1.3., 2.2., 2.4., 3.2.	
Professionalism Assessment	Passing Score > 104/130 points			4.1., 4.2., 4.4., 5.2., 6.3.	

Academic and Professionalism Standing:		
	Meets / Does Not Meet	**Comments**
Was the student on warning or probation during second year? *If yes, does the student meet criteria to be removed?*		
Was the student on a professionalism plan? *If yes, did student adhere to plan?*		

Administrative Components:		
	Meets / Does Not Meet	**Comments**
Has completed all administrative requirements of each rotation		
Has completed program-defined patient encounter minimums		
Has completed medical simulation curriculum		
Has completed all second-year service hours		
Has completed review of the second year professionalism assessment		
Has returned all program equipment		
Has completed all third year onboarding requirements		

Decision:		
☐ Progress to third year	☐ Progress to third year and will remain on probation	☐ Ineligible to progress to third year

Comments/recommendations for student:

APPENDIX F
PA Program
Third Year Summative Evaluation

Student Name:

Evaluation Date:

Expected Date of Graduation:

The summative evaluation consists of four assessments which all take place within the final four months of the program, assessing a student's attainment of the Terminal Program Competencies (see Appendix K of the PA Program Handbook).

Summative Components:					
Assessment	**Assessment Benchmark**	**Meets / Does Not Meet Benchmark**	**Completed Remediation(s)**	**Terminal Program Competencies**	**Competencies in Need of Improvement**
End-of-Program Summative Exam	Passing Score 70%			1.1., 1.2., 1.3., 2.2., 2.3, 2.4., 3.2., 4.3., 6.1.	
Case-Based OSCE	Passing Score 80% overall			1.1., 1.2., 1.3., 2.1., 2.2., 2.3., 2.4., 3.1., 3.2., 3.3., 3.4., 5.1., 5.2., 6.1., 6.2.	
Station OSCE	Passing Score 80% overall			1.1., 1.2., 1.3., 2.1, 2.4., 3.2., 3.4., 5.1., 5.2.	
Professionalism Assessment	Passing Score ≥ 117/130 points			4.1., 4.2., 4.4., 5.2., 6.3	

Summative Evaluation	
☐ **PASS**	☐ **DOES NOT PASS**
Comments:	

APPENDIX G
PA Program
Professionalism Assessment

Student Name	
Year in the Program	PA-S1 PA-S2 PA-S3
Evaluation Date	
Setting	

Directions: This evaluation is designed to assist students and faculty in assessing professional behavior in the following domains: Communication, Professional Appearance and Demeanor, Dependability and Engagement, Self-Awareness and Accountability, Honesty and Ethics, and Teamwork and Collaboration. For each domain criterion, please check the box corresponding to the most appropriate rating for the student's professional behavior performance.

This assessment is used in program compliance with ARC-PA Standard B2.19 and Standard B4.03.

Please include comments if a score less than "4" is chosen at any time.

Communication					
Behaviors	*Never*	*Rarely*	*Sometimes*	*Often*	*Always*
Displays a respectful and positive attitude towards others.	1	2	3	4	5
Communicates clearly and effectively with peers, faculty, and other members of the healthcare team.	1	2	3	4	5
Responds to faculty and staff emails within 48 hours when a response is requested.	1	2	3	4	5
Comments (if any score less than "4" is chosen, please include specific comments):					

Professional Appearance and Demeanor					
Behaviors	*Never*	*Rarely*	*Sometimes*	*Often*	*Always*
Maintains a neat and professional appearance consistent with the program dress code.	1	2	3	4	5
Displays professional body language and facial expressions.	1	2	3	4	5
Maintains composure under pressure or in challenging situations.	1	2	3	4	5
Comments (if any score less than "4" is chosen, please include specific comments):					

Dependability and Engagement

Behaviors	Never	Rarely	Sometimes	Often	Always
Completes assigned tasks and responsibilities according to deadlines without prompting.	1	2	3	4	5
Attends required classes and activities.	1	2	3	4	5
Follows absence notification policy in the event of any absences.	1	2	3	4	5
Arrives on time for classes and activities.	1	2	3	4	5
Actively participates in class without obvious distractions.	1	2	3	4	5
Prepares adequately for didactic and clinical coursework/activities.	1	2	3	4	5
Follows through on their commitments.	1	2	3	4	5

Comments (if any score less than "4" is chosen, please include specific comments):

Self-Awareness and Accountability

Behaviors	Never	Rarely	Sometimes	Often	Always
Recognizes their own limitations as a student without overstepping boundaries.	1	2	3	4	5
Accepts feedback in a positive manner.	1	2	3	4	5
Takes responsibility for their own actions and does not make excuses or blame others.	1	2	3	4	5
Acknowledges and learns from mistakes, taking steps to prevent recurrence.	1	2	3	4	5

Comments (if any score less than "4" is chosen, please include specific comments):

Honesty and Ethics

Behaviors	Never	Rarely	Sometimes	Often	Always
Conducts themselves in an ethical, moral, and legally sound manner.*	1	2	3	4	5

	1	2	3	4	5
Is honest and transparent in their actions.*	1	2	3	4	5
Attributes work appropriately, with proper use of references and citations.*	1	2	3	4	5
Adheres to institutional HIPAA patient confidentiality policies.*	1	2	3	4	5

Comments (if any score less than "4" is chosen, please include specific comments):

Teamwork and Collaboration					
Positive Behaviors	*Never*	*Rarely*	*Sometimes*	*Often*	*Always*
ively participates as a member of the team.	1	2	3	4	5
ows others to express their opinions.	1	2	3	4	5
pen-minded to other perspectives and ideas.	1	2	3	4	5
laborates well with other members of the team.	1	2	3	4	5
Is accepting of cultural differences and diverse populations.*	1	2	3	4	5

Comments (if any score less than "4" is chosen, please include specific comments):

Final Score: _____ / 130 total points

Scoring and Performance Benchmarks: Student professionalism is formally assessed at the end of every year as part of the program's formative evaluation process and at the end of the program as a summative evaluation before graduation. An evaluation may occur at other times if an issue regarding a student's professional behavior arises.

Students are expected to achieve an overall minimum score as listed below.

First Year Formative Evaluation– must receive a score of at least 91/130
Second Year Formative Evaluation– must receive a score of at least 104/130
Third Year Summative Evaluation– must receive a score of at least 117/130. Additionally, in the summative evaluation, students must score a "5" on all items marked with an asterisk in order to meet the program's professional performance standards.

Any student who does not meet these criteria must meet with their faculty advisor and may require professionalism remediation if standards outlined in the Program Handbook are not met. Upon re-evaluation, students are expected to meet a passing score as outlined above.

Faculty's signature: Date:

Student's signature: Date:

**APPENDIX H
Rush University
Social Media Policy**

⊕ RUSH	**Policy Title:** Social Media		**Former Policy Number:** OP-0362
Document Owner: THURSTON HATCHER		**Approver(s):** Angelique Richard	
Date Created: 10/30/2020	**Date Approved:** 12/08/2020	**Date Updated:** 11/23/2020	**Review Due:** 12/08/2023
Applies To: RUMC ◆ RUMG ◆ ROPH ◆ RCMC □ RCH ◆ ROPPG □ RCMG □ RU ◆			

I. Policy

Rush relies not only on the strong formal competencies of its employees, students and contractors, but also on the trust and support of the communities it serves. While we encourage open communication both internally and externally in all forms, we expect and insist that such communication does not demean our enterprise, violate our patients' or students' privacy and trust, or breach the fiduciary obligations of employment. Personal communications that include information about business or clinical operations at Rush, or about any of its patients, are always forbidden and may support grounds for immediate action in accordance with Rush policy, as well as federal, state and local regulations.

The following policy applies to all employees, students and contractors of Rush University Medical Center and covers all publicly accessible communications via the internet relating to Rush, Rush University Medical Center, Rush Oak Park Hospital, Rush University and their affiliates (hereinafter referred to as "Rush"). This includes, but is not limited to, wikis; video- sharing websites such as YouTube and Vimeo; online social networks such as Facebook, Twitter, LinkedIn, Instagram, TikTok, Pinterest and Snapchat; social bookmarking sites such as Reddit; or any other form of online publishing, including blogs, discussion forums, newsgroups and email distribution lists.

II. Definitions - n/a

III. Procedure

All Rush employees, students and contractors:

1. Know and follow the Rush Code of Conduct and all other organizational policies. Do not let your online activity interfere with your work commitments to Rush.
2. You are personally responsible for the content you publish online. Be mindful that what you publish on blogs, wikis or any other form of user-generated media may never truly be erased or deleted.
3. You may not make public statements on behalf of Rush in letters to the editor, blog comments, discussion boards or any other social media forums for sharing thoughts and opinions. If, for some reason, you must indicate your association with Rush in a personal comments, discussion boards or any other social media forums for sharing thoughts and online communication, write in the first person, identify yourself by stating your first and last name, state your role at Rush, and use a disclaimer that makes it clear that you are speaking for yourself and not on behalf of Rush. You may use a disclaimer such as the following: "The postings on this site are my own and do not necessarily represent Rush's positions, strategies or opinions."
4. Do not use Rush's logo or trademarks or make endorsements of any kind unless you have received approval from the Department of Marketing and Communications.
5. You may not use "Rush" in your username or handle if you are not operating an official Rush social media account.

6. You may not use Rush's name or Rush's resources, including computer equipment, in relation to any political campaign or candidate.
7. Do not disclose Rush's confidential or other proprietary information to any third party, and certainly do not post Rush's confidential or other proprietary information on any social media or other public website.
8. Never identify patients or share their protected health information in social media forums or any other non-Rush electronic communications.
9. Ensure that all communications in social media forums comply with relevant Rush policies regarding privacy and confidentiality of student records.
10. Respect copyright, trademarks and other intellectual property rights of others. For example, just because you were able to pull an image or logo off a web page does not mean you are authorized to republish that image or logo on a different site.
11. Do not cite or reference vendors, clients or suppliers without their approval. When you do refer to a vendor, client or supplier, where possible, link back to the source.
12. When contributing content in an online forum, do not use ethnic slurs, racial epithets, personal insults or obscenity, or engage in any offensive conduct. You should also show proper consideration for others' privacy and for topics that may be considered objectionable or inflammatory, such as politics and religion.
13. Be aware of your association with Rush in online social networks. If you identify yourself as an employee, student or contractor of Rush, ensure that your profile and related content is consistent with how you wish to present yourself with colleagues, classmates and clients. From time to time, Rush reserves the right to check employees' publicly available online profiles and can act accordingly in response to content inconsistent with the terms of this policy.
14. Do not use photos without obtaining proper consent and authorization to release information.
15. If your online postings become the subject of a third-party claim, do not delete those postings or alter previous posts.
16. Do not create a social media account or page, or claim an existing listing, on behalf of a Rush department, section, service, program or group. All official Rush social media accounts are to be managed by the Department of Marketing and Communications. unless special permission has been granted by Marketing and Communications. These include, but are not limited to, the following:
    o Facebook, Twitter, Instagram, LinkedIn, TikTok, Pinterest and Snapchat
    o YouTube and other video-sharing channels
    o Flickr and other photo-sharing accounts
    o Yelp, Google My Business and other user review websites
    o TikTok
    o Blogs
    o Or any other social media site not listed here
17. Whenever possible, all Rush-affiliated social media accounts must be administered through Rush's primary social media management platform.
18. If you wish to administer an informal group for your department, you must secure your supervisor's permission in advance. For such groups, you must provide contact information (first and last name, email address and phone number) for a site administrator. You may not use the Rush logo in these cases, and you must publish a disclaimer indicating that content on the site does not necessarily represent the views of Rush. You may use the name of the institution solely for the purpose of identification (that is, to indicate that the site is for people associated with a certain department, group or graduating class). Take all necessary precautions to prevent the inappropriate release of protected health information.
19. If you do not abide by this policy, you could subject yourself to disciplinary action up to and including termination and/or legal action taken by Rush. If you have questions about this policy, send an email to thurston_hatcher@rush.edu.

IV. Attachments - n/a

V. Related Policies or Clinical Resources - n/a

VI. References and Regulatory References

Following is a list of policies and resources that are directly relevant to the use of social media by faculty, staff, students and contractors at Rush. This list is not exhaustive. It is your responsibility to understand and follow all policies pertinent to your position at Rush. If you have questions about Rush policy in general, talk to your supervisor. View policies online at inside.rush.edu, where you will find a searchable database of operational policies and procedures for Rush.

1. Code of Conduct (HR-E 01.00)

2. Student Conduct, Rush University Catalog

3. Harassment (HR-E 02.00)

4. Code of Ethical Behavior (OP-0207)

5. Obtaining Consent Regarding Rush University Students (AD-0006)

6. Rush General Consent Form for Photographing, Videotaping or Audiotaping (form; copies available in print shop)

7. Photo, Video and Sound Recording (OP-0419)

8. Privacy, Confidentiality and FERPA

9. HIPAA Privacy Policy (HP-0002)

10. HIPAA Security Policy (HS-0001)

11. Notice of Privacy Practices (HP-0008)

12. Disclosure of Patient Health Information (OP-0142)

13. Employee Access to Patient Information (OP-0032)

14. Release of Information to the News Media (OP-0002)

15. Use of Rush Name and/or Logo (OP-0313)

16. Prohibition of Making Political Contributions or Attempting to Influence Legislation (CC-E001)

APPENDIX I
Rush University
Drug and Alcohol-Free Campus Policy

ⓘ RUSH	Policy Title: HR-A 08.00 Drug and Alcohol Free Campus Policy		Former Policy Number:
Document Owner: Adam Michelman		**Approver(s): Adam Michelman**	
Date Created: 12/19/2022	**Date Approved:** 12/19/2022	**Date Updated:** 12/19/2022	**Review Due:** 12/19/2025
Applies To: RUMC ☒	RUMG ☒ ROPH ☒	RCMC ☒ RCH ☒	ROPPG ☒ RCMG ☒

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Rush complies with all applicable state and federal laws concerning drugs and alcohol in the workplace, including the requirements of the Drug Free Schools and Communities Act (DFSCA) and the Drug Free Workplace Act. In accordance with the DFSCA, Rush shall review its compliance efforts on a biennial basis to measure effectiveness and to ensure that the standards of conduct and conduct sanctions have been consistently enforced. All members of the Rush Community are encouraged to review the information on the following pages. **This information is distributed annually as part of mandatory training and provided to students, faculty and staff on an ongoing basis during student, faculty and staff orientations and meetings.** Distribution shall occur by a combination of techniques, including but not limited to, U.S. mail, electronic transmission, within registration and/or orientation materials, as a learning management system modules, on Blackboard, and/or by personal distribution during classes or meetings.

In keeping with the mission, vision and core values of Rush, and in recognition of its obligation to protect the safety, health and well-being of its students, faculty, staff, patients, visitors, and volunteers, Rush prohibits the unlawful distribution, dispensing, usage, sale, storage and/or possession of alcohol and/or illicit drugs on its premises or while performing Rush business excluding exceptions for moderate alcohol consumption at approved Rush functions.

In addition, all faculty and staff (including student employees and contractors) are prohibited from reporting for work or working while in an impaired state. If a faculty or staff member is impaired by prescription medication, taken according to a doctor's order, to the point that it affects their ability to perform the essential functions of their job, they must immediately inform their supervisor prior to starting work.

Rush reserves the right to test students, faculty and staff for alcohol and/or drugs under certain circumstances as described within this policy (Refer to Section 8.01d.). Testing for the presence of alcohol will be conducted by analysis of breath, saliva and/or blood; testing for the presence of the metabolites of drugs will be conducted by the analysis of urine, blood, hair and/or saliva, at Rush's discretion.

This policy applies to all students, all faculty and all staff (including agency or contract employees) and is a condition of enrollment and employment which all students, faculty and staff agree to by accepting admission or employment and continuing to attend and/or work at Rush.

8.01 POLICY VIOLATIONS AND CONDUCT SANCTIONS

a. Drugs. The illegal manufacture, distribution, dispensing, use, sale, storage and/or possession of controlled substances on Rush property or while performing Rush business is strictly prohibited. Use of a medication if prescribed in another person's name is strictly prohibited. Storage of any drug on Rush premises without authorization (except for drugs for which a student, faculty or staff member has a current prescription) is strictly prohibited. For safety reasons, such personal prescriptions must be safely stored. Further, diverting medications from Rush for one's own personal use, sale, dispersion or distribution is also a violation of this policy. Students, faculty or staff engaged in such prohibited conduct will be subject to discipline including, but not limited to any, or a combination, of the following: mandatory referral to a treatment program via the Rush Employee Assistance Program (EAP), progressive disciplinary action, last chance agreements, focused professional practice evaluations, expulsion or termination, in

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Applies To: RUMC ☒	RUMG ☒	ROPH ☒	RCMC ☒	RCH ☒	ROPPG ☒	RCMG ☒

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accordance with Rush student, faculty and staff disciplinary policies and processes. Under certain circumstances, prohibited conduct may also be reported to appropriate law enforcement officials and/or to the Illinois Department of Financial and Professional Regulation. Furthermore, violations by students may be referred to the appropriate committee within each college for additional review and adjudication.

This policy does not prohibit employees from the lawful possession and use of prescribed medications. Employees have the responsibility, however, to consult with their doctors or other licensed health care professionals about the effect of prescribed medications on their ability to meet job demands in a safe manner, and to promptly disclose any work restrictions or impairment due to prescribed medications taken according to a doctor's order to their manager or Employee Health Services. Employees will not be required, however, to disclose underlying medical conditions, impairments or disabilities to their manager or to Human Resources ("HR") unless specifically directed to do so by their doctors or other licensed health care professionals, such as the Employee Health Services.

b. Alcohol. The distribution, dispensing, use, storage and/or possession of alcohol on Rush property or while performing Rush business, excluding moderate consumption in approved areas and at approved functions, is strictly prohibited. Students, faculty and staff engaged in such prohibited conduct will be subject to discipline including, but not limited to any, or a combination, of the following: mandatory referral to a treatment program via the EAP, progressive disciplinary action, last chance agreements, focused professional practice evaluations, expulsion or termination, in accordance with Rush student, faculty and staff disciplinary policies and processes. Under certain circumstances, prohibited conduct may also be reported to appropriate law enforcement officials and/or to the Illinois Department of Financial and Professional Regulation. Furthermore, violations by students may be referred to the appropriate committee within each college for additional review and adjudication.

c. Conviction while enrolled or employed. Any student, faculty or staff member who is convicted of a violation of a criminal drug statute while enrolled or employed at Rush must report the conviction within five (5) calendar days. Students must report the conviction to the Dean of their College (or designee), and faculty and staff must report it to their immediate manager and to Human Resources. Failure to report the conviction could result in discipline, including expulsion or termination.

d. Testing. Refusal to authorize the collection of a sample (including signing a consent form indicating consent to testing and release of results to Rush), refusal to provide a specimen for testing upon request from a Rush official, or purposefully refusing to avail oneself (i.e., leaving the premises after being asked to test, or failing to report to the testing area) for testing is prohibited and is viewed as testing positive for drugs or alcohol. Similarly, failure to produce an appropriate amount of urine for testing, after a period of three (3) hours is also viewed as a positive test for drugs or alcohol. In addition, switching, adulterating, altering or tampering with any sample, or in any way failing to comply with Rush rules regarding testing is strictly prohibited and will be treated as a positive result. Positive results are subject to discipline including, but not limited to any, or a combination, of the following: mandatory referral to a treatment program via the EAP, progressive disciplinary action, last chance agreements, focused professional practice evaluations, expulsion and/or termination. Rush reserves the right to increase or decrease frequency of testing based on mission, need, availability of resources and experience in the program consistent with the commitment to maintain a drug and alcohol free campus. The following testing or searches may be conducted:

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Applies To: RUMC ☒ RUMG ☒ ROPH ☒	RCMC ☒ RCH ☒		ROPPG ☒ RCMG ☒	

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1. <u>Pre-employment/Post-offer testing</u>. Applicants will be scheduled for a drug test as soon as reasonably possible after they receive and accept an offer of employment from Rush. (Refer to Section 8.04 for more information). Agency and Contract employees may be subject to this screening depending on the specific terms of their agreement.

2. <u>Reasonable suspicion</u>. (Refer to Section 8.05 and the Procedures for Drug and Alcohol Testing for more information.) If an individual is reasonably suspected of violating this Policy, they may be asked to submit to a search or inspection. Searches may be conducted of pockets, lockers, wallets, purses, briefcases, lunchboxes, desks, and work stations. Refusal to consent to a requested search will be subject to discipline up to and including termination.

3. Testing under the <u>Last Chance Agreement</u>. Testing may be required as part of follow-up to counseling, treatment or rehabilitation as coordinated with the EAP and/or delineated in a last chance agreement or a focused professional practice evaluation. (Refer to the Procedures for Drug and Alcohol Testing for more information.)

e. <u>Prohibited substances</u>. Substances for which students, faculty and staff are tested may include, but are not limited to: alcohol, drugs, depressants (barbiturates), stimulants (amphetamines), PCP, cocaine, narcotics (opiates, such as heroin, morphine, Oxycontin and codeine), Fentanyl, Methadone, cannabis and other cannabinoids (e.g. hashish), Benzodiazepines (such as Librium or Valium), hallucinogens, legally obtainable drugs which have not been legally obtained and/or are being abused, and prescription or over-the-counter drugs which have actual or potential mind- or performance-altering effects such that they may render the employee unfit for duty, and which have not been reported to management in accordance with Section 8.01a of this policy. Also encompassed by this definition are substances not sold as drugs or medicine but used for mind- or performance-altering effect, as well as synthetic analogs of a legally restricted or prohibited drug, devised to circumvent drug laws (including "designer drugs").Rush recognizes that certain states and municipalities allow the use of cannabis and/or medicinal cannabis. Illinois' medical cannabis law permits an individual with a qualifying debilitating medical condition to register as a medical cannabis patient and avoid civil and criminal penalties under state law for certain medical uses of cannabis. Likewise, recreational cannabis law in Illinois permits an adult (21 years of age or older) to use cannabis and avoid civil and criminal penalties under state law.

However, in accordance with Illinois and federal law and in order to maintain a safe, efficient and effective workforce, Rush employees may not use, distribute to another person, divert, or possess cannabis on Rush property, working on company time or while operating company equipment (including vehicles). Rush also prohibits employees from reporting to work under the influence of, or in any way impaired by cannabis; as determined in Rush's sole discretion to the fullest extent permitted by applicable law. See section 8.05.

f. <u>Failure to comply with EAP, Last Chance Agreement, or Focused Professional Practice Evaluation</u>. Failure to attend the EAP for consultation and assessment after a mandatory referral following a verified positive drug or alcohol test, and/or failure to adhere to an agreed upon action plan, last chance agreement, or focused professional practice evaluation is strictly prohibited and is subject to discipline up to and including expulsion or termination.

8.02 LEGAL SANCTIONS

Reference Number: 193

ⓘ RUSH	Policy Title: HR-A 08.00 Drug and Alcohol Free Campus Policy		Former Policy Number:
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Date Created: 12/19/2022	Date Approved: 12/19/2022	Date Updated: 12/19/2022	Review Due: 12/19/2025
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Use of illicit drugs by any person is illegal under both state and federal statutes. Use of alcohol by persons under 21 years of age is illegal under state law. Penalties for conviction under state and federal law include incarceration and fines. Property used in connection with illegal drugs may be confiscated. Federal student loans and grants may be denied to those convicted of a violation of a criminal drug statute.

8.03 HEALTH RISKS

Rush recognizes both alcohol and drug abuse as potential health, safety, and security problems. Rush expects students, faculty and staff to assist in maintaining a learning and work environment free from the effects of alcohol and drug abuse.

The use of illicit drugs and the abuse of alcohol and prescription drugs have potential adverse health consequences that may be permanent. These consequences include disorders and dysfunctions that affect the central nervous system, reproductive functioning, cardiovascular and pulmonary systems, and endocrine functioning. Specifically, there are both short- and long-term effects on cognition, memory, retention, information processing, coordination, and athletic and academic performance. The use of illicit drugs and the abuse of alcohol also affect emotional equilibrium, mental well-being, and the ability to make critical decisions. Such use also impairs judgment, which in turn increases one's vulnerability and risk-taking behaviors. Not only can these effects be damaging to an employee's own health and productivity, they have the ability to negatively impact the health and safety of co-workers.

8.04 PRE EMPLOYMENT/POST OFFER TESTING

Following a bona fide offer of employment, pre-employment drug testing is required. A negative drug screen is a requirement for all job applicants before beginning employment.

All applicants tentatively selected for employment will receive notification that they are required to submit to a test for drug use prior to beginning employment/appointment. Applicants will also be notified that employment/appointment at Rush is contingent upon a negative drug test result.

Testing process. Applicants shall be directed to Employee Health Services for pre-hire drug screening. Applicants will be informed by Employee Health Services at each location regarding the specific Rush organization's rules surrounding drug screening requirements and time allowed to complete the screening (if applicable). Applicants who fail to adhere to facility-specific requirements satisfied in a timely manner risk the withdrawal of their offer of employment. If a delay of greater than 90 days occurs between the date of the drug test and the scheduled start date, the employee will be required to re-test before being allowed to begin work.

1. Failure to appear for testing, unless authorized by Recruitment, will be considered refusal to participate in testing and will result in the cancellation of an offer of employment/appointment. In addition, a candidate's employment/appointment eligibility will be suspended for 12 months.
2. A finding that a urine, blood or other specimen has been adulterated, switched or tampered with will result in the cancellation of an offer of employment/appointment. In addition, a candidate's employment/appointment eligibility will be suspended for 12 months.

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Reference Number: 193

〇 RUSH	Policy Title: HR-A 08.00 Drug and Alcohol Free Campus Policy		Former Policy Number:
Document Owner: Adam Michelman		**Approver(s):** Adam Michelman	
Date Created: 12/19/2022	Date Approved: 12/19/2022	Date Updated: 12/19/2022	Review Due: 12/19/2025
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3. At Rush's discretion, a finding of a diluted urine specimen may result in mandatory retesting which must be completed within 24 hours of notification by Rush and a second diluted finding may result in ineligibility for hire for 12 months.
4. Applicants shall be advised of the opportunity to submit medical documentation that may support a legitimate use for a detected drug and that such information will be reviewed by the Medical Review Officer (MRO) to verify legitimate use or the presence of an illegal or prescription drug. Such verification must be submitted to the MRO within the timeline provided, at their discretion.
5. Rush will withdraw the contingent employment/appointment offer to any applicant with a verified positive test result, and such applicant may not reapply for a period of 12 months. The applicant will be informed by their recruiter that a confirmed presence of an illegal drug in the applicant's test sample precludes Rush from hiring the applicant.
6. In certain instances and for various reasons (i.e., a lost or questionable sample), Employee Health Services (or the external testing facility) may require a repeat test of the urine specimen. The retest must be completed within 24 hours of notification.

8.05 REASONABLE SUSPICION TESTING FOR IMPAIRMENT

If a Rush official has reason to believe that an individual is impaired in the work or learning environment, Rush has the right to require a student, faculty or staff member (including contractors) to submit to a drug or alcohol test and refusal to do so may result in immediate expulsion or termination of employment.

Indications for a reasonable suspicion of impairment include but are not limited to:

a.   Direct observation of alcohol or illegal drug use and/or the physical symptoms of impairment or being under the influence, including, but not limited to:

1. alcohol or marijuana odor;
2. slurred speech;
3. glazed or glassy eyes;
4. drowsiness;
5. disorientation;
6. balance, coordination or dexterity problems;
7. serious concentration difficulties;
8. wide variations and/or unexplained changes in mood or demeanor;
9. unexplained disappearances from the work area/site;
10. a pattern of abnormal conduct, erratic behavior, or mood swings.

b.   Situational events which by themselves create a reasonable suspicion of alcohol or illegal drug use or being under the influence, including, but not limited to:

1. missing medication/narcotics on unit or area of responsibility, where the individual had access, and circumstances support suspicion;
2. an accident, incident or injury occurring under unusual or suspicious circumstances
3. arrest or conviction for a drug-related offense, or the identification of the person as the focus of a criminal investigation into illegal drug possession, use or trafficking;

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Reference Number: 193

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Document Owner: Adam Michelman		**Approver(s):** Adam Michelman
Date Created: 12/19/2022	**Date Approved:** 12/19/2022	**Date Updated:** 12/19/2022	**Review Due:** 12/19/2025

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Printed copies are for reference only. Please refer to the electronic copy for the latest version

4. Information either provided by reliable and credible sources or independently corroborated newly discovered evidence that the individual has tampered with a previous drug or alcohol test.

8.06 REPORTING REQUIREMENTS

a.   An employee with information about another employee should report to their manager or director if they have knowledge of any condition or action which reasonably indicates the following:

1. An employee may have impairment, intoxication or addiction to habit forming drugs and is unable to meet the job demands;

2. An employee poses a hazard to the safety or welfare of others; or

3. An employee unlawfully possesses, uses, distributes or diverts habit-forming drugs from Rush for such employee's own use or benefit.

b.   Employees are required to report known or suspected incidents of drug diversion by employees, and/or contracted staff to their manager, Director of Pharmacy or a designated Diversion Specialist.

c.   Employees who divert medication will be reported to the Illinois Department of Professional & Financial Regulation and any other state or federal agency, in accordance with applicable rules and regulations.

8.07 RUSH EMPLOYEE ASSISTANCE PROGRAM (EAP)

Students, faculty and staff are encouraged to voluntarily seek help if they are experiencing drug and/or alcohol problems. The EAP (powered by ComPsych® GuidanceResources®) provides appropriate resources to support rehabilitation. However, participation in a rehabilitation program does not excuse compliance with Rush rules, policies, or procedures.

a.   Function. The EAP plays an important role in preventing and resolving drug use or alcohol abuse by providing students, faculty and staff with an opportunity for appropriate assistance. In addition, the EAP provides educational materials and information to students, faculty and staff. The EAP will refer individuals to appropriate treatment and rehabilitative facilities, follow-up with individuals during the rehabilitation period to track their progress, and encourage successful completion of the program.

b.   Responsibilities. The EAP is available to:

1.   Provide counseling, assistance and referrals to students, faculty and staff who seek treatment or whose drug tests have been verified positive, and monitor the individuals' progress through treatment and rehabilitation;

6

Reference Number: 193

RUSH	Policy Title: HR-A 08.00 Drug and Alcohol Free Campus Policy		Former Policy Number:
Document Owner: Adam Michelman		Approver(s): Adam Michelman	
Date Created: 12/19/2022	Date Approved: 12/19/2022	Date Updated: 12/19/2022	Review Due: 12/19/2025
Applies To: RUMC ☒ RUMG ☒ ROPH ☒ RCMC ☒ RCH ☒ ROPPG ☒ RCMG ☒			

2. Provide needed education and training to Rush managers on types and effects of drugs, symptoms of drug use and impact on performance and conduct, relationship of the EAP to drug testing, and related treatment, rehabilitation, and confidentiality issues;

3. Ensure that confidentiality of test results and related medical treatment and rehabilitation records are maintained according to Rush policy.

c. Referrals. The EAP is staffed by licensed clinical professionals who respect confidentiality and offer quality and cost-effective referrals for rehabilitation.

d. Cost. The initial EAP assessment, consultation, and follow up appointments are available without cost to Rush students, faculty and staff. Further assessment and rehabilitative costs may be covered by medical insurance plans. Individuals are responsible for the payment of any cost not covered by their chosen medical plan.

8.08 TRAINING PROGRAMS

Managerial training is recommended for all managers and may be presented as a separate course, or be included as part of an ongoing managerial training program. Training may be provided as soon as possible after a person assumes managerial responsibility. Failure to receive such training, however, shall not invalidate otherwise proper reasonable suspicion testing.

ADDITIONAL DOCUMENTS (CLICK ATTACHMENTS TAB TO DOWNLOAD)

1. Drug Screen Testing Request & Follow Up Testing
2. Safety Event
3. Procedures for Reasonable Suspicion Testing

APPENDIX J
PA Program
Dress Code Guidelines

Students in the PA Program are expected to maintain a professional appearance for all program-related activities. Professional appearance demonstrates respect and creates a positive image of RUSH PA students to colleagues, faculty, hospital staff, administration, and patients. The following are further guidelines regarding the program's dress code.

In general, student appearance is expected to be clean and neat. Students may choose to wear either scrubs or business casual clothes to class. All clothing should not be wrinkled and should fit appropriately. Please note the following specific guidelines regarding student dress:

- Students are required to have their Rush University ID badge on and clearly visible at all times. The University provides students with their RUSH ID badge at orientation.
- Scrub tops and pants must match and be clean, not wrinkled, solid colored, and with intact hems. Scrub pants may be worn with a RUSH logo or plain long-sleeve half or quarter zip top instead of a scrub top. No t-shirts without scrub tops may be worn. No brand or outside hospital logos should be on scrubs or clothing.
- Business casual attire includes collared or button-down shirts, blouses, sweaters, pants, and appropriate-length dresses or skirts
- Inappropriate clothing in any setting includes sweatshirts, sweatpants, tight shirts, crop tops, tops with logos or hoods, leggings, shorts, and jeans.
- Shoes – All footwear in both didactic and clinical year activities must be closed-toe. During clinical rotations, shoes should also be comfortable enough to allow hours of walking and/or standing
- Hair – During any patient care activity, hair should be pulled back so that it does not interfere with patient care or safety
- Jewelry – jewelry may be worn if it does not interfere with patient care or safety. With the exception of earrings, body piercings should be discreet. All jewelry must be removed in the operating room setting
- Cosmetics – strong perfume or cologne should not be worn in clinical settings
- Hygiene – nails should be kept short. Acrylic or fake nails may not be worn during the clinical year. Clean personal hygiene must be maintained at all times
- Tattoos – to the extent possible, tattoos should be covered

Specific/additional attire will be required for the following purposes:
- **Any activity that involves physical exam practice (such as PE labs, PE refreshers, and case-based labs)**: loose/baggy clothing to facilitate proper exposure during physical examination practice, including loose scrubs, athletic gear, shorts, tank tops, and sports bras. A patient gown and drape will be provided for use in the lab. Students must change out of business casual clothing.
- **Anatomy lab**: a separate set of scrubs dedicated to the anatomy lab that should not be worn in other settings, any color
- **Standardized patient encounters**: business casual, with a short white coat and student ID
- **Presentations:** business casual

Students must wear a short white lab coat for all activities involving actual or simulated patient contact. The coat must, at minimum, have the RUSH logo patch on the left chest. Students on clinical rotations must wear the PA Program-issued short white lab coat with the PA Program patch affixed to the upper left arm sleeve.

For an additional resource on business casual attire guidelines, refer to the Virginia Tech, Division of Student Affairs website: https://career.vt.edu/resources/professional-dress-codes/

APPENDIX K
PA Program
Terminal PA Program Learning Competencies

TERMINAL PA PROGRAM LEARNING OUTCOMES AND COMPETENCIES
ARC-PA Standards A2.05a, A3.12g, B1.01b, B1.03e, B4.03, C1.01d

The program's terminal learning outcomes describe the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities expected of all Rush University PA Program graduates. Upon completion of the program, graduates will demonstrate the following learning outcomes:
1. The ability to comprehend, evaluate, and apply information relevant to PA practice.
2. Technical proficiency in skills necessary for clinical practice.
3. Behaviors and interpersonal communication skills consistent with the professional standards of the PA profession.

The following are the terminal competencies for PA practice that graduates are expected to meet:

1. Core Medical Knowledge
   1.1. Demonstrate knowledge of basic scientific concepts in anatomy, physiology, pathophysiology, and pharmacology.
   1.2. Demonstrate knowledge of the etiologies, risk factors, epidemiology, and clinical manifestations of medical conditions across the lifespan.
   1.3. Identify indications, contraindications, and risks to procedures and diagnostic studies.

2. Critical Thinking and Application of Clinical Knowledge
   2.1. Formulate comprehensive and relevant differential diagnoses.
   2.2. Develop management plans based on clinical presentation for acute, chronic, and emergent conditions across the lifespan.
   2.3. Implement, assess, and modify treatment plans as required in the course of patient management.
   2.4. Apply evidence-based knowledge relevant to medical practice in the patient care setting.

3. Procedural Competency
   3.1. Perform comprehensive and problem-focused history and physical examinations.
   3.2. Order and interpret appropriate diagnostic studies based on patient presentation.
   3.3. Document patient encounters in the medical record.
   3.4. Perform program-defined core clinical and technical skills.

4. Professionalism
   4.1. Act in a manner that exemplifies dependability, self-awareness, ethical integrity, honesty, and respect for others.
   4.2. Collaborate as a member of an interprofessional health care team.
   4.3. Knowledge of regulatory guidelines governing professional practice.
   4.4. Demonstrate acceptance of cultural differences and diverse populations.

5. Communication
   5.1. Provide patient-centered education relevant to the patient encounter.
   5.2. Communicate in a clear and understandable manner.

6. Systems-based Practice
   6.1. Consult and refer to specialty practitioners as indicated.
   6.2. Demonstrate cost-effective clinical practice.
   6.3. Collaborate as an effective member of a health care team in the practice of medicine.

The Rush PA Program competencies are modeled on the Competencies for the PA Profession position paper approved by the four organizations for the PA profession: NCCPA, ARC-PA, PAEA, and AAPA. https://www.aapa.org/download/90503/

APPENDIX L
Rush University
Student Learning Objectives

Graduates of Rush University will be able to do the following upon completion of their studies:

- Demonstrate critical inquiry and reasoning required by their respective professional disciplines
- Communicate in an effective and respectful manner in the practice of their profession
- Demonstrate scholarship and understanding of research principles
- Integrate ethical principles in professional activities
- Collaborate within interprofessional teams by practicing leadership
- Integrate information technology to improve health outcomes
- Demonstrate the ability to work effectively in a diverse and global society

APPENDIX M
NCCPA Competencies for the PA Profession

HP-3700.4.3 Competencies for the PA Profession [Adopted 2005, amended 2013, reaffirmed 2010, 2018, amended 2021]

Competencies for the PA (PA) Profession
(Adopted 2005, amended 2012, 2021)

Introduction
This document defines the specific knowledge, skills, and attitudes that PAs (PA) in all clinical specialties and settings in the United States should be able to demonstrate throughout their careers. This set of competencies is designed to serve as a roadmap for the individual PA, for teams of clinicians, for health care systems, and other organizations committed to promoting the development and maintenance of professional competencies among PAs. While some competencies are acquired during the PA education program, others are developed and mastered as PAs progress through their careers.

The PA professional competencies include seven competency domains that capture the breadth and complexity of modern PA practice. These are: (1) knowledge for practice, (2) interpersonal and communication skills, (3) person-centered care, (4) interprofessional collaboration, (5) professionalism and ethics, (6) practice-based learning and quality improvement, and (7) society and population health. The PA competencies reflect the well-documented need for medical practice to focus on surveillance, patient education, prevention, and population health. These revised competencies reflect the growing autonomy of PA decision-making within a team-based framework and the need for the additional skills in leadership and advocacy. As PAs develop greater competency throughout their careers, they determine their level of understanding and confidence in addressing patients' health needs, identify knowledge and skills that they need to develop, and then work to acquire further knowledge and skills in these areas.

This is a lifelong process that requires discipline, self-evaluation, and commitment to learning throughout a PA's professional career.

Background
The PA competencies were originally developed in response to the growing demand for accountability and assessment in clinical practice and reflected similar efforts conducted by other health care professions. In 2005, a collaborative effort among four national PA organizations produced the first Competencies for the PA Profession. These organizations are the National Commission on Certification of PAs, the Accreditation Review Commission on Education for the PA, the American Academy of PAs, and the PA Education Association (PAEA, formerly the Association of PA Programs). The same four organizations updated and approved this document in 2012.

Methods
This version of the *Competencies for the PA Profession* was developed by the Cross-Org Competencies Review Task Force, which included two representatives from each of the four national PA organizations. The task force was charged with reviewing the professional competencies as part of a periodic five-year review process, as well as to "ensure alignment with the *Core Competencies for New PA Graduates,*" which were developed by the PA Education Association in 2018 to provide a framework for accredited PA programs to standardize practice readiness for new graduates.

The Cross-Org Competencies Review Task Force began by developing the following set of guiding principles that underpinned this work:
1. PAs should pursue self- and professional development throughout their careers.
2. The competencies must be relevant to all PAs, regardless of specialty or patient care setting.
3. Professional competencies are ultimately about patient care.

4. The body of knowledge produced in the past should be respected, while recognizing the changing healthcare environment.
5. The good of the profession must always take precedence over self-interest.

The task force reviewed competency frameworks from several other health professions. The result is a single document that builds on the *Core Competencies for New PA Graduates* and extends through the lifespan of a PA's career.

The competencies were drawn from three sources: the previous **Competencies for the PA Profession**, PAEA's **Core Competencies for New PA Graduates**, and the Englander et al article **Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians** which drew from the competencies of several health professions.[1] The task force elected not to reference the source of each competency since most of these competencies were foundational to the work of multiple health professions and are in the public domain. The task force acknowledges the work of the many groups that have gone before them in seeking to capture the essential competencies of health professions.

1. Englander R, Cameron T, Ballard AJ, Dodge J, Bull J, Aschenbrener CA. Toward a common taxonomy of competency domains for the health professions and competencies for physicians. Academic Medicine. 2013 Aug 1;88(8):1088-94.

Competencies
1. **Knowledge for Practice**
   Demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care. PAs should be able to:

   1.1. Demonstrate investigative and critical thinking in clinical situations.
   1.2. Access and interpret current and credible sources of medical information.
   1.3. Apply principles of epidemiology to identify health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for individuals and populations.
   1.4. Discern among acute, chronic, and emergent disease states.
   1.5. Apply principles of clinical sciences to diagnose disease and utilize therapeutic decision- making, clinical problem-solving, and other evidence-based practice skills.
   1.6. Adhere to standards of care, and to relevant laws, policies, and regulations that govern the delivery of care in the United States.
   1.7. Consider cost-effectiveness when allocating resources for individual patient or population- based care.
   1.8. Work effectively and efficiently in various health care delivery settings and systems relevant to the PA's clinical specialty.
   1.9. Identify and address social determinants that affect access to care and delivery high quality care in a value-based system.
   1.10. Participate in surveillance of community resources to determine if they are adequate to sustain and improve health.
   1.11. Utilize technological advancements that decrease costs, improve quality,and increase access to health care.

2. **Interpersonal and Communication Skills**
   Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. PAs should be able to:

   2.1. Establish meaningful therapeutic relationships with patients and families to ensure that patients' values and preferences are addressed and that needs and goals are met to deliver person-centered care.
   2.2. Provide effective, equitable, understandable, respectful, quality, and culturally competent care that is responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
   2.3. Communicate effectively to elicit and provide information.

2.4. Accurately and adequately document medical information for clinical, legal, quality, and financial purposes.
2.5. Demonstrate sensitivity, honesty, and compassion in all conversations, including challenging discussions about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics.
2.6. Demonstrate emotional resilience, stability, adaptability, flexibility, and tolerance of ambiguity.
2.7. Understand emotions, behaviors, and responses of others, which allows for effective interpersonal interactions.
2.8. Recognize communication barriers and provide solutions.

3. **Person-centered Care**
Provide person-centered care that includes patient- and setting-specific assessment, evaluation, and management and health care that is evidence-based, supports patient safety, and advances health equity. PAs should be able to:

3.1. Gather accurate and essential information about patients through history-taking, physical examination, and diagnostic testing.
3.2. Elicit and acknowledge the story of the individual and apply the context of the individual's life to their care, such as environmental and cultural influences.
3.3. Interpret data based on patient information and preferences, current scientific evidence, and clinical judgment to make informed decisions about diagnostic and therapeutic interventions.
3.4. Develop, implement, and monitor effectiveness of patient management plans.
3.5. Maintain proficiency to perform safely all medical, diagnostic, and surgical procedures considered essential for the practice specialty.
3.6. Counsel, educate, and empower patients and their families to participate in their care and enable shared decision-making.
3.7. Refer patients appropriately, ensure continuity of care throughout transitions between providers or settings, and follow up on patient progress and outcomes.
3.8. Provide health care services to patients, families, and communities to prevent health problems and to maintain health.

4. **Interprofessional Collaboration**
Demonstrate the ability to engage with a variety of other health care professionals in a manner that optimizes safe, effective, patient- and population-centered care. PAs should be able to:

4.1. Work effectively with other health professionals to provide collaborative, patient-centered care while maintaining a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
4.2. Communicate effectively with colleagues and other professionals to establish and enhance interprofessional teams.
4.3. Engage the abilities of available health professionals and associated resources to complement the PA's professional expertise and develop optimal strategies to enhance patient care.
4.4. Collaborate with other professionals to integrate clinical care and public health interventions.
4.5. Recognize when to refer patients to other disciplines to ensure that patients receive optimal care at the right time and appropriate level.

5. **Professionalism and Ethics**
Demonstrate a commitment to practicing medicine in ethically and legally appropriate ways and emphasizing professional maturity and accountability for delivering safe and quality care to patients and populations. PAs should be able to:

5.1. Adhere to standards of care in the role of the PA in the health care team.
5.2. Demonstrate compassion, integrity, and respect for others.
5.3. Demonstrate responsiveness to patient needs that supersedes self-interest.

5.4. Show accountability to patients, society, and the PA profession.

5.5. Demonstrate cultural humility and responsiveness to a diverse patient populations, including diversity in sex, gender identity, sexual orientation,

5.6. age, culture, race, ethnicity, socioeconomic status, religion, and abilities.

5.7. Show commitment to ethical principles pertaining to provision or withholding of care, confidentiality, patient autonomy, informed consent, business practices, and compliance with relevant laws, policies, and regulations.

5.8. Demonstrate commitment to lifelong learning and education of students and other health care professionals.

5.9. Demonstrate commitment to personal wellness and self-care that supports the provision of quality patient care.

5.10. Exercise good judgment and fiscal responsibility when utilizing resources.

5.11. Demonstrate flexibility and professional civility when adapting to change.

5.12. Implement leadership practices and principles.

5.13. Demonstrate effective advocacy for the PA profession in the workplace and in policymaking processes.

6. **Practice-based Learning and Quality Improvement**
Demonstrate the ability to learn and implement quality improvement practices by engaging in critical analysis of one's own practice experience, the medical literature, and other information resources for the purposes of self-evaluation, lifelong learning, and practice improvement. PAs should be able to:

6.1. Exhibit self-awareness to identify strengths, address deficiencies, and

6.2. recognize limits in knowledge and expertise.

6.3. Identify, analyze, and adopt new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.

6.4. Identify improvement goals and perform learning activities that address gaps in knowledge, skills, and attitudes.

6.5. Use practice performance data and metrics to identify areas for improvement.

6.6. Develop a professional and organizational capacity for ongoing quality improvement.

6.7. Analyze the use and allocation of resources to ensure the practice of cost-effective health care while maintaining quality of care.

6.8. Understand of how practice decisions impact the finances of their organizations, while keeping the patient's needs foremost.

6.9. Advocate for administrative systems that capture the productivity and value of PA practice.

7. **Society and Population Health**
Recognize and understand the influences of the ecosystem of person, family, population, environment, and policy on the health of patients and integrate knowledge of these determinants of health into patient care decisions. PAs should be able to:

7.1. Apply principles of social-behavioral sciences by assessing the impact of psychosocial and cultural influences on health, disease, care seeking, and compliance.

7.2. Recognize the influence of genetic, socioeconomic, environmental, and determinants on the health of the individual and community.

7.3. Improve the health of patient populations

7.4. Demonstrate accountability, responsibility, and leadership for removing barriers to health.

APPENDIX N
AAPA Guidelines for Ethical Conduct for the PA Profession
(Adopted 2000, reaffirmed 2013, 2023, amended 2004, 2006, 2007, 2008, 2018, 2024**)**

Executive Summary of Policy Contained in this Paper
Summaries will lack rationale and background information and may lose nuance of policy.
You are highly encouraged to read the entire paper.

- Individual PAs must use their best judgment in a given situation while considering the preferences of the patient, the healthcare team, clinical information, ethical principles, and legal obligations.
- The four main bioethical principles which broadly guided the development of these guidelines are patient autonomy, beneficence, nonmaleficence, and justice.
- The statement of values within this document defines the fundamental values the PA profession strives to uphold. The primary value is the PA's responsibility to the health, safety, welfare, and dignity of all human beings.

Introduction
The PA profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

Four main bioethical principles broadly guided the development of these guidelines: autonomy, beneficence, nonmaleficence, and justice.

Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and PAs should respect these decisions and choices.

Beneficence means that PAs should act in the patient's best interest. In certain cases, respecting the patient's autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

PAs are expected to behave both legally and morally. They should know and understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a health care professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere − possibly from a supervising physician, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

Statement of Values of the PA Profession
- PAs hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- PAs uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- PAs recognize and promote the value of diversity.
- PAs treat equally all persons who seek their care.
- PAs hold in confidence the information shared in the course of practicing medicine.
- PAs assess their personal capabilities and limitations, striving always to improve their medical practice.
- PAs actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- PAs work with other members of the health care team to provide compassionate and effective care of patients.
- PAs use their knowledge and experience to contribute to an improved community.
- PAs respect their professional relationship with physicians.
- PAs share and expand knowledge within the profession.

The PA and Patient

PA Role and Responsibilities
PA practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

The principal value of the PA profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. PAs have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination

PAs are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their health care. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

PAs should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best interests.

The PA and Diversity
The PA should respect the culture, values, beliefs, and expectations of the patient.

Nondiscrimination
PAs should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

See also section on Nondiscrimination in the Workplace and Classroom.

Initiation and Discontinuation of Care
In the absence of a preexisting patient–PA relationship, the PA is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

Care can be discontinued for many reasons, some positive (such as retirement or a new position) and some negative (such as threatening behavior by the patient or demonstrating non-compliance with recommended medical care).

A professional relationship with an established patient may be discontinued as long as proper procedures are followed. The patient should be provided with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. In the event that discontinuation is the result of a problematic relationship, discontinuation should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

Many regulatory boards have rules or position statements addressing termination of care. PAs should understand any regulatory requirements before taking action.

Informed Consent
PAs have a duty to protect and foster an individual patient's free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehendible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

See also, AAPA policy paper, Use of Medical Interpreters for Patients with Limited English Proficiency.

In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in health care decision making. The PA is expected to understand consent laws pertaining to emancipated or mature minors.

See also, the section on Confidentiality and AAPA's policy paper, Attempts to Change a Minor's Sexual Orientation, Gender Identity, or Gender Expression.

When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known. If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

Confidentiality

PAs should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients. (See the section on Informed Consent.)

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

The Patient and the Medical Record

PAs have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

Disclosure of Medical Errors

A patient deserves complete and honest explanations of medical errors and adverse outcomes. The PA should disclose the error to the patient if such information is significant to the patient's interests and well-being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

See AAPA policy paper, Acknowledging and Apologizing for Adverse Outcomes.

Care of Family Members and Co-Workers

Treating oneself, co-workers, close friends, family members, or students whom the PA supervises or teaches is contextual (2)(3) and casuistic (extracting reason from case study). For example, it might be ethically acceptable to treat one's own child for a case of otitis media, but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment but provide appropriate medical care in a formally established patient-provider relationship.

Genetic Testing

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. PAs should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.

PAs should be sure that patients understand the potential consequences of undergoing genetic tests − from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

Patients have a right to access the full range of reproductive health care services, including fertility treatments, contraception, sterilization, and abortion. PAs have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.

When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient's access to all legal options.

End of Life

Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

PAs should provide patients with the opportunity to plan for end-of-life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

PAs should assure terminally ill patients that their dignity is a priority, and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally- ill patients that they will not be abandoned. To the extent possible, patient, or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients' wishes for treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions.

PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

The PA and Individual Professionalism

Conflict of Interest

PAs should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial

incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, "Would I be willing to have this arrangement generally known?" or of the American College of Physicians, "What would the public or my patients think of this arrangement?"

Professional Identity
PAs should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. PAs should uphold the dignity of the PA profession and accept its ethical values.

Competency
PAs should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

Sexual Relationships
It is unethical for PAs to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. The legal definition may vary by jurisdiction, but key third parties are generally individuals who have influence over the patient such as spouses or partners, parents, guardians, or surrogates. PAs should be aware of and understand institutional policies and local, state and federal laws and regulations regarding sexual relationships.

Sexual relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

However, there are some contexts where a strict moratorium, particularly when extended to third parties, may not be feasible (3). In these cases, the PA should seek additional resources or guidance from a supervisor, a hospital ethics committee, an ethicist or trusted colleagues. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

Nondiscrimination in the Workplace and Classroom
It is unethical for PAs to engage in or condone any form of discrimination. Discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment. This includes, but is not limited to, discrimination based on sex, color, creed, race,8religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

See also, the sections on Nondiscrimination of Patients and Families, and Sexual Harassment

Online Conduct for Physician Associates (PAs)
PAs should maintain the same level of ethical conduct online as is expected in the workplace [when representing themselves as PAs]. It is important for PAs to remember their actions online may impact their reputation with patients and colleagues, as well as have consequences for their medical careers.

In the digital world, where interactions can quickly reach a wide audience, PAs are responsible for maintaining behavior that reflects respect, empathy and ethical standards expected of healthcare professionals. By adhering to these guidelines, PAs ensure that their online presence aligns with the dignity of the profession and the trust placed in them by patients and their colleagues.

All PAs shall refrain from engaging in or endorsing any communication that disparages any
group based on characteristic such as race, ethnicity, gender, sexual orientation, nationality, religion, or other
characteristic.

Sexual Harassment
It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined
as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual
nature when:
- Such conduct has the purpose or effect of interfering with an individual's work or academic
  performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions
  concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's
  training or professional position.

See also, the section on Nondiscrimination in the Workplace and Classroom.

The PA and Other Professionals

Team Practice
PAs should be committed to working collegially with other members of the health care team to assure
integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation
with other health care professionals, their organizations, and the general public. The PA should consult with all
appropriate team members whenever it will safeguard or advance the welfare of 9the patient. This includes
seeking assistance in situations of conflict with a patient or another healthcare professional.

Resolution of Conflict Between Providers
While a PA's first responsibility is in the best interest of the patient, it is inevitable that providers will sometimes
disagree when working as members of a healthcare team. When conflicts arise between providers in regard to
patient care, it is important that patient autonomy and the patient's trusted relationship with each member of
the healthcare team are preserved. If providers disagree on the course of action, it is their responsibility to
discuss the options openly and honestly with each other, and collaboratively with the patient.

It is unethical for a PA to circumvent the other members of the healthcare team or attempt to disparage or
discredit other members of the team with the patient. In the event a PA has legitimate concerns about a
provider's competency or intent, those concerns should be reported to the proper authorities.

PAs should be aware of and take advantage of available employer resources to mitigate and resolve conflicts
between providers.

Illegal and Unethical Conduct
PAs should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession.
They should report illegal or unethical conduct by health care professionals to the appropriate authorities.

Impairment
PAs have an ethical responsibility to protect patients and the public by identifying and assisting impaired
colleagues. "Impaired" means being unable to practice medicine with reasonable skill and safety because of
physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers
and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

See also, AAPA policy paper, PA Impairment and Well-being.

Complementary and Alternative Medicine
When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the therapy(ies) being considered or being used and how the treatment will affect the patient. PAs should do appropriate research, including seeking advice from colleagues who have experience with the treatment or experts in the therapeutic field. If the PA believes the complementary, alternative or integrative health is not in the best interest of the patient, 10the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

The PA and the Health Care System

Workplace Actions
PAs may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

PAs as Educators
All PAs have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

See also, AAPA policy paper, PA Student Supervised Clinical Practice Experiences -Recommendations to Address Barriers.

PAs and Research
The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research must be reported to maintain the integrity of the available data in research.

PAs are encouraged to work within the oversight of institutional review boards and institutional animal care and use committees as a means to ensure that ethical standards are maintained.

PAs involved in research must be aware of potential conflicts of interest. Any conflict of interest must be disclosed. The patient's welfare takes precedence over the proposed research project.

PAs are encouraged to undergo research ethics education that includes periodic refresher courses to be maintained throughout the course of their research activity. PAs must be educated on the protection of vulnerable research populations.

Sources of funding for the research must be included in the published reports.

The security of personal health data must be maintained to protect patient privacy.

Plagiarism is unethical. Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

PAs as Expert Witnesses
The PA expert witness should testify to what he or she believes to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.

The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

See also, AAPA policy paper, Guidelines for the PA Serving as an Expert Witness.

The PA and Society

Lawfulness
PAs have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well-being of the community.

Executions
PAs, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

See also, AAPA policy HX-10640.

Access to Care / Resource Allocation
PAs have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient-PA encounter. (1) PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

Community Well-Being
PAs should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved.

In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

Conclusion
The American Academy of PAs recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. PAs wrote these guidelines for themselves and other PAs. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.

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Guidelines for the PA Serving as an Expert Witness
(*Adopted 1977, reaffirmed 2004, 2009, amended 1987, 1991, 2001, 2014, 2018, 2023*) *Cited at HP-5520*

PA Impairment and Well-being
(*Adopted 1990, reaffirmed 2004, 2014 amended 1992, 2009, 2019, 2024*) *Cited at HP-7244*

Use of Medical Interpreters for Patients with Limited English Proficiency
(*Adopted 2003, amended 2018, reaffirmed 2008, 2013, 2023*) *Cited at HP-8223*

Acknowledging and Apologizing for Adverse Outcomes
(*Adopted 2007, amended 2013, 2018, reaffirmed 2012, 2023*) *Cited at HP-7444*

Health Disparities: Promoting the Equitable Treatment of All Patients
(*Adopted 2011, amended 2016, reaffirmed 2021*) *Cited at HP-8248*

PA Student Supervised Clinical Practice Experiences - Recommendations to Address Barriers
(Adopted 2017, amended 2018, 2021, 2022) Cited at HP-4248

Attempts to Change a Minor's Sexual Orientation, Gender Identity, or Gender Expression
(*Adopted 2017, reaffirmed 2022*) *Cited at HP-10440*

APPENDIX O
Rush University
College of Health Sciences
Technical Standards

The following are the universal technical standards that apply to all clinical training students in the Rush University College of Health Sciences. These standards apply to all students enrolled in the PA Program.

PA Program Technical Standards
RUSH University is committed to diversity and to attracting and educating students who will make the population of health care professionals representative of the national population.

Our core values — ICARE — Innovation, Collaboration, Accountability, Respect and Excellence, translate into our work with all students, including those with disabilities. RUSH actively collaborates with students to develop innovative ways to ensure accessibility and creates a respectful accountable culture through our confidential and specialized disability support. RUSH is committed to excellence in accessibility; we encourage students with disabilities to disclose and seek accommodations.

The following technical functions are required of all students enrolled in the PA Program.

Acquire Information
- Acquire information from demonstrations and experiences in courses such as lecture, group, and physical demonstrations.
- Acquire information from written documents and computer systems (e.g., literature searches & data retrieval).
- Identify information presented in accessible images from paper, slides, videos with audio description, and transparencies.
- Identify information presented in images from paper, slides, videos, and transparencies.
- Recognize and assess patient changes in mood, activity, cognition, verbal, and non-verbal communication.

Use and Interpret
- Use and interpret information from assessment techniques/maneuvers. Use and interpret information related to physiologic phenomena generated from diagnostic tools.

Motor
- Possess psychomotor skills necessary to provide or assist in holistic PA care and perform or assist with procedures and treatments.
- Practice in a safe manner and appropriately provide PA care and assessment in emergencies and life support procedures and perform universal precautions against contamination.

Communication
- Communicate effectively and sensitively with patients and families.
- Communicate effectively with faculty, preceptors, and all members of the healthcare team during practicum and other learning experiences.
- Accurately elicit information including a medical history and other information to adequately and effectively evaluate a population's, client's or patient's condition.

Intellectual Ability
- Measure, calculate, reason, analyze, and synthesize data related to diagnosis and treatment of patients and populations.
- Exercise proper judgment and complete responsibilities in a timely and accurate manner according to the "program name" role.

- Synthesize information, problem solve, and think critically to judge the most appropriate theory, assessment, or treatment strategy.

Behavioral
- Maintain mature, sensitive, effective relationships with clients/patients, families, students, faculty, staff, preceptors, and other professionals under all circumstances.
- Exercise skills of diplomacy to advocate for patients in need.
- Possess emotional stability to function under stress and adapt to rapidly changing environments inherent to the classroom and practice settings.

Character
- Demonstrate concern for others, integrity, accountability, interest, and motivation are necessary personal qualities.
- Demonstrate intent and desire to follow the RUSH University and PA Code of Ethics.

The technical standards delineated above must be met with or without accommodation. Students who, after review of the technical standards, determine that they require accommodation to fully engage in the program, should contact the Office of Student Accessibility Services here. to confidentially discuss their accommodations needs. Given the clinical nature of our programs time may be needed to implement accommodations. Accommodations are never retroactive; therefore, timely requests are essential and encouraged.