

**RUSH UNIVERSITY**  
**COLLEGE OF HEALTH SCIENCES**



**PA PROGRAM**

**SECOND YEAR**

**CLINICAL HANDBOOK**

**2025-2026**

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## **Introduction**

Congratulations on successfully finishing your didactic year, and welcome to the start of clinical rotations!

This Second Year Clinical Handbook outlines the policies and procedures specific to the second year of the Rush University PA Program and is a supplement to the PA Program Handbook, as well as the Rush University and the College of Health Sciences (CHS) catalogs. The information contained in this handbook does not supplant or replace any other program, college, or university policy.

If you have any questions about the information in this handbook, please contact the course director, or the Director of Clinical Education.

## **Rush PA Program Mission, Vision, and Goals Statements**

### **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 University, the College of Health Sciences, and the Rush System for Health.

## Institutional and Program Accreditation

### Rush PA Program Accreditation Status

At its **March 2024** meeting, the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) placed the **Rush University Physician Assistant 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

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 Contact Information

Rush University PA Program  
 600 South Paulina Street, 1014 AAC  
 Chicago, IL 60612  
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 Webpage: [www.rushu.rush.edu/pa-program](http://www.rushu.rush.edu/pa-program)

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### Clinical Rotation Preceptor Contact Information

The specific contact information for all clinical sites and preceptors can be found in EXXAT. All questions regarding rotations should be directed to the course director.

## Clinical Year Rotation Calendar 2025-2026

The following calendar outlines the required rotations, the start and end dates of each rotation block, and the return-to-campus dates. Each student's specific rotation schedule will fall within these timeframes, but the order of rotations will vary.

Required Rotations (*all rotations are 4 weeks in length*)	Rotation Dates	Return-To-Campus (RTC) Dates
<input type="checkbox"/> PHA 581 Family Medicine	<input type="checkbox"/> May 12- June 5, 2025	<input type="checkbox"/> Friday, June 6, 2025
<input type="checkbox"/> PHA 582 Internal Medicine I	<input type="checkbox"/> June 9- July 2, 2025	<input type="checkbox"/> Thursday, July 3, 2025
<input type="checkbox"/> PHA 583 Internal Medicine II	<input type="checkbox"/> July 7- July 31, 2025	<input type="checkbox"/> Friday, Aug 1, 2025
<input type="checkbox"/> PHA 584 General Surgery I	<input type="checkbox"/> Aug 4- Aug 28, 2025	<input type="checkbox"/> Friday, Aug 29, 2025
<input type="checkbox"/> PHA 585 General Surgery II	<input type="checkbox"/> Sept 2- Sept 25, 2025	<input type="checkbox"/> Friday, Sept 26, 2025
<input type="checkbox"/> PHA 586 Obstetrics and Gynecology	<input type="checkbox"/> Sept 29- Oct 23, 2025	<input type="checkbox"/> Friday, Oct 24, 2025
<input type="checkbox"/> PHA 587 Pediatrics	<input type="checkbox"/> Oct 27- Nov 20, 2025	<input type="checkbox"/> Friday, Nov 21, 2025
<input type="checkbox"/> PHA 588 Behavioral Health	<input type="checkbox"/> Nov 24- Dec 18, 2025	<input type="checkbox"/> Thursday, Dec 19, 2025
<input type="checkbox"/> PHA 589 Long Term Care/Geriatrics	<input type="checkbox"/> Jan 5- Jan 29, 2026	<input type="checkbox"/> Friday, Jan 30, 2026
<input type="checkbox"/> PHA 590 Emergency Medicine	<input type="checkbox"/> Feb 2- Feb 26, 2026	<input type="checkbox"/> Friday, Feb 27, 2026
<input type="checkbox"/> PHA 591 Elective Rotation I	<input type="checkbox"/> March 2- Mar 25, 2026	<input type="checkbox"/> Friday, Mar 27, 2026
<input type="checkbox"/> PHA 592 Elective Rotation II	<input type="checkbox"/> Mar 30- April 23, 2026	<input type="checkbox"/> Friday, April 24, 2026



## **Rush University** **PA Program Policies**

### **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 **PA Program Handbook**). 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 **PA Program Handbook**).

In the second year, professionalism includes several components for each rotation and throughout the year. Overall professionalism in the second year includes but is not limited to the following: attendance and participation in all return to campus event activities and SIM lab without tardiness, completing all requirements by the deadline, professional behavior, timely response to email, and communicating issues and absences per policy. Attendance and punctuality for clinical rotations and professional behavior are also assessed by each preceptor on the Preceptor Evaluation of Student Performance, and concerning comments may result in a professionalism violation.

### **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 **Academic Performance – Standards and Progression** section of this handbook, 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 E**. For more information regarding the program's policy on professionalism, refer to the **PA Professionalism and Professional Behavior Policy**. Students are also expected to adhere to the criteria contained in the CHS Guide to Professional Conduct (see **PA Program Handbook**).

The following is an outline of actions taken if a student encounters professionalism issues during the second year of the program. Professionalism violations are internal to the program and do not appear on student transcripts. Any professionalism violations accrued during the second year of the program will carry over to the third year of the program; they will not reset at the end of the second year:

- 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:
  1. 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.
  2. If a student commits a second professionalism violation, they will be required to meet with the Director of Clinical Education and they will receive a written Professionalism Assessment that will become a part of their program record.
  3. If a student commits a third professionalism violation, they will be placed on probation immediately and will be required to meet with the Director of Clinical 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 in this handbook 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 second year, a Professionalism Assessment will be completed as part of the Formative Evaluation and may reference professionalism warnings and violations from the entire year.
- If a student is on Probation due to the inability to adhere to the professionalism policy, their probation status may continue into the third year of the program.

## SECOND YEAR GENERAL POLICIES

### Second Year Academic Standing and Performance Requirements

To progress to the second year of the program, students must successfully pass the first-year formative evaluation assessment conducted by the program's Progress and Promotions Committee (see **PA Program Handbook** for more details) and must meet each of the following standards:

1. Achieve a final grade of a "B" in all didactic courses
2. Achieve and maintain an overall cumulative GPA of 3.0 or better, per University standards
3. Pass the first year OSCE examination
4. Be in good standing in the program as outlined in the PA program handbook and in accordance with Rush University policies
5. Pass the PA Progress and Promotions Committee's formative evaluation for eligibility to progress through the program

To remain a student in good standing during second year of the program, the student must meet each of the following required **Performance Standards**:

1. Pass the final preceptor evaluation from each rotation
2. Pass the end of rotation examination for each required rotation
3. Pass each required graded rotation component including, but not limited to: patient notes, hot topic papers, a patient case presentation, journal club participation, and rotation administrative components
4. Pass the second year OSCE examination
5. Maintain an overall cumulative GPA of 3.0 or better at all times
6. Demonstrate professionalism and academic integrity at all times
7. Participate in all scheduled activities of the second clinical year including SIM lab
8. Comply with all Program and University policies

Refer to the Clinical Rotation Grading Criteria section for details regarding rotation evaluation and grading standards and criteria.

To progress to the third year of the program, students must successfully pass the second-year formative evaluation conducted by the program's Progress and Promotions Committee (see **PA Program Handbook** for more details). Refer to the PA Program Student Handbook for details regarding the formative and summative evaluation processes.

### Academic Honesty and Ethical Behavior on Rotations

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. Any academic work submitted to the program – including but not limited to, assignments, patient case presentations, and the master's research project – must be the

students' own, original work. It is the student's responsibility to be familiar with all forms of plagiarism. Any submission that is found to be falsified, fabricated, or plagiarized upon investigation will receive a zero, and be returned for revision and resubmission. Plagiarism is considered an egregious lapse in academic honesty. The Progress and Promotions Committee will be notified, and the student may be subject to placement on Probation or dismissal. If a student is permitted to continue in the program, all future submissions will be closely monitored. Subsequent occurrences will not be tolerated. If a student submits non-original work a second time, the faculty will conduct another investigation, and the Progress and Promotions Committee will be convened a second time to determine further action, which again may include placement on Probation or dismissal. The faculty will utilize Turnitin to verify the originality of all student submissions.

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.

All exam materials are confidential, and students may take exams at different times. Students should not discuss or share exam materials with other students, either within or between cohorts or individuals outside of the PA program. These policies apply to all program assessments, including EOR Exams, summative and formative evaluations, and OSCE assessments.

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.

Any required preceptor signature must be a legal signature (Mid-Rotation Self-Evaluation, Preceptor Evaluation of Student Performance, Skills Passport). Any falsification or alteration of a score or signature is a violation of the Rush University Honor Code and is subject to dismissal from the program.

Inappropriate or unethical behavior towards fellow students, faculty, preceptors, clinical staff, or patients while on rotation and or during program related activities will not be tolerated. It is dishonest to misrepresent yourself or your role to patients, their families and loved ones, or preceptors. Any report of inappropriate or unethical behavior will be investigated, and the student is at risk for placement on Probation and possible dismissal from the program.

Students on rotation shall not be subject to any act of inappropriate or unethical behavior by others. If a student believes an inappropriate or unethical situation may be occurring, they must contact the course director at the earliest possible moment for investigation and management. Under no circumstances should a student on rotation try to manage any potentially inappropriate or unethical situation on their own.

## 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.

## Attendance and Tardiness Policy

Attendance at all clinical rotations, return-to-campus events, and PA Program activities is mandatory. Adherence to the program's attendance policy is included within the program's standards for professional behavior (see [PA Professional Behavior and Professionalism Policy](#)).

### **Unexcused absences or tardiness on clinical rotations, return-to-campus events, or any other PA program activity will not be tolerated.**

Each clinical rotation has a requisite number of mandatory clinical hours, as determined by the preceptor and/or the PA program faculty. Any student who does not complete the required clinical hours during a given rotation is at risk for failing that rotation. If an unforeseen circumstance arises (i.e. death in the family, illness, or injury), it will be considered an excused absence. Students are required to notify the course director and preceptor immediately via email if they are going to be absent and may be required to make up missed hours at a later time. Students must update the course director and preceptor daily with whether they are able to return to their rotation or are still ill. Students must be afebrile for 24 hours without antipyretics prior to returning to rotations. Students must follow the institution's policies for illness due to communicable diseases, such as COVID. Illnesses lasting more than one day, illnesses that fall on the first or last day of the rotation or other required attendance dates such as RTC/examinations/SIM lab/OSCE/skills training, or a concerning trend of missed time require a note from a medical provider which must be sent to the course director. Failure to submit a provider note will result in an unexcused absence and will be in violation of the Program's professionalism policy. If a student is projected to miss more than one week of rotations, they must petition for an official Leave of Absence (see section on [Leave of Absence](#) section). All missed time must be entered under Time Off in EXXAT. Failure to notify the course director prior to a missed shift is a violation of the program's professionalism policy. Weddings, family vacations, going home to another town, etc. are considered unexcused absences. Unexcused absences also apply to leaving class, clinical rotations, or return-to-campus events for any reason without prior program approval.

Students are expected to be punctual and arrive on time to all clinical rotations, return-to-campus events, and PA Program activities. Late arrivals are disruptive to the learning and teaching process. Students may miss essential content or skills unable to be made-up at a later date. If a student is going to be late, they must contact the course director or lead faculty member for the activity as soon as possible to provide notice. A trend of late arrivals will not be tolerated and will be in violation of the program's professionalism policy. If faculty notes a trend in tardiness, the student will get a warning that subsequent tardiness will result in a professionalism violation.

## **Mandatory Program Events**

### **Return-to-Campus**

Return-to-Campus (RTC) occurs directly following the last day of the rotation (see RTC dates above). Attendance at RTC is mandatory, and requests to use personal days during these dates or to leave early will not be approved. Students should plan to be present at RTC 8am-5pm, and the schedule is subject to last-minute changes so no other plans should be made during those hours. During RTC, students will take end-of-rotation examinations. Graded activities such as oral case presentations and journal club also occur during RTC. Other scheduled activities include presentations on high-yield topics, skills labs, patient cases, onboarding requirements, and other activities. Due to the nature of RTC, these activities are often unable to be recreated or made up. Unless specifically stated by the PA program faculty, dress code is business casual – no scrubs permitted. A first violation of the dress code will be given a warning; a subsequent occurrence will result in a professionalism violation. All mobile phones must be silenced and put away during RTC activities.

### **SIM Lab**

During the clinical years of the program, students will participate in SIM lab. Attendance at SIM lab is mandatory, and students are required to log their time in SIM lab as Time Off in EXXAT. Each SIM lab session will be conducted on multiple dates throughout the term. Students will be assigned to attend one session during one of the available time blocks. SIM lab dates will be released at the beginning of each term; however, they are subject to change at any time based on SIM center availability.

Students are excused from their rotation for the time block in which they are scheduled. Students are expected to attend their rotation before/after SIM lab based on the rotation schedule and commute. Students must inform their preceptor of any scheduled SIM lab dates at the start of the rotation. It is the student's responsibility to keep track of the dates/times they are scheduled for SIM lab. Students are expected to arrive on time and be prepared for each session, which includes wearing the appropriate attire and bringing the appropriate equipment, if applicable. Unexcused absences, tardiness, and a lack of preparedness will not be tolerated and will result in a professionalism violation.

SIM lab activities include new skills or skills refreshers, ultrasound, and patient cases with high-fidelity manikins. Due to the nature of SIM lab, these activities are often unable to be recreated or made up. If a student misses a session, they may not have another opportunity to learn the skill or participate in the case. If a student misses SIM lab due to illness and is unable to be scheduled for another session, a make-up assignment will be required.

In the event of a signification rotation conflict, such as being on an out-of-state elective rotation, students may request to switch a scheduled SIM lab date to the other date for the corresponding session. If a switch is needed, the student should attempt to find a classmate to switch with and then notify the SIM faculty coordinator via email with the classmate cc'd.

### **Lecture Recording**

Lectures will not be routinely recorded during in-person or remote presentations, such as at RTC. Similarly, there will not be a synchronous virtual component to in-person presentations. Students will not be able to join an in-person presentation if they are remote due to illness. It is the responsibility of the student to work with classmates and the course director to make up any missed content.

Students are not permitted to record lectures on their own devices, whether presentations are conducted in-person or virtually, without prior authorization from the course director and lecturer.

## Personal Days

During the second year, students are allowed to take up to four personal days to use as needed. Personal day requests must be submitted via email to the course director for approval. In order for a personal day to be approved, all of the following criteria must be met:

- Students must request the date to the course director at least four weeks in advance.
- The personal day cannot be the first day or last day of the rotation.
- The personal day cannot be during return-to-campus or some other required program or clinical activity.
- Students cannot take more than two personal days during one rotation.
- Half-day requests are not permitted. Students must take the entire day.
- No exceptions will be made to any of the above, and it is the student's responsibility to ensure their requests abide by the above criteria.

Submission of a personal day request does not guarantee approval. Approval is at the discretion of the course director, and a personal day is not considered approved until received in writing by the course director. Students should not make plans until their request is approved. Personal days are used to guarantee the student has the day off clinical rotations. If a student is informed by their preceptor that they would not be scheduled the day of the approved personal day, the student can email the course director to request to switch the date. Students will be allowed one date switch for a personal day for the entire clinical year. After that, no further switches to personal days will be approved. Personal days cannot be saved and do not roll over to subsequent years. Violations of the personal day policy constitute professionalism violations and may result in loss of subsequent personal days.

Once approved, the student has the following responsibilities:

- At the start of each rotation, students must notify their preceptor of any approved personal days.
- The personal day must be logged in EXXAT for that rotation under Time Off when completing the logging at the end of the rotation.

If a student misses rotation due to a personal day, excused absence, unexcused absence, or any other program-related event, those hours may need to be made up to receive a passing grade for the rotation. Planned absences such as volunteering for program interviews or attending approved state and national conferences cannot cause a student to fall below minimum rotation hours. If a student falls below minimum hours due to a personal day, those hours are expected to be made up in order to meet the minimum hours for the rotation. It is the student's responsibility to enter all missed time for any reason under Time Off in EXXAT and ensure the course director is aware of all missed time on rotation. It is the student's responsibility to inform the course director if they are below the minimum hours for the rotation. Failure to inform the course director that rotation hours are below the minimum or above the maximum hours will result in a professionalism violation. Make-up time is determined at the discretion of the course director, not the clinical preceptor. Make-up time may need to occur outside a student's current rotation schedule, such as on scheduled days off, weekends, or during the term break. Make-up time may need to occur with another clinical preceptor and or at an alternate site. If clinical absences are not made up, the student is subject to failing that rotation and being placed on Probation. The student will receive a course grade of Incomplete until clinical hours are made up.

## Religious Holiday Time Off

Students who require time off for religious observances must notify the program director of their needs upon admission to the program. In addition, students must submit a schedule of anticipated religious holiday absences at the beginning of each clinical year to the Director of Clinical Education. Failure to submit this request at the start of the clinical year may result in the absence not being honored and therefore would be classified as an unexcused absence.

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 any make-up work.

## Attendance at State and National Conferences

In order to support professional and scholarly development, the program will allow students to be excused from clinical rotations to represent the program at a state or national conference or meeting for the following, as long as the student is in good standing:

- If a student's presence is required as the official Rush student liaison for that professional organization
- If a student is invited to deliver a case or research presentation
- If a student is participating in the IAPA or AAPA challenge bowl competition
- If the student is attending the AAPA national conference
- If the student is attending the IAPA CME conference
- If the student is attending the AAPA Leadership and Advocacy Summit

Students must have the dates pre-approved by the course director before making travel arrangements. Students will be required to submit proof of conference registration and must enter all missed rotation time under Time Off in EXXAT.

Students are responsible for covering their own conference fees, as well as all travel, food and housing costs and are encouraged to apply for any available scholarships and stipends.

Students are encouraged to attend other conferences and CME activities such as IAPA and AAPA sponsored events if they have the day(s) scheduled off of rotation. Students can also utilize their personal days for attendance at conferences. Otherwise, these are not considered excused absences.

As part of professional and scholarly development, students may be invited to attend conferences and professional meetings as a representative of the program. Examples of such activities include, but are not limited to, attending state and local PA professional meetings as the Rush student liaison, conference presentation of lectures, research, or posters, and participating in the AAPA national Student Challenge Bowl competition. The program strongly encourages participation in such activities. Excused absences for scholarly activities such as those described above will be approved on a case-by-case basis. Although students may be excused from clinical days to attend a presentation or meeting, they may be required to make up missed rotation time, at the discretion of the Course director.

Any student with an unexcused absence while on clinical rotations is subject to failing the rotation, regardless of other rotation performance, and may be subject to a professionalism violation, placement on Probation, and/or dismissal from the program.



## Advising

Students are required to meet with their advisor for routine advising once per term. It is the student's responsibility to initiate the required advising session. Failure of the student to reach out to their advisor to schedule the meeting is a violation of the professionalism policy. Students should provide their advisor with several days/times they are available to meet during business hours Monday through Friday unless the advisor specifies otherwise. Students should minimize missed rotation time by scheduling the advising session when they do not have rotation or during lunch. If the student does not have any time off during business hours, they are excused from their rotation for the meeting and should try to minimize missed rotation time. Prior to the advising meeting, students are required to complete a pre-advising meeting form in Canvas. Failure to complete the form prior to the meeting will result in a professionalism violation and may result in the meeting being rescheduled. Additional advising sessions may be initiated by the student or faculty advisor as needed. Students must comply with faculty requests to meet with their advisor in a timely manner. Advising meetings may occur in-person or virtually, at the discretion of the faculty advisor. If a virtual meeting is requested, the student must arrange to meet in a quiet, private setting with their video on. Virtual meetings in settings such as coffee shops, restaurants, while in a car, or while on public transportation are not appropriate.

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 the course director for any concerns related to the second year of the program.

## 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.

### **Communication Policy**

All students are required to check their Rush student email account, Canvas, and EXXAT for any clinical rotation updates on a daily basis. All students are also required to respond to all emails or phone calls from Rush PA faculty or clinical rotation contacts within 24 hours from when the reach out occurred. A trend in late email responses will result in a professionalism violation. If faculty notes a trend in late email responses, the student will get a warning that a subsequent late response will result in a professionalism violation.

### **Criminal Background Checks and Drug Screen Requirements**

All students are required to pass, without reservation, a nationwide criminal background check and a drug screening assessment prior to beginning their first clinical rotation. Both of these requirements are to be completed through <https://www.castlebranch.com/> at the student's expense.

Passing the criminal background check means not having any felony convictions for any criminal offense as reported by CastleBranch. Failure to disclose an existing criminal offense to the program, either by direct report or on the centralized application form (CASPA), in advance of a positive criminal background report will be considered perjury by the student, and will result in immediate placement on Probation, the inability to attend clinical rotations, referral to the Progress and Promotions Committee for review, and possible dismissal from the program. If a student has a pre-disclosed misdemeanor offense, or an offense that occurred while the student was an underage minor, the PA Program will review the situation on a case-by-case basis.

Passing the drug screen means having no positive reports for any of the substances as reported by CastleBranch.

Students in the PA Program are expected to maintain the highest standards of professional and ethical conduct; any behavior that would constitute a positive criminal and drug use record will not be tolerated. The program reserves the right to conduct random criminal background checks or drug screening at any

time during the student's training if reasonable cause exists. Additionally, some clinical rotation sites may require recent criminal background or drug testing (or both) prior to the student coming on rotation. If additional testing is required, the student may not refuse and must comply in a timely manner. The student will bear the expense of any required additional assessment.

Failure to pass either a criminal background check or a drug screen may result in immediate placement on Probation, the inability to attend clinical rotations, and possible dismissal from the program.

### **Dress Code and Student Identification Policy**

In general, student appearance is expected to be clean and neat. Clothing should not be wrinkled and should fit appropriately. During the clinical year of the program, the dress code is business casual. This includes return to campus activities as well while out on clinical rotations, unless otherwise specified. There are certain program activities in which appropriate physical exam attire or scrubs will be permitted, and that will be communicated to students in advance. For these activities, if students are not in the requested attire, a professionalism violation will be given, as this causes a disruption in the learning and teaching experience. Students should also wear professional, but comfortable shoes, as work hours are long and may require a lot of walking and/or long periods of standing. All footwear must be closed-toe.

Additionally, in any clinical setting, students are also required to wear a short, white medical coat with the University and the PA program's name and the student's Rush ID clearly visible. Clinical rotations that occur off-site may have additional requirements and badges that the student should be in compliance with at all times.

Some rotations require students to return a student badge and or other borrowed equipment upon completion of the rotation. Failure to do so may result in a student's final evaluation being suspended until these items have been returned. Furthermore, sites may have a fee for lost or not returned badges and or equipment that will be the sole responsibility of the student.

Students should refrain from wearing any excessive jewelry or dangling items that may interfere with either their or patients' safety. This includes but is not limited to long necklaces, earrings, bracelets, rings, or other clothing items that may interfere with patient care.

Any student found not adhering to these standards is considered in violation of the program's professionalism policy and may result in failing the rotation regardless of their performance. It may also result in the student being placed on Probation and/or dismissal.

More information can be found in the PA Program Dress Code Policy (see [PA Program Handbook](#)).

### **Hazardous Exposure Incident Policy**

*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 for Hazardous Exposure Event at Rush University Medical Center**

1. Wash injured area with soap and water. If eyes, nose, or mouth, use water only.
2. Immediately report the incident to your preceptor / course instructor.
3. Contact the Course Director as soon as feasible to report the incident.
4. **Report to Employee and Corporate Health Services (ECHS), 4th floor Atrium, 312-942-**

**5878, as soon as possible for further evaluation. If after hours, leave a message reporting the incident.**

- a. Bring your student ID and indicate that you are a student in the PA Program and not an employee.
5. You **MUST** ensure ECHS is notified of the exposure incident in as timely a manner as possible.
  - a. Confirmation from ECHS that the incident is reported is essential to ensure payment for services is covered. Failure to report to ECHS in a timely manner may result in erroneous out-of-pocket expenses.
  - b. If you leave a message with ECHS and do not hear back from them, continue to contact the office until you receive confirmation from their staff that the incident has been received.
6. If ECHS is closed, immediately report to the Rush Emergency Room (ER), Tower, 1st floor, 312-947-0100.
7. If a student is seen in the ER, the student must report to ECHS on the next business day.
8. Students will be counseled or treated as deemed appropriate by ECHS or ER personnel.
9. Return to ECHS or to consultants as directed for follow-up lab work and treatment as indicated.

### **Procedure for Hazardous Exposure Event if Off Campus**

Follow the protocol at your rotation facility and contact Rush ECHS, either in person or by phone at 312-942-5878, as soon as possible to report the incident. Also report the incident to the course director.

### **Non-Hazardous Exposure Incidents Policy**

Any incident that affects patient or staff well-being, or a patient's prescribed care, must be reported to the preceptor and course director immediately. Filing a hospital incident report may be required, depending on the policy of the particular institution. A duplicate of any hospital incident reports, as well as a memorandum of explanation from the clinical instructor, will be placed in the student's clinical file and the Program Director or Director of Clinical Education will be notified immediately. Incidents involving gross errors in judgment or practice on the part of the student will constitute grounds for dismissal from the program.

### **Student Incident and Emergency Policy**

Any incident that affects a student's well-being must be reported immediately to both the rotation preceptor and course director. This includes, but is not limited to, illness or injury, accidents, falls, and potential violent or non-violent events and encounters. If a student feels they are in immediate danger while on rotation, the student should calmly remove themselves from the situation at the soonest possible time, and immediately contact RUMC campus security at (312) 942-5678 or dial 911. The student should then immediately alert their preceptor and the course director regarding the incident. Be cautious and aware of your surroundings when traveling around the Rush campus. Please note the following security recommendations:

- Always travel in groups in well-lit areas or use the Rush shuttles to get to places around the campus. If off campus, have someone accompany you to your car or to public transportation.
- Refrain from using cell phones or other listening devices when you are walking on the street or in public areas such as CTA trains, as you appear as a distracted, potential victim to criminals.

- Please contact Rush security at (312-942-5678) if you are traveling alone, even to the garage. A security officer will walk with you to your destination.
- If you need help immediately, call Security or use one of the new security call boxes around campus along Paulina Street and in the “mall” area south of Armour Academic Center. If you are off-campus and need help immediately, then you should dial 911.
- Please don’t fight to retain your property. It’s not worth getting hurt.

### **IMPORTANT PHONE NUMBERS:**

Rush Center for Clinical Wellness 312-947-2323  
 RUMC Campus Security 312-942-5678  
 RUMC Emergency Room 312-947-0100  
 RUMC Employee & Corporate Health Services 312-942-5878

### **CRISIS LINES:**

National Suicide Hotline 800-273-8255  
 YWCA Rape Crisis Hotline 888-293-2080  
 Alcoholics Anonymous 24-hr. Hotline 312-346-1475  
 Narcotics Anonymous 24-hr. Hotline 708-848-4884  
 Northwestern Memorial Hosp 24-hr. Hotline 312-926-8100  
 Domestic Violence Helpline (City of Chicago) 877-863-6338  
 Sarah’s Inn Hotline (domestic violence) 708-386-4225  
 Chicago Police Department 911

### **On-Call Responsibilities and Duty Hours**

#### **Duty Hours and Work Schedules on Rotation:**

During the clinical year, there is no fixed schedule for clinical rotations. Students must be adaptable, as duty hours and schedules will vary from one rotation to another, depending on the nature of the setting and service. Students may work 6 to 7 days per week while on rotation, and will likely work nights, weekends, and holidays.

The preceptor sets the schedule for any given rotation. Students may not alter or refuse to work clinical duty hours assigned by the preceptor. If a student plans to request a personal day during any given rotation, they must receive written approval from the course director in advance of starting the rotation and inform the preceptor at the beginning of the rotation of any such limitations. The student may also be required to make up the missed hours, as deemed appropriate by the preceptor and course director. An excused absence from rotation does not mean a student is released from those hours, and they still must work the number of hours designated by the preceptor and course director to ensure minimum hours and patient encounters are met.

Regardless of a student’s individual rotation hours, daily attendance and punctuality are expected and will be evaluated by the preceptor as part of the Final Evaluation of Student Performance. Any violation of the attendance policy may result in failing the rotation, placement on probation, and possible dismissal from the program.

Students on any given rotation may also be required assume “on-call” responsibilities that require they be physically present in the hospital evenings, overnight, and on weekends for extended hours at a time. The preceptor determines the call schedule; again, the student may not alter or refuse the call

schedule at any time. If a student is scheduled for work or call on a holiday, then they are required to work.

Duty hours are defined as all patient care and academic learning activities related to the clinical rotation. These include all inpatient and outpatient care hours, time spent in the hospital for on-call activities and scheduled academic activities such as attending conferences and lectures. Duty hours do not include required reading or exam preparation time, or time spent commuting to and from the rotation.

In-hospital call will occur at a frequency of no more than every 4<sup>th</sup> night, averaged over a four-week period. After an on-call duty, the student is expected to round the morning and is required to leave the hospital by 12pm on the post-call day.

Minimum required rotation hours are 32 hours per week averaged. A student's total duty hours should not exceed 80 hours per week, including all in-hospital on-call activities. It is the student's responsibility to inform the course director if they are below the minimum or above the maximum hours for the rotation schedule. Failure to inform the course director that rotation hours are below the minimum or above the maximum hours will result in a professionalism violation.

If the duty hours and/or patient encounters are below the benchmark on a given rotation, the course director will make every effort to place the student at an alternative or additional clinical site. If there is no alternative clinical placement available, the course director may assign simulated patient cases for the student to complete.

### **Students Substituted as Employees**

Students are not permitted to substitute for paid employees on any given rotation. If a student is asked to substitute for an employee or suspects they are working as if the student were an employee, the student should immediately notify the course director. Please be advised that some nursing and medical assistant duties are part of a student's learning experience on clinical rotations. This includes, but is not limited to, rooming/transporting patients, taking vital signs, processing lab/urine specimens, and giving patients discharge instructions.

### **Health Insurance Portability and Accountability Act (HIPAA)**

Students must be aware of HIPAA guidelines and should refer to the PA Program handbook for the policy. Students should not post any patient information on social media.

### **Documentation and Charting**

Students are not permitted to log in and chart under a preceptor's name. Students should receive a separate login and password. In the state of Illinois, preceptors are allowed to use PA student documentation of HPI and assessment and plan as part of the medical record, but the preceptor must attest and sign the note. Institutions may have their own policies that prohibit this.

### **Registration**

All students are required to be registered for clinical year courses each term, according to the published College of Health Sciences (CHS) Calendar. The CHS calendar may be found on the University Website under the Registrar's Office tab. Students will be batch registered by the PA Program but should verify that their registration is accurate and complete. The CHS registration times for the academic calendar can be found here: [Rush University Academic Calendar](#)

All second year students must be registered for a placeholder course titled **“PHA-CLIN 1, Section W”** each term. Faculty will submit specific courses to the Registrar's Office by term, depending on the student's individual clinical rotation schedule.

Students may not be able to register for courses if there is a hold placed on their account due to late tuition payments or incomplete student requirements such as annual training modules. All holds will need to be addressed prior to registering and may result in delayed registration for the term. Students registering after the regular registration period ends will accumulate additional fees as outlined by the Registrar's Office. Students are responsible for any late fee incurred due to late registration. Not registering on time is also considered a violation of professionalism and the student may be subject to being placed on probation as well as being withheld from continuing clinical rotations until the matter is resolved.

### **Global Health Trips**

Global health trips are offered primarily to third year students, as space is often limited. However, second year students may be permitted to attend a trip if space is available and will be alerted by the Director of Clinical Education if this opportunity arises. Students must be in good standing and approved by the PA program to go on the trip. Second year students are only permitted to go on a global health trip during their Elective I or Elective II rotations and cannot be scheduled at an out-of-state site due to needing to travel with the global health time. Students may not miss more than 6 days of any rotation and if trips coincide with any required program or university activity, the trip must be approved by the Director of Clinical Education. Students should not submit payment or make any arrangements for their trip until they have received official approval from the Director of Clinical Education. Students are required to cover any expenses incurred by a global health trip and are required to purchase travel insurance as directed by the Office of Global Health. Students may also be required to make up the missed clinical rotation time or other missed activities, if applicable. Students who choose to participate in a global health trip may be required to complete an assignment at the discretion of the PA faculty. Students are also required to inform their preceptor and remind the course director about their trip at least 4 weeks prior to leaving.

### **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. Students are not permitted to miss clinical rotations in order to participate in community service activities. For consideration of an exception, students can email the Faculty Service Liaison in advance of the activity. Students may be permitted to miss rotation due to program service activities such as Program Interviews but the student must still meet overall minimum rotation hours. Students must attend their rotation after the event if the rotation schedule allows. Once a student commits to an activity, they should honor that commitment and attend except in cases of acute illness. If a student signs up for a program service event and later realizes that volunteering for the event would drop them below minimum rotation hours, they should notify the course director and activity lead immediately so that arrangements may be made to either make up the hours or find a replacement, which will be decided by the PA program faculty/staff. Any rotation time missed for service activities must be logged as Time Off in EXXAT.



## Rotation Scheduling Policy

Clinical faculty make all clinical rotation assignments **randomly** based on site availability. Faculty take into account many factors when creating student schedules to ensure a well-rounded clinical experience. Students will receive their rotation schedule in the Spring term of didactic year, and any request to make changes must be submitted in writing within 1 week. Please see the document titled “Clinical Rotation Schedule Change Requests” for further information.

The PA Program considers its primary rotation area to be within a 90-mile radius or 90-minute drive from Rush University. Student rotation assignments typically fall within this area. Requests for rotation placement outside of the program’s established rotation area will be considered for second year elective rotations only. Please see **Elective Rotation Scheduling Policy** below.

## Rotation Travel and Commuting Policy

In order to provide students with a broad range of clinical experiences, rotations have been established throughout the greater Chicagoland area. While a portion of clinical rotations will occur at RUSH, every student will have rotations outside of RUSH.

Students are expected to transport themselves safely to any assigned rotation, and therefore must have access to a working vehicle for commuting during rotations. For planning purposes, the program considers a reasonable commuting distance to be approximately 90-mile or a 90-minute drive from Rush University, not accounting for traffic conditions. Clinical rotation sites may change at any time due to preceptor availability, and therefore students may receive late notice that they have been assigned to a new site which may require a commute.

Factors outside the Program’s control may affect travel times to and from rotations. The Program does not assume responsibility for these external factors, nor will the program consider these factors when making rotation site assignments.

While on rotation, students may be asked to accompany preceptors to locations away from the primary rotation site. One example of this may be going to round on patients at a new site that the student did not complete rotation paperwork or onboarding for. If this situation arises, the student should email the course director to ensure an affiliation agreement is in place and check on any onboarding requirements. If an affiliation agreement is not in place with the site or the site requires onboarding, the student will not be able to see patients at that site. Another example may be travel to a distant hospital for organ procurement. If a student is asked to participate in any off-site activity, such as a procurement, they must inform the course director via email immediately when requested to go and immediately upon return. The email must include the preceptor’s name, service, anticipated procurement site, mode of transportation, expected departure time, and expected return time. It should also include the students’ name and cell phone number in case a member of the faculty needs to contact the student for any reason. This is to ensure that the program is aware of the student’s safety and location at all times. Students should not ride in their preceptors’ personal vehicle, nor should they drive their preceptor.

## Elective Rotation Scheduling Policy

Students are permitted to request alternative rotation sites (non-established Rush PA program rotation sites) and out of state rotation sites for their second-year 4-week elective rotations only. All requests must be submitted via the Elective Wishlist in EXXAT no later than 90 days prior to the start of the rotation. Any requests submitted after 90 days will not be considered.



An external preceptor and rotation site must meet the PA Program's training standards, including learning outcomes and minimum hours and patient encounters. An initial site visit will be conducted by the clinical faculty to assess the preceptor and practice's ability to offer students a safe, effective and valuable learning experience. The course director and Director of Clinical Education has the right to refuse any site they feel does not meet the overall outcomes and goals of the PA program.

Rotations can be completed with board-certified physicians (MD and DOs), PAs, and APRNs.

Requests for external site placement are not guaranteed, and students should not plan to attend their requested rotation site unless confirmed by the course director. If the requested placement is with a new site that the Rush PA Program does not currently have an established affiliation agreement with, a new affiliation agreement will need to be fully executed prior to the student starting the rotation. This process can take several months.

If the student wishes to complete an alternative elective rotation, they must submit the following at least 90 days in advance of the planned rotation:

- Submit a written request to the course director via email to allow the program sufficient time to complete the required site procurement process.
- Provide the course director with the potential preceptor's contact information. The course director will then send the provider a form to complete electronically. The form includes specific site information, including preceptor credentials and any hospital affiliations. The preceptor will also need to provide their CV and attest to their willingness and ability to serve as a clinical preceptor, to provide a clinical learning experience which meets program outcomes and goals, and to abide by the guidelines/rules of the PA program as outlined in the Clinical Preceptor Handbook.

It is also incumbent upon the student and prospective clinical preceptor to ensure the program of the following:

- The preceptor is not a relative, partner, or future relative of the student.
- The preceptor is not a close family friend.
- The preceptor of record is not a former employer of the student.

Students are responsible for all travel arrangements, housing, and costs such as additional onboarding requirements for any external rotation that they request. Students are also responsible for ensuring that they are present for all exams and return-to-campus activities as required for each rotation and throughout the clinical year. Students may be required at any time to return to the Rush campus at the discretion of the Director of Clinical Education for activities such as SIM lab, PACKRAT exam, OSCE, or any other required clinical activity. The student is responsible for all travel arrangements and fees that may be associated with the travel.

### **Student Health Compliance Requirements**

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 rotation sites may specify that students must be in compliance with other requirements such as additional drug screens or vaccinations. Students may be asked to provide proof of COVID vaccination and/or a negative COVID test prior to starting a rotation. If any of these are required, they are 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. Expenses related to an external compliance verification system will not be reimbursed for elective rotations.

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.

Students are also expected to keep copies of all health care compliance documents in case they are needed for any rotation. Any student failing to comply with this requirement is considered a violation of professionalism and the student may be subject to placement on probation.

Students are responsible for ensuring that they are fit to endure the rigors of the program. These are expressed in the Technical Standards for PA Students. Students requesting reasonable accommodations based on a disability should contact the Office of Accessibility Services for additional information. Information on accommodations for students with accessibility needs is available [here](#).

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

## 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.

## SECOND YEAR CLINICAL ROTATION GOALS, OUTCOMES, AND OBJECTIVES

Prior to starting a new rotation, students must review the rotation syllabi, goals, outcomes and objectives. The student will be expected to meet all of the learning outcomes prior to the end of each rotation. The student should communicate with their preceptor and their course director if they are not meeting any of the learning outcomes by the midpoint of the rotation.

**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
Family Medicine**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate recognition of common conditions seen in the family medicine setting for patients across the lifespan.
2. Demonstrate the capacity to formulate, implement, and modify management plans for common disorders presenting to the family medicine setting.
3. Demonstrate the ability to provide patient education, counseling, and support on health promotion and disease prevention strategies to patients in the family medicine setting.

**Topic Outline:**

The successful PA student will utilize the PAEA End of Rotation Topic List to supplement clinical rotation experiences to meet the learning outcomes of the rotation. In preparation for clinical rotations and the examination, students should be knowledgeable about the epidemiology, etiology, pertinent anatomy, physiology, pathophysiology, history and physical examination, clinical presentation, diagnostic studies, diagnostic criteria, management (both non-pharmacologic and pharmacologic), health maintenance, and patient education for each topic outlined in the list.

<https://paeaonline.org/wp-content/uploads/imported-files/eor-familymed-topiclist-20200309.pdf>

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation. As you work through the learning objectives, use the topic list to guide your study. Each condition listed should be considered in the context of the objectives, ensuring you understand how it relates to the expected knowledge and skills. The topic list is intended to focus your learning and ensure comprehensive coverage of relevant conditions.

	<b>Learning Outcome</b>	<b>Learning Objective</b>
1	Obtain an age-appropriate history based on the patient's chief complaint.	List the components of an age-appropriate comprehensive and focused history indicated in the evaluation of the various chief complaints across the lifespan.
2	Perform an age-appropriate physical examination based on the information obtained from the patient's history.	Formulate a list of the age-appropriate physical examination maneuvers, along with the correct technique, indicated in the evaluation of the various chief complaints across the lifespan.
3	Formulates an appropriate differential diagnosis based on clinical presentation.	Construct a list of at least three differential diagnoses with support from the history and physical exam in the evaluation of the various chief complaints across the lifespan.
4	Order an appropriate work-up based on the patient presentation.	Outline the indications for ordering diagnostic studies in the initial workup of the various clinical presentations across the lifespan.
5	Interpret diagnostic studies relevant to common conditions.	List the most common sensitive and specific diagnostic tests used in the evaluation of conditions across the lifespan and differentiate between normal and abnormal findings.
6	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute conditions across the lifespan.
7	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings.	Describe the pertinent positive and negative findings in the clinical presentation and diagnostic studies to diagnose chronic conditions across the lifespan.
8	Develop evidenced-based management plans.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans across the lifespan.
9	Incorporate cost-effectiveness into clinical decision-making.	Identify resources available to determine whether diagnostic studies and medications are generally low-cost or high-cost in patient care.
10	Recommend appropriate health maintenance screening and interventions as applicable.	Identify age-appropriate health maintenance screenings and preventive interventions based on evidence-based guidelines.
11	Recognize the indications for referring patients to specialty providers and support services.	Describe the various scenarios and diagnoses in which referrals to specialty providers and or support services are indicated across the lifespan.

12	Provide appropriate patient education and counseling.	Outline key components of patient education, including an explanation of adult and pediatric conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence.
13	Synthesize patient information to deliver oral case presentations in a clear and concise format.	Construct an oral case presentation that summarizes a patient's clinical presentation, diagnostic findings, and assessment and plan in a succinct and organized manner.
14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.
22	Performs precise documentation of the patient encounter in the medical record.	List the age-appropriate components and format for clinical documentation of the following types of visits: a. Well-visit b. Acute complaint c. Follow-up

**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
Internal Medicine I**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate recognition of common acute and chronic conditions seen in adult patients.
2. Demonstrate the capacity to formulate, implement, and modify management plans for common acute and chronic conditions seen in adult patients.
3. Demonstrate the ability to provide patient education on appropriate screening, risk reduction, and health maintenance strategies for common acute and chronic conditions in the adult population.

**Topic Outline:**

The successful PA student will utilize the PAEA End of Rotation Topic List to supplement clinical rotation experiences to meet the learning outcomes of the rotation. In preparation for clinical rotations and the examination, students should be knowledgeable about the epidemiology, etiology, pertinent anatomy, physiology, pathophysiology, history and physical examination, clinical presentation, diagnostic studies, diagnostic criteria, management (both non-pharmacologic and pharmacologic), health maintenance, and patient education for each topic outlined in the list.

<https://paeaonline.org/wp-content/uploads/imported-files/eor-internalmed-topiclist-20200309.pdf>

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation. As you work through the learning objectives, use the topic list to guide your study. Each condition listed should be considered in the context of the objectives, ensuring you understand how it relates to the expected knowledge and skills. The topic list is intended to focus your learning and ensure comprehensive coverage of relevant conditions.

	Learning Outcome	Learning Objective
1	Obtain an appropriate history based on the adult patient's chief complaint.	List the components of an appropriate comprehensive and focused history indicated in the evaluation of the various chief complaints for adult patients.
2	Perform an appropriate physical examination in an adult based on the information obtained from the patient's history.	Formulate a list of the appropriate physical examination maneuvers, along with the correct technique, indicated in the evaluation of the various chief complaints for adult patients.
3	Formulate an appropriate differential diagnosis in an adult based on clinical presentation.	Construct a list of at least three differential diagnoses with support from the history and physical exam in the evaluation of the various chief complaints for adult patients.
4	Order an appropriate work-up in an adult based on the patient presentation.	Outline the indications for ordering diagnostic studies in the initial workup of the various clinical presentations for adult patients.
5	Interpret diagnostic studies relevant to common adult conditions.	List the most common sensitive and specific diagnostic tests used in the evaluation of adult conditions and differentiate between normal and abnormal findings.
6	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute conditions in adult patients.
7	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	Describe the pertinent positive and negative findings in the clinical presentation and diagnostic studies to diagnose chronic conditions in adult patients.
8	Develop evidenced-based management plans for the adult patient.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans for adult conditions.
9	Incorporate cost-effectiveness into clinical decision-making of the adult patient.	Identify resources available to determine whether diagnostic studies and medications are generally low-cost or high-cost in adult patient care.
10	Recommends appropriate health maintenance screenings for the adult patient.	Identify age-appropriate health maintenance screenings based on evidence-based guidelines for the adult patient.
11	Recognize the indications for referring adult patients to specialty providers and support services.	Describe the various scenarios and diagnoses in which referrals to specialty providers and or support services are indicated in adult patients.
12	Provides appropriate patient education and counseling to the adult patient.	Outline key components of patient education, including an explanation of medical conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence in adult patients.
13	Synthesize patient information to deliver oral case presentations in a clear and concise format in the adult patient.	Construct an oral case presentation that summarizes an adult patient's clinical presentation, diagnostic findings,



		and assessment and plan in a succinct and organized manner.
14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.
22	Performs precise documentation of the adult patient encounter in the medical record.	List the appropriate components and format for clinical documentation of the following types of visits for the adult patient: a. Well-visit b. Acute complaint c. Follow-up

**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
Internal Medicine II**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate recognition of common acute and chronic conditions seen in adult patients.
2. Demonstrate the capacity to formulate, implement, and modify management plans for common acute and chronic conditions seen in adult patients.
3. Demonstrate the ability to provide patient education on appropriate screening, risk reduction, and health maintenance strategies for common acute and chronic conditions in the adult population.

**Topic Outline:**

The successful PA student will utilize the PAEA End of Rotation Topic List to supplement clinical rotation experiences to meet the learning outcomes of the rotation. In preparation for clinical rotations and the examination, students should be knowledgeable about the epidemiology, etiology, pertinent anatomy, physiology, pathophysiology, history and physical examination, clinical presentation, diagnostic studies, diagnostic criteria, management (both non-pharmacologic and pharmacologic), health maintenance, and patient education for each topic outlined in the list.

<https://paeaonline.org/wp-content/uploads/imported-files/eor-internalmed-topiclist-20200309.pdf>

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation. As you work through the learning objectives, use the topic list to guide your study. Each condition listed should be considered in the context of the objectives, ensuring you understand how it relates to the expected knowledge and skills. The topic list is intended to focus your learning and ensure comprehensive coverage of relevant conditions.

	<b>Learning Outcome</b>	<b>Learning Objective</b>
1	Obtain an appropriate history based on the adult patient's chief complaint.	List the components of a focused history indicated in the evaluation of the various chief complaints for adult patients.
2	Perform an appropriate physical examination in an adult based on the information obtained from the patient's history.	Formulate a list of the appropriate physical examination maneuvers, along with the correct technique, indicated in the evaluation of the various chief complaints for adult patients.
3	Formulate an appropriate differential diagnosis in an adult based on clinical presentation.	Construct a list of at least three differential diagnoses with support from the history and physical exam in the evaluation of the various chief complaints for adult patients.
4	Order an appropriate work-up in an adult based on the patient presentation.	Outline the indications for ordering diagnostic studies in the initial workup of the various clinical presentations for adult patients.
5	Interpret diagnostic studies relevant to common adult conditions.	List the most common sensitive and specific diagnostic tests used in the evaluation of adult conditions and differentiate between normal and abnormal findings.
6	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute conditions in adult patients.
7	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	Describe the pertinent positive and negative findings in the clinical presentation and diagnostic studies to diagnose chronic conditions in adult patients.
8	Recognize common emergent conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	Outline the critical signs, symptoms, and diagnostic findings that are indicative of emergent conditions in adult patients.
9	Develop evidenced-based management plans for the adult patient.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans for adult conditions.
10	Incorporate cost-effectiveness in the management of the adult patient.	Identify resources available to determine whether diagnostic studies and medications are generally low-cost or high-cost in adult patient care.
11	Identify the indications for common procedures relative to the setting based on patient presentation in the adult patient.	List the indications for common procedures based on the clinical presentation in adult patients.
12	Provides appropriate patient education and counseling in the adult patient.	Outline key components of patient education, including an explanation of medical conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence in adult patients.

13	Synthesize patient information to deliver oral case presentations in a clear and concise format in the adult patient.	Construct an oral case presentation that summarizes an adult patient's clinical presentation, diagnostic findings, and assessment and plan in a succinct and organized manner.
14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.

**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
General Surgery I**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate recognition of surgical disorders, including indications for elective, urgent, and emergent management, and potential complications of surgery.
2. Demonstrate appropriate knowledge of sterility, basic operative techniques, and operative equipment.
3. Demonstrate knowledge and skills necessary to care for patients in surgical settings.

**Topic Outline:**

The successful PA student will utilize the PAEA End of Rotation Topic List to supplement clinical rotation experiences to meet the learning outcomes of the rotation. In preparation for clinical rotations and the examination, students should be knowledgeable about the epidemiology, etiology, pertinent anatomy, physiology, pathophysiology, history and physical examination, clinical presentation, diagnostic studies, diagnostic criteria, management (both non-pharmacologic and pharmacologic), health maintenance, and patient education for each topic outlined in the list.

<https://paeaonline.org/wp-content/uploads/2024/06/Surgery-Topic-List-2023.pdf>

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation. As you work through the learning objectives, use the topic list to guide your study. Each condition listed should be considered in the context of the objectives, ensuring you understand how it relates to the expected knowledge and skills. The topic list is intended to focus your learning and ensure comprehensive coverage of relevant conditions.

	<b>Learning Outcome</b>	<b>Learning Objective</b>
1	Obtain an appropriate problem-focused history based on the surgical patient's chief complaint.	List the components of a problem-focused history indicated in the evaluation of the various chief complaints that present in the surgical patient.
2	Perform an appropriate focused physical examination based on the information obtained from the surgical patient's history.	Formulate a list of the appropriate physical examination maneuvers, along with the correct technique, indicated in the evaluation of the various chief complaints that present in the surgical patient.
3	Order an appropriate preoperative work-up based on the surgical patient's presentation, if indicated.	Outline the indications for ordering a preoperative work-up of a surgical patient.
4	Interpret diagnostic studies relevant to common surgical conditions.	List the most common sensitive and specific diagnostic tests used in the evaluation of surgical conditions and differentiate between normal and abnormal findings.
5	Formulate an appropriate differential diagnosis based on the clinical presentation of a surgical patient.	Devise a differential diagnosis by synthesizing information from the surgical patient's history, physical examination, and diagnostic results.
6	Diagnose common acute surgical conditions based on clinical presentation and applicable diagnostic findings.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute surgical conditions.
7	Develop appropriate post-operative plans in the surgical patient.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans in a surgical patient.
8	Identify the basic surgical instruments utilized in the operating room.	Differentiate basic surgical instruments used in the operating room.
9	Demonstrate knowledge of relevant anatomy for common surgical procedures.	Describe the anatomical structures for common surgical procedures.
10	Maintain a sterile field by adhering to operating room protocols for aseptic technique.	Discuss proper sterile technique, including the steps of performing a surgical scrub, donning a sterile gown and gloves, and maintaining a sterile field in accordance with operating room aseptic protocols.
11	Recognize common post-operative complications.	Describe common post-operative complications by their typical signs, symptoms, and timeframe of onset relative to the procedure.
12	Perform basic management of surgical wounds.	Describe basic wound care for surgical sites, including assessment of wound healing, identification of signs of infection, and appropriate dressing techniques.
13	Synthesize patient information to deliver oral case presentations in a clear and concise format.	Construct an oral case presentation that summarizes a surgical patient's clinical presentation, diagnostic findings, and assessment and plan in a succinct and organized manner.

14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.
22	Performs precise documentation of the patient encounter in the medical record.	List the appropriate components and format for clinical documentation of a surgical patient: a. Preoperative H&P note b. Brief operative note c. Postoperative note

**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
General Surgery II**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate recognition of surgical disorders, including indications for elective, urgent, and emergent management, and potential complications of surgery.
2. Demonstrate appropriate knowledge of sterility, basic operative techniques, and operative equipment.
3. Demonstrate knowledge and skills necessary to care for patients in surgical settings.

**Topic Outline:**

The successful PA student will utilize the PAEA End of Rotation Topic List to supplement clinical rotation experiences to meet the learning outcomes of the rotation. In preparation for clinical rotations and the examination, students should be knowledgeable about the epidemiology, etiology, pertinent anatomy, physiology, pathophysiology, history and physical examination, clinical presentation, diagnostic studies, diagnostic criteria, management (both non-pharmacologic and pharmacologic), health maintenance, and patient education for each topic outlined in the list.

<https://paeaonline.org/wp-content/uploads/2024/06/Surgery-Topic-List-2023.pdf>

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation. As you work through the learning objectives, use the topic list to guide your study. Each condition listed should be considered in the context of the objectives, ensuring you understand how it relates to the expected knowledge and skills. The topic list is intended to focus your learning and ensure comprehensive coverage of relevant conditions.



	<b>Learning Outcome</b>	<b>Learning Objective</b>
1	Obtain an appropriate problem-focused history based on the surgical patient's chief complaint.	List the components of a problem-focused history indicated in the evaluation of the various chief complaints that present in the surgical patient.
2	Perform an appropriate focused physical examination based on the information obtained from the surgical patient's history.	Formulate a list of the appropriate physical examination maneuvers, along with the correct technique, indicated in the evaluation of the various chief complaints that present in the surgical patient.
3	Order an appropriate preoperative work-up based on the surgical patient's presentation, if indicated.	Outline the indications for ordering a preoperative work-up of a surgical patient.
4	Interpret diagnostic studies relevant to common surgical conditions.	List the most common sensitive and specific diagnostic tests used in the evaluation of surgical conditions and differentiate between normal and abnormal findings.
5	Formulate an appropriate differential diagnosis based on the clinical presentation of a surgical patient.	Devise a differential diagnosis by synthesizing information from the surgical patient's history, physical examination, and diagnostic results.
6	Diagnose common acute surgical conditions based on clinical presentation and applicable diagnostic findings.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute surgical conditions.
7	Develop appropriate post-operative plans in the surgical patient.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans in a surgical patient.
8	Identify the basic surgical instruments utilized in the operating room.	Differentiate basic surgical instruments used in the operating room.
9	Demonstrate knowledge of relevant anatomy for common surgical procedures.	Describe the anatomical structures for common surgical procedures.
10	Maintain a sterile field by adhering to operating room protocols for aseptic technique.	Discuss proper sterile technique, including the steps of performing a surgical scrub, donning a sterile gown and gloves, and maintaining a sterile field in accordance with operating room aseptic protocols.
11	Recognize common post-operative complications.	Describe common post-operative complications by their typical signs, symptoms, and timeframe of onset relative to the procedure.
12	Perform basic management of surgical wounds.	Describe basic wound care for surgical sites, including assessment of wound healing, identification of signs of infection, and appropriate dressing techniques.
13	Synthesize patient information to deliver oral case presentations in a clear and concise format.	Construct an oral case presentation that summarizes a surgical patient's clinical presentation, diagnostic findings, and assessment and plan in a succinct and organized manner.

14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.
22	Performs precise documentation of the patient encounter in the medical record.	List the appropriate components and format for clinical documentation of a surgical patient: <ul style="list-style-type: none"> <li>a. Preoperative H&amp;P note</li> <li>b. Brief operative note</li> <li>c. Postoperative note</li> </ul>

**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
Obstetrics and Gynecology**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate recognition of common conditions seen in the obstetrics/gynecology setting.
2. Demonstrate the capacity to formulate, implement, and modify management plans for common disorders encountered in the obstetrics/gynecology setting.
3. Demonstrate the ability to provide patient education on risk reduction and health maintenance strategies in the obstetrics/gynecology setting.

**Topic Outline:**

The successful PA student will utilize the PAEA End of Rotation Topic List to supplement clinical rotation experiences to meet the learning outcomes of the rotation. In preparation for clinical rotations and the examination, students should be knowledgeable about the epidemiology, etiology, pertinent anatomy, physiology, pathophysiology, history and physical examination, clinical presentation, diagnostic studies, diagnostic criteria, management (both non-pharmacologic and pharmacologic), health maintenance, and patient education for each topic outlined in the list.

<https://paeaonline.org/wp-content/uploads/imported-files/eor-womenshealth-topiclist-20200309.pdf>

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation. As you work through the learning objectives, use the topic list to guide your study. Each condition listed should be considered in the context of the objectives, ensuring you understand how it relates to the expected knowledge and skills. The topic list is intended to focus your learning and ensure comprehensive coverage of relevant conditions.

	<b>Learning Outcome</b>	<b>Learning Objective</b>
1	Obtain an appropriate history based on the patient's chief complaint.	List the components of a focused and comprehensive history indicated in the evaluation of the various chief complaints that present in the obstetrics/gynecology setting.
2	Perform an appropriate physical examination based on the information obtained from the patient's history.	Formulate a list of the appropriate physical examination maneuvers, along with the correct technique, indicated in the evaluation of the various chief complaints that present in the obstetrics/gynecology setting.
3	Order an appropriate work-up based on the patient's clinical presentation.	Outline the indications for ordering diagnostic studies in the initial workup of the various clinical presentations in the obstetrics/gynecology setting.
4	Interpret diagnostic studies relevant to common conditions in the obstetrics/gynecology setting.	List the most common sensitive and specific diagnostic tests used in the evaluation of conditions in the obstetrics/gynecology setting and differentiate between normal and abnormal findings.
5	Formulate an appropriate differential diagnosis based on clinical presentation in the obstetrics/gynecology setting.	Devise a differential diagnosis by synthesizing information from the patient's history, physical examination, and diagnostic results in the obstetrics/gynecology setting.
6	Diagnose common acute conditions in the obstetrics/gynecology setting based on clinical presentation and applicable diagnostic findings.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute conditions in the obstetrics/gynecology setting.
7	Diagnose common chronic conditions in the obstetrics/gynecology setting based on clinical presentation and applicable diagnostic findings.	Describe the pertinent positive and negative findings in the clinical presentation and diagnostic studies to diagnose chronic conditions in the obstetrics/gynecology setting.
8	Recognize common emergent conditions in the obstetrics/gynecology setting based on clinical presentation and applicable diagnostic findings.	Outline the critical signs, symptoms, and diagnostic findings that are indicative of common emergent conditions relevant to the obstetrics/gynecology setting.
9	Develop evidenced-based management plans.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans in the obstetrics/gynecology setting.
10	Explain the essential components of a routine prenatal care visit.	Describe the essential components of a routine prenatal care visit, including the examination, diagnostic tests, and patient education.
11	Assist in the management of a vaginal delivery.	Outline the critical actions involved in managing a vaginal delivery.
12	Provide appropriate patient education and counseling.	Outline key components of patient education, including an explanation of conditions, treatment options, potential side effects, preventive strategies, and the

		importance of treatment adherence, relevant to the obstetric/gynecology setting.
13	Synthesize patient information to deliver oral case presentations in a clear and concise format.	Construct an oral case presentation that summarizes a patient's clinical presentation, diagnostic findings, and assessment and plan in a succinct and organized manner.
14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.
22	Performs precise documentation of the patient encounter in the medical record.	List the age-appropriate components and format for clinical documentation of the following types of visits: <ul style="list-style-type: none"> <li>a. Annual visit</li> <li>b. Prenatal visit</li> <li>c. Acute complaint</li> <li>d. Follow-up</li> </ul>

**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
Pediatrics**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate recognition of common disorders seen from birth to adolescence in the pediatric population.
2. Demonstrate the capacity to formulate, implement, and modify management plans for common disorders encountered in the pediatric population.
3. Demonstrate the ability to develop appropriate anticipatory guidance, risk reduction, and health maintenance strategies for the pediatric population.
4. Demonstrate the ability to communicate with patients, their families, and members of the healthcare team in a culturally sensitive, respectful manner

**Topic Outline:**

The successful PA student will utilize the PAEA End of Rotation Pediatric Topic List to supplement clinical rotation experiences to meet the learning outcomes of the rotation. In preparation for clinical rotations and the examination, students should be knowledgeable about the epidemiology, etiology, pertinent anatomy, physiology, pathophysiology, history and physical examination, clinical presentation, diagnostic studies, diagnostic criteria, management (both non-pharmacologic and pharmacologic), health maintenance, and patient education for each topic outlined in the list.

<https://paeaonline.org/wp-content/uploads/imported-files/eor-pediatrics-topiclist-20200309.pdf>

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation. As you work through the learning objectives, use the topic list to guide your study. Each condition listed should be considered in the context of the objectives, ensuring you understand how it relates to the expected knowledge and skills. The topic list is intended to focus your learning and ensure comprehensive coverage of relevant conditions.

	Learning Outcome	Learning Objective
1	Obtain an appropriate pediatric history based on the patient's chief complaint.	List the components of an age-appropriate comprehensive and focused history indicated in the evaluation of the various chief complaints for pediatric patients.
2	Perform an appropriate pediatric physical exam based on the information obtained from the patient's history.	Formulate a list of the age-appropriate physical examination maneuvers, along with the correct technique, indicated in the evaluation of the various chief complaints for pediatric patients.
3	Conduct an age-appropriate developmental screen in a pediatric patient.	Explain how to perform an age-appropriate developmental screen in a pediatric patient utilizing a standardized milestone assessment tool.
4	Formulate an appropriate differential diagnosis based on clinical presentation of the pediatric patient.	Construct a list of at least three differential diagnoses with support from the history and physical exam in the evaluation of the various chief complaints for pediatric patients.
5	Order an appropriate work-up based on the presentation in a pediatric patient.	Outline the indications for ordering diagnostic studies in the initial workup of the various clinical presentations for pediatric patients.
6	Interpret diagnostic studies relevant to common pediatric conditions.	List the most common sensitive and specific diagnostic tests used in the evaluation of pediatric conditions and differentiate between normal and abnormal findings.
7	Diagnose common acute conditions in pediatric patients based on clinical presentation and applicable diagnostic findings.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute conditions in pediatric patients.
8	Diagnose common chronic conditions in pediatric patients based on clinical presentation and applicable diagnostic findings.	Describe the pertinent positive and negative findings in the clinical presentation and diagnostic studies to diagnose chronic conditions in pediatric patients.
9	Develop evidenced-based management plans for common pediatric conditions.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans for pediatric conditions.
10	Calculate weight-based dosing for medications.	Outline the steps for calculating weight-based dosing in pediatric patients.
11	Counsel pediatric patient and/or guardian on age-appropriate immunizations.	Construct a list of the pertinent patient counseling indicated for each of the age-appropriate pediatric immunizations.
12	Recognize the indications for referring pediatric patients to specialty providers and support services.	Describe the various scenarios and conditions in which referrals to specialty pediatric providers and or support services are indicated.

13	Synthesize pediatric patient information to deliver oral case presentations in a clear and concise format.	Construct an oral case presentation that summarizes a pediatric patient's clinical presentation, diagnostic findings, and assessment and plan in a succinct and organized manner.
14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.
22	Perform precise documentation of the pediatric patient encounter in the medical record.	List the appropriate components and format for clinical documentation of the following types of visits for pediatric patients: a. Well child b. Acute complaint c. Follow-up



**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
Behavioral Health**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate recognition of common acute and chronic behavioral health conditions.
2. Demonstrate the capacity to formulate, implement, and modify management plans for common behavioral health conditions.
3. Demonstrate the ability to provide patient education on behavioral health conditions.

**Topic Outline:**

The successful PA student will utilize the PAEA End of Rotation Topic List to supplement clinical rotation experiences to meet the learning outcomes of the rotation. In preparation for clinical rotations and the examination, students should be knowledgeable about the epidemiology, etiology, pertinent anatomy, physiology, pathophysiology, history and physical examination, clinical presentation, diagnostic studies, diagnostic criteria, management (both non-pharmacologic and pharmacologic), health maintenance, and patient education for each topic outlined in the list.

<https://paeaonline.org/wp-content/uploads/imported-files/eor-psych-topiclist-20200309.pdf>

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation. As you work through the learning objectives, use the topic list to guide your study. Each condition listed should be considered in the context of the objectives, ensuring you understand how it relates to the expected knowledge and skills. The topic list is intended to focus your learning and ensure comprehensive coverage of relevant conditions.

	<b>Learning Outcome</b>	<b>Learning Objective</b>
1	Obtain an appropriate psychiatric history based on the patient's chief complaint.	List the components of a psychiatric history indicated in the evaluation of the various chief complaints that present to the behavioral health setting.
2	Perform a mental status examination.	Demonstrate how to assess each component on the mental status exam, applying correct terminology.
3	Select an appropriate screening inventory based on patient presentation in the behavioral health setting.	Distinguish between various types of screening inventories used in the behavioral health setting and explain their specific uses for assessing different behavioral health concerns.
4	Formulate an appropriate differential diagnosis based on clinical presentation in the behavioral health setting.	Construct a list of at least three differential diagnoses with support from the clinical presentation in the evaluation of the various chief complaints that present to the behavioral health setting.
5	Recognize the indications for obtaining diagnostic studies in the work-up of a patient in the behavioral health setting.	Outline the indications for ordering diagnostic studies in the initial workup of the various clinical presentations in the behavioral health setting.
6	Diagnose conditions based on DSM criteria.	Recognize how to utilize DSM criteria to accurately diagnose psychiatric conditions.
7	Identify the key signs and symptoms of substance use disorder.	Discuss the key signs and symptoms of substance use disorder, including physical, behavioral, and psychological indicators.
8	Recognize common psychiatric emergencies.	Outline the critical signs and symptoms indicative of common psychiatric emergencies.
9	Develop evidenced-based management plans.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans in the behavioral health setting.
10	Determine appropriate dispositions for patients based on a patient's diagnosis and acuity level.	Explain how a patient's diagnosis and mental health state influence decisions regarding their disposition, including when to admit, discharge, or transfer a patient.
11	Provide appropriate patient education and counseling.	Outline key components of patient education, including an explanation of behavioral health conditions, treatment options, potential side effects, and the importance of treatment adherence.
12	Recognize the indications for referring a patient for psychotherapy.	Identify the indications for using psychotherapy modalities in the treatment of various psychiatric conditions in the behavioral health setting.
13	Synthesize patient information to deliver oral case presentations in a clear and concise format.	Construct an oral case presentation that summarizes a patient's clinical presentation, diagnostic findings, and assessment and plan in a succinct and organized manner.

14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.
22	Perform precise documentation of the patient encounter in the medical record.	List the appropriate components and format for clinical documentation of a problem-focused visit in the behavioral health setting.

**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
Long-Term Care and Geriatrics**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate recognition of common acute and chronic conditions seen in patients in the long-term geriatric care settings.
2. Demonstrate the capacity to formulate, implement, and modify long- and short-term management plans for common disorders encountered in the long-term geriatric care settings.
3. Demonstrate the ability to provide patient education, counseling, and support on health promotion and disease prevention strategies to patients in the long-term geriatric care settings.

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation.

	<b>Learning Outcome</b>	<b>Learning Objective</b>
1	Obtain an appropriate history based on the patient's chief complaint in the long-term care/geriatric setting.	List the components of a focused and comprehensive history indicated in the evaluation of the various chief complaints that present to the long-term care/geriatric setting.
2	Perform an appropriate physical examination based on the information obtained from the patient's history in the long-term care/geriatric setting.	Formulate a list of the appropriate physical examination maneuvers, along with the correct technique, indicated in the evaluation of the various chief complaints that present to the long-term care/geriatric setting.
3	Perform an assessment of functional status in the long-term care/geriatric setting.	Outline the comprehensive assessment of functional status in the long-term care/geriatric setting, utilizing appropriate tools and frameworks to evaluate the patient's ability to perform activities of daily living (ADLs), instrumental activities of daily living (IADLs), and cognitive function.
4	Formulates an appropriate differential diagnosis based on clinical presentation in the long-term care/geriatric setting.	Construct a list of at least three differential diagnoses with support from the clinical presentation in the evaluation of the various chief complaints that present to the long-term care/geriatric setting.
5	Order an appropriate work-up based on the patient presentation in the long-term care/geriatric setting.	Outline the indications for ordering diagnostic studies in the initial workup of the various clinical presentations in the long-term care/geriatric setting.
6	Interpret diagnostic studies relevant to common conditions in the long-term care/geriatric setting.	List the most common sensitive and specific diagnostic tests used in the evaluation of conditions in the long-term care/geriatric setting and differentiate between normal and abnormal findings.
7	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings in the long-term care/geriatric setting.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute conditions in the long-term care/geriatric setting.
8	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings in the long-term care/geriatric setting.	Describe the pertinent positive and negative findings in the clinical presentation and diagnostic studies to diagnose chronic conditions in the long-term care/geriatric setting.
9	Develop evidenced-based management plans in the long-term care/geriatric setting.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans in the long-term care/geriatric setting.
10	Recognizes medications that warrant adjustment or discontinuation in cases of polypharmacy.	Evaluate medication regimens for polypharmacy by identifying medications that pose a risk for adverse effects, drug interactions, or inefficacy.

11	Recognizes the indications to specialty providers and support services in the long-term care/geriatric setting.	Describe the various scenarios and diagnoses in which referrals to specialty providers and or support services are indicated in the long-term care/geriatric setting.
12	Provides appropriate patient education and counseling in the long-term care/geriatric setting.	Outline key components of patient education, including an explanation of medical conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence in the long-term care/geriatric setting.
13	Synthesize patient information to deliver oral case presentations in a clear and concise format.	Construct an oral case presentation that summarizes a patient's clinical presentation, diagnostic findings, and assessment and plan in a succinct and organized manner.
14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.

**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
Emergency Medicine**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate understanding of the principles of triage assessment for patients presenting to the emergency department setting.
2. Demonstrate recognition of urgent, emergent, and life-threatening conditions presenting to the emergency department setting.
3. Demonstrate the capacity to formulate initial management plans for urgent and emergent conditions presenting to the emergency department setting.

**Topic Outline:**

The successful PA student will utilize the PAEA End of Rotation Topic List to supplement clinical rotation experiences to meet the learning outcomes of the rotation. In preparation for clinical rotations and the examination, students should be knowledgeable about the epidemiology, etiology, pertinent anatomy, physiology, pathophysiology, history and physical examination, clinical presentation, diagnostic studies, diagnostic criteria, management (both non-pharmacologic and pharmacologic), health maintenance, and patient education for each topic outlined in the list.

<https://paeaonline.org/wp-content/uploads/imported-files/eor-emergencymed-topiclist-20200309.pdf>

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation. As you work through the learning objectives, use the topic list to guide your study. Each condition listed should be considered in the context of the objectives, ensuring you understand how it relates to the expected knowledge and skills. The topic list is intended to focus your learning and ensure comprehensive coverage of relevant conditions.

	<b>Learning Outcome</b>	<b>Learning Objective</b>
1	Obtain an appropriate problem-focused history based on the patient's chief complaint.	List the components of an age-appropriate focused history, indicated in the evaluation of the various chief complaints that present to the emergency department.
2	Perform an appropriate focused physical examination based on the information obtained from the patient's history.	Formulate a list of the age-appropriate physical examination maneuvers, along with the correct technique, indicated in the evaluation of the various chief complaints that present to the emergency department.
3	Order an appropriate work-up based on the patient presentation.	Outline the indications for ordering diagnostic studies in the initial workup of the various clinical presentations in the emergency department.
4	Distinguish between urgent and non-urgent diagnostic results.	Categorize diagnostic results into urgent and non-urgent categories, considering clinical context and patient presentation, to guide appropriate prioritization of care in the emergency department.
5	Formulate an appropriate differential diagnosis based on clinical presentation.	Construct a list of at least three differential diagnoses with support from the history and physical exam in the evaluation of the various chief complaints that present to the emergency department.
6	Diagnose common emergent conditions based on clinical presentation and applicable diagnostic findings.	Outline the critical signs, symptoms, and diagnostic findings that are indicative of emergent conditions that present to the emergency department.
7	Identify the indications for common procedures in the emergency department.	List the indications for performing common procedures in the emergency department.
8	Recognize the need for emergent consultations.	Describe the clinical signs and conditions that necessitate emergent consultations in the emergency department.
9	Develop evidenced-based management plans.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans for patients that present to the emergency department.
10	Interpret a 12-lead electrocardiogram with accuracy.	Apply a systematic approach to interpreting a 12-lead ECG, distinguishing between normal and pathological findings in each category.
11	Interpret a chest radiograph with accuracy.	Analyze a chest X-ray using a systematic approach, distinguishing between normal and pathological findings in each category.
12	Determine appropriate dispositions for patients based on diagnosis and acuity level.	Explain how a patient's diagnosis and acuity level influence decisions regarding their disposition, including when to admit, discharge, or transfer a patient.
13	Synthesize patient information to deliver oral case presentations in a clear and concise format.	Construct an oral case presentation that summarizes a patient's clinical presentation, diagnostic findings, and assessment and plan in a succinct and organized manner.



14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.
22	Perform precise documentation of the patient encounter in the medical record.	List the appropriate components and format for clinical documentation of a problem-focused visit in the emergency department.

**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
Medicine Elective**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate recognition of acute, emergent, and chronic conditions common to the medical specialty.
2. Demonstrate the capacity to formulate, implement, and modify management plans for acute and chronic conditions common to the medical specialty.
3. Demonstrate the ability to provide patient education on appropriate screening, risk reduction, and health maintenance strategies for common acute and chronic conditions.

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation.

	<b>Learning Outcome</b>	<b>Learning Objective</b>
1	Obtain an appropriate history based on the patient's chief complaint.	List the components of an age-appropriate focused history indicated in the evaluation of the various chief complaints relevant to setting.
2	Perform an appropriate physical examination based on the information obtained from the patient's history.	Formulate a list of the age-appropriate physical examination maneuvers, along with the correct technique, indicated in the evaluation of the various chief complaints relevant to setting.
3	Formulate an appropriate differential diagnosis based on clinical presentation.	Construct a list of at least three differential diagnoses with support from the history and physical exam in the evaluation of the various chief complaints relevant to setting.
4	Order an appropriate work-up based on the patient presentation.	Outline the indications for ordering diagnostic studies in the initial workup of the various clinical presentations relevant to setting.
5	Interpret diagnostic studies relevant to common conditions.	List the most common sensitive and specific diagnostic tests used in the evaluation of conditions relevant to setting and differentiate between normal and abnormal findings.
6	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute conditions relevant to setting.
7	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings.	Describe the pertinent positive and negative findings in the clinical presentation and diagnostic studies to diagnose chronic conditions relevant to setting.
8	Recognize common emergent conditions based on clinical presentation and applicable diagnostic findings.	Outline the critical signs, symptoms, and diagnostic findings that are indicative of common emergent conditions relevant to setting.
9	Develop evidenced-based management plans.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans relevant to setting.
10	Incorporate cost-effectiveness into clinical decision making.	Identify resources available to determine whether diagnostic studies and medications are generally low-cost or high-cost in patient care.
11	Identify the indications for common procedures based on patient presentation.	List the indications for common procedures relevant to setting based on the clinical presentation of a patient.
12	Provides appropriate patient education and counseling.	Outline key components of patient education, including an explanation of medical conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence, relevant to setting.

13	Synthesize patient information to deliver oral case presentations in a clear and concise format.	Construct an oral case presentation that summarizes a patient's clinical presentation, diagnostic findings, and assessment and plan in a succinct and organized manner.
14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.

**Rush University PA Program  
Second-Year Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
Surgery Elective**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate recognition of surgical disorders, including indications for elective, urgent, and emergent management, and potential complications of surgery.
2. Demonstrate appropriate knowledge of sterility, basic operative techniques, and operative equipment.
3. Demonstrate knowledge and skills necessary to care for patients in surgical settings.

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation.

	<b>Learning Outcome</b>	<b>Learning Objective</b>
1	Obtain an appropriate problem-focused history based on the surgical patient's chief complaint.	List the components of a problem-focused history indicated in the evaluation of the various chief complaints that present in the surgical patient.
2	Perform an appropriate focused physical examination based on the information obtained from the surgical patient's history.	Formulate a list of the appropriate physical examination maneuvers, along with the correct technique, indicated in the evaluation of the various chief complaints that present in the surgical patient.
3	Order an appropriate preoperative work-up based on the surgical patient's presentation, if indicated.	Outline the indications for ordering a preoperative work-up of a surgical patient.
4	Interpret diagnostic studies relevant to common surgical conditions.	List the most common sensitive and specific diagnostic tests used in the evaluation of surgical conditions and differentiate between normal and abnormal findings.
5	Formulate an appropriate differential diagnosis based on the clinical presentation of a surgical patient.	Devise a differential diagnosis by synthesizing information from the surgical patient's history, physical examination, and diagnostic results.
6	Diagnose common acute surgical conditions based on clinical presentation and applicable diagnostic findings.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute surgical conditions.
7	Develop appropriate post-operative plans in the surgical patient.	Appraise current and relevant clinical literature to formulate evidence-based, individualized management plans in a surgical patient.
8	Identify the basic surgical instruments utilized in the operating room.	Differentiate basic surgical instruments used in the operating room.
9	Demonstrate knowledge of relevant anatomy for common surgical procedures.	Describe the anatomical structures for common surgical procedures.
10	Maintain a sterile field by adhering to operating room protocols for aseptic technique.	Discuss proper sterile technique, including the steps of performing a surgical scrub, donning a sterile gown and gloves, and maintaining a sterile field in accordance with operating room aseptic protocols.
11	Recognize common post-operative complications.	Describe common post-operative complications by their typical signs, symptoms, and timeframe of onset relative to the procedure.
12	Perform basic management of surgical wounds.	Describe basic wound care for surgical sites, including assessment of wound healing, identification of signs of infection, and appropriate dressing techniques.
13	Synthesize patient information to deliver oral case presentations in a clear and concise format.	Construct an oral case presentation that summarizes a surgical patient's clinical presentation, diagnostic

		findings, and assessment and plan in a succinct and organized manner.
14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.
22	Performs precise documentation of the patient encounter in the medical record.	List the appropriate components and format for clinical documentation of a surgical patient: <ul style="list-style-type: none"> <li>a. Preoperative H&amp;P note</li> <li>b. Brief operative note</li> <li>c. Postoperative note</li> </ul>

**Rush University PA Program  
Clinical Rotations: 2025-2026  
Rotation Goals, Outcomes and Objectives  
Radiology Elective**

**General Rotation Requirements**

1. Maintain patient confidentiality and adherence with HIPAA standards at all times.
2. Dress in professional attire and display your identification badge appropriately.
3. Be present and on time for all clinical activities
4. Be engaged and not distracted.

**Rotation Goals:**

*Upon completion of this rotation, the PA student will be able to:*

1. Demonstrate a thorough understanding of methods, indications, and contraindications for commonly ordered radiologic examinations as well as their capabilities and limitations
2. Recognize basic anatomy and pathology as seen on imaging studies
3. Verbally present imaging findings in an organized, accurate, and succinct manner

**Learning Outcomes:**

Upon completion of this rotation, the student will possess the skills, knowledge and values to assess and manage patients through demonstration of the following learning outcomes.

**Learning Objectives:**

Completion of the following learning objectives will allow the student to achieve the learning outcomes of the rotation.



	<b>Learning Outcome</b>	<b>Learning Objective</b>
1	Describe the resources available to clinicians for guiding evidence-based decisions when ordering radiographic studies.	Identify key resources and tools clinicians can use to make evidence-based decisions when ordering radiographic studies, including clinical guidelines and decision support systems.
2	Discuss the indications for commonly ordered radiographic studies.	Examine the clinical scenarios in which commonly ordered radiographic studies are indicated, focusing on their diagnostic utility and role in patient care.
3	Explain the contraindications of commonly ordered radiographic studies.	List the contraindications of commonly ordered radiographic studies, highlighting the reasons these contraindications are important for patient safety.
4	Utilize proper radiographic nomenclature for commonly ordered radiographic studies.	Identify the standardized radiographic terminology used when describing and documenting commonly ordered radiographic studies.
5	Explain basic principles of imaging techniques.	Describe the fundamental principles behind common imaging techniques, highlighting how they generate images.
6	Demonstrate a systematic approach in the interpretation of commonly ordered radiographic studies.	Outline the components of a systematic approach in the interpretation of commonly ordered radiographic studies, including both normal and abnormal findings.
7	Recognize basic anatomy on commonly ordered radiographic studies.	Describe the normal anatomical locations and appearance of structures seen on commonly ordered radiographic studies.
8	Identify basic pathologic findings on commonly ordered radiographic studies.	Recognize the appearance of common pathologic findings on common radiographic studies.
9	Recognize when a finding on a commonly ordered radiographic study is critical.	Discuss the critical radiographic findings that require immediate intervention.
10	Outlines key risks associated with common imaging studies.	List the key risks associated with common radiographic studies.
11	Develop an appropriate differential diagnosis based on specific radiographic findings.	List the various differential diagnoses for the most common radiographic findings.
12	Recommend the appropriate next sequential imaging study when applicable.	Discuss the indications for additional imaging studies based on the initial radiographic findings on common radiographic studies.
13	Verbally present imaging findings in a clear and concise format.	Outline the appropriate structure for presenting imaging findings clearly and concisely.
14	Display respect towards patients and all members of the healthcare team.	Identify the characteristics of verbal and non-verbal communication which exemplify respect for patients, caregivers, and all healthcare team members.
15	Is culturally aware and sensitive, open-minded, and nonjudgmental.	Outline the opportunities in the management of patient care in which a clinician can incorporate cultural

		preferences in an open-minded and non-judgmental manner.
16	Act in a manner that exemplifies good judgment, honesty, and ethical integrity.	Identify examples of good judgment, honesty, and ethical integrity in clinical settings.
17	Demonstrate self-reflection, clinical curiosity, and initiative.	Reflect on personal clinical experiences to identify areas for improvement and demonstrate initiative to seek further knowledge.
18	Identify limitations of knowledge and skills and effectively addresses deficits in knowledge.	Assess personal knowledge gaps and proactively engage in learning opportunities to address these deficits.
19	Display adaptability and flexibility to meet the needs of the rotation.	Adapt and modify clinical approaches based on the dynamic needs of the rotation, demonstrating flexibility in the delivery of patient care.
20	Collaborate effectively with the healthcare team.	Engage in reciprocal communication and shared decision-making with the healthcare team to promote patient-centered care.
21	Communicate in a professional manner to preceptor and other members of the interprofessional team.	Identify characteristics of effective professional communication within the interprofessional team.

## TIPS AND SUGGESTIONS FOR STUDENTS ON CLINICAL ROTATIONS

- Familiarize yourself with the clinical rotation site location prior to the first day of your clinical rotation. Plan your morning commute time, so as to not be late on your first day on the rotation, taking into account traffic patterns and weather related delays.
- Know your student responsibilities at each rotation site and familiarize yourself with the preceptor's practice on the first day. On most occasions you will NOT receive a formal first day orientation so be prepared to ask questions as appropriate.
- You should pace yourself throughout the duration of the rotation and study each day to avoid "cramming" at the end of your rotation. Clinical rotation hours vary from day to day and you cannot predict how busy or quiet it will be. It is a good idea to bring reading material with you each day to take advantage of any down time that you may have available for studying.
- Display enthusiasm and willingness to go "above and beyond" normal student duties. Read and study all of your cases and ask informed questions about each after you have completed your reading.
- Become the best PA student you can be. Recognize that you are responsible for your own learning. The more you put into the experience, the more you will get out of it.
- Develop a study plan. You need to find time to attain the knowledge outlined in each rotation objective in order to meet the learning outcomes of the rotation. Plan to read at least a chapter or two on a daily basis. This will keep you from cramming for your end of your rotation exam.
- Be an ACTIVE student and incorporate yourself as an active member of your team. Learn by doing! Demonstrate to preceptors that you want to be there and want to learn as much as possible.
- Take ownership of the patients in your care. Know their pertinent historical, and diagnostic data, and try to formulate their plan of care.
- Don't complain! Be excited and ready for on-call duties! On-call offers a unique opportunity for you to do A LOT as a student.
- Be open to all learning moments that may occur in the clinical setting. Remember that some of the best learning comes from difficult or challenging encounters.
- Be open to constructive feedback. You are the student and have a lot to learn, even if you already know a lot.
- Manage your stress levels appropriately. Clinical year is a stressful time and you need to take care of yourself in order to take care of patients.
- Practice your research skills and prepare your PowerPoint presentation as if you were about to present your case to a group of attending physicians and practicing PAs.

**CLINICAL ROTATION REQUIRED/RECOMMENDED TEXTBOOKS**

Clinical Rotation:	Required or Recommended Textbook:
Second Year Rotations	<ol style="list-style-type: none"> <li>1. <b>The PA Rotation Exam Review</b>, Gonzales P, McDonald M, 2<sup>nd</sup> Ed, LWW, 2024. <b>(required)</b></li> <li>2. <b>A Comprehensive Review for the Certification and Recertification Examinations for PAs</b>, O'Connell, Cogan-Drew, 7<sup>th</sup> Ed, LWW, 2022 (recommended)</li> </ol>

**Also highly recommended for ALL clinical rotations:**

1. Maxwell Quick Medical Reference
2. Pocket Notebook series
3. Recall series, Pretest series, or similar question/answer format guidebook, by rotation specialty

**Time Management**

Effective time management is crucial to success during the clinical years of the program. Students need to learn to balance many requirements, such as preparing for their rotation, attending their rotation and other required activities such as SIM lab, completing assignments and rotation administrative components, and studying for their EOR exams. It is the student's responsibility to keep track of all due dates and dates of required activities. Students are encouraged to use a calendar with reminders or any other tracking system that works best for them individually.

**CLINICAL ROTATION PERFORMANCE AND GRADING POLICIES****Second Year Rotation Administrative Components**

Each rotation has administrative components that must be completed (See [Appendix H](#)). To receive full credit for an item, it must be completed in its entirety and submitted prior to the deadline. Any incomplete or late submission will result in a student receiving a 0 for that item. Students must complete all administrative components in order to receive the final clinical rotation grade. The student will receive an Incomplete final course grade until all requirements are met. If a student scores less than 100% for the administrative components on three different rotations, they will receive a professionalism violation. The student will get a warning on the second occurrence that a subsequent score of less than 100% for the administrative components on a future rotation will result in a professionalism violation.

Administrative Item	Percentage
Rotation Paperwork	25%
Mid-Rotation Self-Evaluation	12.5%
EXXAT Evaluation of Site	12.5%
EXXAT Evaluation of Preceptor	12.5%
EXXAT Patient Logging	12.5%
EXXAT Timesheet Logging	12.5%
EXXAT Time Off Logging	12.5%
<b>TOTAL</b>	<b>100%</b>

## Rotation Paperwork

Some clinical sites require students to complete rotation paperwork as part of the onboarding process. All paperwork is due in EXXAT 6 weeks before the start date of the rotation. In addition to health compliance requirements and paperwork, some clinical sites require other onboarding tasks, such as completing training modules or orientation. Students must ensure they complete all onboarding requirements in a timely manner in order to ensure their start date is not delayed.

## Completing Mid-Rotation Self-Evaluations

Students are required to complete a self-evaluation called the Mid-Rotation Self-Evaluation. This form should be completed **by the student** at the midway point of their rotation and then discussed with the student's preceptor. Students should discuss their self-assessment with their preceptor in order to receive formal mid-rotation feedback and find areas/ways to improve their clinical performance. Students must also attest, and have their preceptor attest, that they are on track to meet the learning outcomes of the rotation. Failure to abide by these guidelines will be considered as an incomplete submission. It is the student's responsibility to notify the course director immediately if they are not on track to meet the learning outcomes of the rotation. Failure to do so is subject to a professionalism violation. Though it may be difficult to find time for students and preceptors to meet formally, it is imperative that this happens so that students may receive constructive feedback and improve performance. After the discussion, the preceptor should make any changes to the evaluation, add their own comments (if applicable), and sign the form. Only legal signatures are considered valid.

The student must submit the Mid-Rotation Self-Evaluation in EXXAT by 11:59pm on the Sunday night at the end of the rotation. Late submissions will result in 0 points for that requirement of the administrative components of the rotation. Students must complete all administrative components in order to receive the final clinical rotation grade.

## Clinical Rotation Management System – EXXAT

The PA Program requires that all students use an online rotation management system, called EXXAT, to track all non-curricular aspects of the clinical rotation. Students will receive a link to training videos on the use of the system prior to starting their first clinical rotation. They are also encouraged to watch additional training videos as needed.

## Documentation of Timesheet and Time Off in EXXAT

Students are required to submit their duty hours for each rotation via the Timesheet in EXXAT. All rotation duty hours must be logged in EXXAT by 11:59pm on the Sunday night at the end of the rotation. All absences due to illness, personal days, other excused absence, or any other missed rotation time must be added under Time Off. Late submissions will result in 0 points for that requirement of the administrative components of the rotation. Students must complete all administrative components in order to receive the final clinical rotation grade.

## Documentation of Clinical Encounters and Procedures in EXXAT

Students are required to maintain a log of patient encounters during their clinical rotation via EXXAT. It is strongly recommended that students log into EXXAT every day to record their patient encounters. Patient logging should include patient's age, sex, encounter type, and diagnosis. Students are also encouraged to log all procedures performed. A minimum of 15 patient logs must be completed for each rotation; however, adhering to only this minimum may not satisfy the required patient minimums (see

below). Patient logging must be completed in EXXAT by 11:59pm on the Sunday night at the end of the rotation. Late submissions will result in 0 points for that requirement of the administrative components of the rotation. Students must complete all administrative components in order to receive the final clinical rotation grade.

### Completing Site and Preceptor Evaluations in EXXAT

Students are required to complete all rotation site and clinical preceptor evaluations using EXXAT. All evaluations must be completed by 11:59pm on the Sunday night at the end of the rotation. Late submissions will result in 0 points for that requirement of the administrative components of the rotation. Students must complete all administrative components in order to receive the final clinical rotation grade.

### Clinical Year Patient Minimum Requirements

All students are required to meet patient minimum requirements as outlined by the program. These patient minimums are set by the program each year and meant to help students develop competency as a practicing PA. Failure to meet these minimums by the end of the second-year clinical rotations may result in a delay to progress to the third-year rotations and may even possibly delay graduation. Students are expected to keep track of patient encounters and procedures using EXXAT as outlined in the handbook and are responsible for notifying the faculty if they feel that they may not meet minimum requirements. PA faculty will run reports of patient logging twice a year and will inform students of any deficiencies. Students are encouraged to run their own report periodically to check on their progress and ensure they are on track to meet patient minimums based on their rotation schedule. If a student is not on track to meet the patient minimums, they must inform the course director right away. If a student is deficient at the end of the year based on their rotation schedule and did not inform the course director, they will receive a professionalism violation. Additional clinical time will be scheduled as needed to ensure these patient minimums are met. This may include weekends or time over break. The following clinical year patient minimum requirements are outlined below:

#### Clinical Year Patient Minimums

Second Year Students	
Infants (less than 1 year) = 3	Obstetrics and gynecology (to include prenatal & gyne care) = 15
Children (1-10 years) = 15	
Adolescent (11-18 years) = 7	Care for conditions requiring surgical management = 30
Adults (19-64 years) = 120	
Elderly (65 and older) = 30	Care for behavioral/mental health conditions = 10
Outpatient = 40	Inpatient = 30
ER = 15	OR = 15
Preventative encounters = 15	Acute encounters = 15
Chronic encounters = 15	Emergent encounters = 15

## Clinical and Technical Skills Passport

Students are required to complete all skills with a minimum proficiency level of “competent” by the end of their second year (See [Appendix I](#)). Progression to the third year is contingent upon demonstrating competence in each skill. It is the student's responsibility to proactively seek out opportunities for skill development during clinical rotations and to reach out to the Course Director if barriers to completion arise. If a student is unable to obtain a rating of competent in each skill by the deadline, they must complete a remediation process. Students should refer to the Passport Requirements listed within the passport for further information on the completion deadline, rotation flexibility, preceptor attestation, competency benchmark and submission. As stated in the guidelines, failure to submit a form will not be accepted for any reason, including, but not limited to, lost or damaged forms. Incomplete forms will be rejected. A legal signature is required whether you complete a printed or electronic form. **No script font will be accepted.** Any falsification or alteration of a score or signature is a violation of the Rush University Honor Code and is subject to dismissal from the program. Failure to follow the instructions outlined in the passport will result in a professionalism violation. **Clinical Rotation Grading Criteria Policies**

### Clinical Rotation Grading Criteria Policies

#### Final Course Grade

The final grade for each clinical rotation/course is either Pass or No Pass. Each of the grading components below must be successfully completed for a passing score in order to receive a Pass for the course.

#### Second Year Course Grading Components

The following constitute the major components of student performance evaluation and grading while in the second year: end of rotation examinations, patient notes, hot topic papers, an oral case presentation, journal club participation, preceptor evaluations of student performance, and the administrative components discussed above.

Each rotation requires different components to be completed. These include:

- **End of Rotation Exams:** required at the end of Family Medicine, Internal Medicine II, General Surgery II, Obstetrics and Gynecology, Pediatrics, Behavioral Health, and Emergency Medicine
- **Patient Notes:** required on Family Medicine, Internal Medicine I, General Surgery I, Obstetrics and Gynecology, Pediatrics, Behavioral Health, and Emergency Medicine
- **Hot Topic Papers:** required on LTC/Geriatrics and Elective I
- **Oral Case Presentation:** required once throughout the year, to be assigned randomly by PA faculty
- **Journal Club:** participation in Journal Club is required and graded by faculty at two scheduled RTC events and is counted toward the Elective II rotation grade
- **Preceptor Evaluation of Student Performance:** completed by the Preceptor of Record for each rotation
- **Administrative Components:** required on all rotations (see above - includes rotation paperwork, Mid-Rotation Self-Evaluation, patient logging, timesheet logging, Student Evaluation of Preceptor, and Student Evaluation of Site)

These requirements are listed in further detail in [Appendix G](#): “Second Year Rotation Grading Components.”

## End of Rotation Examinations

Students are required to pass the end of rotation exam for each of their core clinical rotations. End of rotation exams will be scheduled by members of the PA program at a time designated by the Director of Clinical Education and will follow all academic policies listed above and the testing policies listed in the PA Program Handbook. Exams are predominately taken on campus via computer-based test-taking applications but certain RTC dates that are exam-only and make-up/remediation exams may be proctored virtually and taken at home or another quiet place. Students must sit for the End of Rotation exam as scheduled, except in the case of illness during the exam. If a student is ill for an exam, they must email the course director immediately and will need to send a provider note. 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.

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. Tardiness to an exam will result in a professionalism violation, and a trend of tardiness will result in the student being placed on probation. If a student is running late for an exam, they must notify the course director as soon as possible. If a student is late and has not notified the course director, it will be considered an egregious violation. Students who arrive late should be as quiet and undistruptive as possible. If a student arrives more than 5 minutes but fewer than 15 minutes past the exam start time, they will be permitted to take the exam; however, they must forgo their break, if applicable. If a student arrives more than 15 minutes past the start time for an exam, the student will not be permitted to sit for the exam. A makeup exam will be scheduled within 24 hours of the original start date/time and will likely fall during the evening or over the weekend, pending proctor availability. The date and time for the rescheduled exam will be determined at the discretion of faculty 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.

The program utilizes the PA Education Association (PAEA) online exams for end of rotation exams. The blueprint and topic lists for each exam can be found on Canvas. PAEA National Exam Statistics can be found at <https://paeaonline.org/assessment/end-of-rotation/>. End of Rotation exam passing cutoff scores will be determined by the PA faculty using national performance data and will be posted on Canvas. There will also be a range of scores deemed Marginal Pass. If a student scores in the Marginal Pass range, they will meet with faculty to discuss exam performance and study habits. Remediation exams may be constructed by faculty. Content may include any material listed in the PAEA End of Rotation exam topic lists, general or specific clinical rotation outcomes, as outlined in the Second Year Clinical Year Handbook, or rotation learning outcomes posted in Canvas.

If a student fails an end of rotation exam, they will be placed on Warning and will be given a single opportunity to remediate the exam for a passing score. The remediation exam must occur within two weeks of the original exam date. If the student then fails the remediation exam or a second exam, the student will be immediately placed on Probation, and the Progress and Promotion committee will be convened to determine further action.

If a student fails more than two exams (first attempt or remediation exams), they are subject to immediate dismissal from the program regardless of other rotation performance. (see **Performance Standards and Progress**).

The following are links to the objectives, blueprint, and topic lists for each required end of rotation exam. These PAEA online exams are required at the end of the following rotations: **Family Medicine**,



## **Internal Medicine II, General Surgery II, Obstetrics and Gynecology, Pediatrics, Behavioral Health, and Emergency Medicine.**

Core Tasks and Objectives: <https://paeaonline.org/assessment/core-tasks-and-objectives>

Exam Blueprint and Topic Lists: <https://paeaonline.org/assessment/end-of-rotation/content>

### **Studying in the Second Year**

Ensure you are studying early and often for End of Rotation exams to avoid cramming. The content tends to be broad, and the exams are challenging. It is recommended that students create a study schedule based on the PAEA blueprint and topic list. Students should utilize multiple resources, such as a comprehensive review book for content review as well as practice questions. It is recommended that students take a timed practice exam to evaluate time management. Students are encouraged to work with their advisor to review study plans.

### **Second Year Assignments**

Students will complete the following assignments during the second year: patient notes, hot topic papers, an oral case presentation, and journal club participation. The corresponding rotation of these assignments is listed above and in **Appendix G**. All assignment submissions should be uploaded to Canvas by 11:59pm on the last day of the rotation. One point will be deducted per day for any late submission. Any assignment submitted later than Sunday at 11:59pm will result in a 0, as well as a professionalism violation. The student will still be required to complete the assignment for a passing grade and may be prohibited from continuing on their next rotation if this requirement is not completed. General assignment guidelines are in **Appendix F**. The specific instructions, examples, and rubrics for each assignment will be outlined and posted on Canvas. Any questions regarding assignments should be directed to the course director.

All assessments will receive a grade of Pass, Marginal Pass, or No Pass. Any assignment that does not receive a passing score will need to undergo remediation and resubmission for a passing score, in order to successfully pass the course. The original grade will remain a part of the student's record. Any assignment that receives a Marginal Pass will not need to be remediated but may require a discussion with faculty. If a student is absent from journal club, a make-up assignment will be required.

Some rotations may have additional written, oral, or competency-based assignments or activities. These assignments are created and scheduled at the discretion of faculty and preceptors.

Please review Rush's policy for Photo, Video, and Sound Recording [here](#).

### **Preceptor Evaluations of the Student**

Preceptor evaluations of each student's performance during their rotation will be submitted to the PA program using the EXXAT system. Final preceptor evaluations must be completed by board-certified physicians, PAs, or APRNs. The preceptor's evaluation will contribute to the student's final course grade. Students will have an opportunity to review their preceptor evaluations once the rotation is completed. Students are encouraged to discuss their performance with their preceptor at regular intervals throughout the rotation to improve clinical performance.

If a student fails a preceptor evaluation, the student will be immediately placed on Probation and may be subject to deceleration or dismissal from the program, pending further examination of the situation. Possible outcomes of a failed clinical evaluation include but are not limited to repeating a portion or the

entirety of the affected rotation. This may result in a delayed start to their next rotation, the loss of an elective rotation, or the request to complete the remediation during scheduled academic breaks. The program reserves the right to determine the most appropriate course of action based on the severity and nature of the failure. This may result in a delay in the student's progress through the program, including a delay in progression to the third year of the program, and a delay in graduation, which may result in additional tuition expenses.

### **Preceptor Evaluation of Student Grading Criteria**

(out of 130 points maximum)

96 points – 130 points = Pass  
 78 points – 95 points = Marginal Pass  
 77 points and below = No Pass

## **TERMINAL PROGRAM COMPETENCY ASSESSMENT**

### **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 students are expected to acquire during their training at Rush are identified in the Terminal Program Competencies ([see PA Program Handbook](#)).

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 of 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 the 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 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 form used to conduct the Second Year Formative evaluation is attached as [Appendix J](#).

### **Objective Structured Clinical Examinations (OSCEs)**

All students are required to pass the second year Objective Structured Clinical Exam (OSCE) in order to progress to the third year of the program. The OSCE is scheduled at the discretion of the Rush PA faculty and the student will be given at least 6 weeks' notice of the date in order to prepare for the exam. Faculty

will create the OSCE schedule, and students are not permitted to request a change in the start time of their OSCE. Students are excused from the entire day of rotation to take the OSCE. Students should be preparing for the OSCE throughout their entire clinical year. Second year students should be familiar with completing an accurate and efficient problem-focused patient history and physical. Students should be able to order and interpret common laboratory results and radiology studies, as well formulate a differential diagnosis, assessment, and comprehensive patient plan. Students should also be able to provide appropriate and thorough patient education and counseling. Some 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 course director.

All students are required to pass the OSCE per program standards as outlined in the PA Program Handbook and as described below. If a student does not pass the overall OSCE, they will be required to remediate, at the discretion of the PA faculty, and will be placed on Probation. If a student fails the remediation overall, they will be presented to the Progress and Promotions Committee to determine further action, regardless of their current GPA or program performance to date.

If a student does not pass a case or case component, they will be required to remediate. If a student fails any remediation of a case or case component, they will be placed on Probation.

### OSCE Grading Criteria

In order to pass the OSCE, students must:

- Obtain an **overall score of 80% or higher**
  - *Any overall score below 80% constitutes failing the OSCE and will require remediation at the discretion of the faculty.*
- Obtain a **cumulative score of 80% or higher** on each individual case
  - *Any total case score below 80% constitutes failing the case and will require remediation at the discretion of the faculty.*
- Obtain a **70% or higher** on each individual component of each case. This includes Communication/Professionalism, History, Physical Exam, and the Post-Encounter Activity.
  - *Any individual score below 70% constitutes a failure and will require remediation at the discretion of the faculty.*

### The Formative Evaluation

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
- Eligible to progress to third year 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 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 monitored for progress throughout the clinical curriculum. If the student is judged to be ineligible for progress, the Progress and Promotions Committee will be convened for further evaluation and recommendations for remediation.

## **Performance Standards and Progress**

The following information is a supplement to the PA Program Handbook regarding specific grading policies pertaining to the second year of the program.

The PA program adheres to the following standards of academic performance throughout the second year of the curriculum:

### **Final Rotation Grade:**

PASS or NO PASS

**Satisfactory clinical performance** is defined as passing each rotation and maintaining a cumulative grade point average (GPA) of 3.0 or better at all times throughout the program. Attaining passing grades in ALL curricular activities is considered passing and maintaining satisfactory performance. For specific components, refer to **Satisfactory Performance** above.

The following outlines the process of evaluating satisfactory performance in the second year.

In addition to maintaining satisfactory academic performance, students must demonstrate ethical behavior at all times and must comply with the program's professionalism policy as set forth in this handbook (see **Professionalism Policy**), as well as the Rush University academic honesty and student conduct standards. Students may progress through the program only if they maintain satisfactory academic performance in all rotation activities.

Assessment of student 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 all ongoing student assessment processes, there is a formal evaluation process at the end of each year of the program 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.

Satisfactory 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. Students are also expected to adhere to the conduct and academic honesty standards set forth in the Rush University Student Honor Code, the Rush Statement on Academic Honesty, and the CHS Guide for Professional Conduct (see PA Program Handbook). 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 performance** is defined as meeting any of the following criteria during the second year clinical rotations:

1. Failure to achieve a passing final grade in any clinical course.
2. Failure to maintain a cumulative GPA of 3.0 or better.
3. Failure to successfully pass the remediation of any assessment.
4. Failure to successfully pass any component of any formative evaluation activity.
5. 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.

### **Remediation, Warning, and Probation**

Remediation activities, Warning and Probation status are internal to the program and do not appear on student transcripts. The following is an outline of actions taken if a student encounters academic performance issues during the second 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. Due to the fast-paced nature of clinical rotations, performance issues in the clinical setting may require that the student completes additional rotation hours, which may prolong the duration of the rotation. This may delay the student's progress through the program and may delay graduation. Students may elect to use scheduled vacation and break time to complete the required remediation and avoid delays or deceleration, if possible.

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

The process for remediation and retesting is as follows:

- If a student fails any assessment or assignment, 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, content discussions with clinical faculty, 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 a student fails a final preceptor evaluation, they will need to remediate the rotation, which may include any of the above activities and additional clinical time at another site in a similar setting. These make-up hours may occur on weekends or over break, may result

in forfeiting an elective rotation, or may result in deceleration. Please refer to the section below on **Deceleration**.

- 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**.

## Warning

Warning indicates that a student has performance deficiencies and is at risk of being placed on Probation. If the course director identifies that a student has performance deficiencies during clinical rotations, they may send students a notice of Warning at their discretion. In the clinical year, some examples of indications for Warning are as follows:

- Failure of an end-of-rotation examination
- Failure of two non-exam assessments

When a student is given a notice of Warning, they are required to meet with the course director or other clinical faculty 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 the clinical year, and if there are no further performance issues, they will be removed from Warning at the end of the year.

If a student is placed on Warning and has a subsequent failure of either another assessment or a preceptor evaluation, 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 clinical year, the following common situations will result in the student being placed on probation:

- Failure of two end-of-rotation examinations
- Failure of an end-of-rotation examination and its remediation
- Failure of one end-of-rotation examination and two non-exam assessments
- Failure of three non-exam assessments
- Inability to remediate a non-exam assessment, rotation, or clinical year requirement
- Inability to make up absences to meet minimum clinical rotation hours
- Failure of a final preceptor evaluation
- Failure of the second year OSCE
- Receiving three professionalism violations (see below)
- An egregious lapse in the attendance policy
- An egregious lapse in professionalism or academic integrity

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 Progress and

Promotions (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:

- Content discussions with faculty
- Additional clinical rotation hours
- 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 (topical or comprehensive)
- OSCE
- Other remedial activities as deemed appropriate by the Progress and Promotions Committee

If the student successfully completes the remediation and continues to abide by the requirements outlined in the remediation plan, they will remain on Probation for the remainder of the clinical 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, the Progress and Promotions Committee will discuss whether the student may be removed from probation and progress to the third year of the program.

Students who have been placed on probation must demonstrate satisfactory progress and comply with any other probationary terms outlined by the Progress and Promotions 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 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 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 progressing 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

- 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 Progress and Promotions Committee and will be subject to dismissal from the program.
- If a student is on Probation due to academic deficiencies, such as failure of two end-of-rotation examinations, 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 Progress and Promotions Committee and will be subject to dismissal from the program.
- If a student is on Probation due to professionalism deficiencies and fails an end-of-rotation examination, they will have one opportunity to successfully remediate the examination. If they do not pass the examination or have a second end-of-rotation examination failure, they will be referred to the Progress and Promotions 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 Progress and Promotions 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 may 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 may 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. Professional misconduct may constitute the sole reason for dismissal from the program.

The process is described as follows:

1. The Progress and Promotions 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 by the program director.
3. Students are strongly encouraged to appear before the Progress and Promotions 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 program director prior to the scheduled meeting of their intent to appear. Students may also elect to provide a written statement to the Progress and Promotions Committee.
4. A decision for dismissal must be based upon evidence presented at the Progress and Promotions 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 apply 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 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 Progress and Promotions 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.

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** 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 Progress and Promotions 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 Progress and Promotions 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 Progress and Promotions 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.

### **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 proscribed 30-month curriculum. The maximum amount of time allowed to complete all program requirements is 42 months.

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.

### **Third Year Advanced Clinical Rotation Assignment Policy**

#### **Third Year Advanced Rotation Definition**

Third Year Advanced Rotations are a unique clinical experience that develops and reinforces clinical competency at the highest level, while fostering a PA student's advanced clinical decision making and patient care skills. The goal is to train PA graduates to function with a higher level of autonomy in preparation for entry-level practice.

## General Information

During the third year of the program, students will further develop and refine their clinical acumen and patient management skills by spending additional rotation time in one clinical area of study. The purpose of these rotations is to provide students with the opportunity to develop a greater depth of patient management skills and to develop a foundation for leadership as a PA in clinical practice. The total credits for the third year are 20 semester credit hours.

The third year is comprised of 30 weeks of clinical rotations in a focused area of clinical practice. Students, with guidance from the program and their academic advisor, will rank their preference for areas of clinical practice from the following options (track options are subject to change):

*Internal Medicine, Critical Care Medicine, Emergency Medicine, General Surgery, Cardiothoracic/Vascular Surgery, Orthopedic Surgery, Urology, Neurosurgery, Behavioral Health, Geriatrics, Physical Medicine and Rehabilitation, Obstetrics and Gynecology, Pediatrics, and Primary Care.*

## Advanced Clinical Rotation Assignment Policy

Students will receive information on the available third year tracks in the fall of second year. Third year advanced clinical rotation tracks are assigned during the spring term of the second year. Students are required to rank their top five choices for tracks, in order of preference, from the current list of available options. Every effort will be made to place the student in one of their top five choices. However, the PA program faculty reserves the ability to assign advanced clinical rotations at their discretion. There are many factors that influence student placement, including the number of clinical rotation sites, site/preceptor availability, and the amount of interest in each track. In the event that interest exceeds the number of available spots in a track, performance in the second year, especially in professionalism, will be used as part of the selection process.

Students should keep in mind the philosophy of the third year advanced clinical rotations and must understand that they are not guaranteed their first choice in any advanced clinical rotation area. Third year track assignments will be announced at a required in-person event.

**(Appendix A)**

**Rush University PA Program  
Preceptor Final Evaluation of Student Performance  
Second Year Clinical Rotations**

- Appendix A (1) – Family Medicine Evaluation**
- Appendix A (2) – Internal Medicine I Evaluation**
- Appendix A (3) – Internal Medicine II Evaluation**
- Appendix A (4) – General Surgery I Evaluation**
- Appendix A (5) – General Surgery II Evaluation**
- Appendix A (6) – Obstetrics and Gynecology Evaluation**
- Appendix A (7) – Pediatrics Evaluation**
- Appendix A (8) – Behavioral Health Evaluation**
- Appendix A (9) – Long-Term-Care/Geriatrics Evaluation**
- Appendix A (10) – Emergency Medicine Evaluation**
- Appendix A (9) – Medical Elective Evaluation**
- Appendix A (10) – Surgical Elective Evaluation**
- Appendix A (11) – Radiology Elective Evaluation**

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: Family Medicine**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an age-appropriate history based on the patient's chief complaint.	1	2	3	4	5
2	Perform an age-appropriate physical examination based on the information obtained from the patient's history.	1	2	3	4	5
3	Formulates an appropriate differential diagnosis based on clinical presentation.	1	2	3	4	5
4	Orders an appropriate work-up based on the patient presentation.	1	2	3	4	5
5	Interprets diagnostic studies relevant to common conditions.	1	2	3	4	5
6	Diagnoses common acute conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
7	Diagnoses common chronic conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5

8	Develops evidenced-based management plans.	1	2	3	4	5
9	Incorporates cost-effectiveness into clinical decision-making.	1	2	3	4	5
10	Recommends appropriate health maintenance screening and interventions as applicable.	1	2	3	4	5
11	Recognizes the indications for referring patients to specialty providers and support services.	1	2	3	4	5
12	Provides appropriate patient education and counseling.	1	2	3	4	5
13	Synthesizes patient information to deliver oral case presentations in a clear and concise format.	1	2	3	4	5

**Clinical Knowledge and Skills Comments: (Question 2 of 10)**

*If the student scored a "2" or less on any of the above, please comment:*

--

**Professionalism and Communication (Question 3 of 10)**

	<b>Professionalism and Communication</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5
7	Collaborates effectively with the healthcare team.	1	2	3	4	5



8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5
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**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

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**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: Internal Medicine I**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an appropriate history based on the adult patient's chief complaint.	1	2	3	4	5
2	Performs an appropriate physical examination in an adult based on the information obtained from the patient's history.	1	2	3	4	5
3	Formulates an appropriate differential diagnosis in an adult based on clinical presentation.	1	2	3	4	5
4	Orders an appropriate work-up in an adult based on the patient presentation.	1	2	3	4	5
5	Interprets diagnostic studies relevant to common adult conditions.	1	2	3	4	5
6	Diagnoses common acute conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	1	2	3	4	5
7	Diagnoses common chronic conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	1	2	3	4	5

8	Develops evidenced-based management plans for the adult patient.	1	2	3	4	5
9	Incorporates cost-effectiveness into clinical decision-making of the adult patient.	1	2	3	4	5
10	Recommends appropriate health maintenance screenings for the adult patient.	1	2	3	4	5
11	Recognizes the indications for referring adult patients to specialty providers and support services.	1	2	3	4	5
12	Provides appropriate patient education and counseling to the adult patient.	1	2	3	4	5
13	Synthesizes patient information to deliver oral case presentations in a clear and concise format in the adult patient.	1	2	3	4	5

**Clinical Knowledge and Skills Comments:** (Question 2 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Professionalism and Communication** (Question 3 of 10)

	<b>Professionalism and Communication</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5

7	Collaborates effectively with the healthcare team.	1	2	3	4	5
8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5

**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

--

**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

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**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: Internal Medicine II**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an appropriate history based on the adult patient's chief complaint.	1	2	3	4	5
2	Performs an appropriate physical examination in an adult based on the information obtained from the patient's history.	1	2	3	4	5
3	Formulates an appropriate differential diagnosis in an adult based on clinical presentation.	1	2	3	4	5
4	Orders an appropriate work-up in an adult based on the patient presentation.	1	2	3	4	5
5	Interprets diagnostic studies relevant to common adult conditions.	1	2	3	4	5
6	Diagnoses common acute conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	1	2	3	4	5
7	Diagnoses common chronic conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	1	2	3	4	5

8	Recognize common emergent conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	1	2	3	4	5
9	Develops evidenced-based management plans for the adult patient.	1	2	3	4	5
10	Incorporates cost-effectiveness into clinical decision-making of the adult patient.	1	2	3	4	5
11	Identify the indications for common procedures relative to the setting based on patient presentation in the adult patient.	1	2	3	4	5
12	Provides appropriate patient education and counseling to the adult patient.	1	2	3	4	5
13	Synthesizes patient information to deliver oral case presentations in a clear and concise format in the adult patient.	1	2	3	4	5

**Clinical Knowledge and Skills Comments: (Question 2 of 10)**

*If the student scored a "2" or less on any of the above, please comment:*

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**Professionalism and Communication (Question 3 of 10)**

	<b>Professionalism and Communication</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5



7	Collaborates effectively with the healthcare team.	1	2	3	4	5
8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5

**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

--

**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

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**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: General Surgery I**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an appropriate problem-focused history based on the surgical patient's chief complaint.	1	2	3	4	5
2	Performs an appropriate focused physical examination based on the information obtained from the surgical patient's history.	1	2	3	4	5
3	Orders an appropriate preoperative work-up based on the surgical patient's presentation, if indicated.	1	2	3	4	5
4	Interprets diagnostic studies relevant to common surgical conditions.	1	2	3	4	5
5	Formulates an appropriate differential diagnosis based on the clinical presentation of a surgical patient.	1	2	3	4	5
6	Diagnoses common acute surgical conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5

7	Develops appropriate post-operative plans in the surgical patient.	1	2	3	4	5
8	Identifies the basic surgical instruments utilized in the operating room.	1	2	3	4	5
9	Demonstrates knowledge of relevant anatomy for common surgical procedures.	1	2	3	4	5
10	Maintains a sterile field by adhering to operating room protocols for aseptic technique.	1	2	3	4	5
11	Recognizes common post-operative complications.	1	2	3	4	5
12	Performs basic management of surgical wounds.	1	2	3	4	5
13	Synthesizes patient information to deliver oral case presentations in a clear and concise format.	1	2	3	4	5

**Clinical Knowledge and Skills Comments:** (Question 2 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Professionalism and Communication** (Question 3 of 10)

	<b>Professionalism and Communication</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5

7	Collaborates effectively with the healthcare team.	1	2	3	4	5
8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5

**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

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**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: General Surgery II**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an appropriate problem-focused history based on the surgical patient's chief complaint.	1	2	3	4	5
2	Performs an appropriate focused physical examination based on the information obtained from the surgical patient's history.	1	2	3	4	5
3	Orders an appropriate preoperative work-up based on the surgical patient's presentation, if indicated.	1	2	3	4	5
4	Interprets diagnostic studies relevant to common surgical conditions.	1	2	3	4	5
5	Formulates an appropriate differential diagnosis based on the clinical presentation of a surgical patient.	1	2	3	4	5
6	Diagnoses common acute surgical conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5

7	Develops appropriate post-operative plans in the surgical patient.	1	2	3	4	5
8	Identifies the basic surgical instruments utilized in the operating room.	1	2	3	4	5
9	Demonstrates knowledge of relevant anatomy for common surgical procedures.	1	2	3	4	5
10	Maintains a sterile field by adhering to operating room protocols for aseptic technique.	1	2	3	4	5
11	Recognizes common post-operative complications.	1	2	3	4	5
12	Performs basic management of surgical wounds.	1	2	3	4	5
13	Synthesizes patient information to deliver oral case presentations in a clear and concise format.	1	2	3	4	5

**Clinical Knowledge and Skills Comments:** (Question 2 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Professionalism and Communication** (Question 3 of 10)

	<b>Professionalism and Communication</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5



7	Collaborates effectively with the healthcare team.	1	2	3	4	5
8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5

**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

--

**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

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**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: Obstetrics and Gynecology**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an appropriate history based on the chief complaint in the obstetrics/gynecology setting.	1	2	3	4	5
2	Performs an appropriate physical examination based on the information obtained from the history in the obstetrics/gynecology setting.	1	2	3	4	5
3	Orders an appropriate work-up based on the clinical presentation in the obstetrics/gynecology setting.	1	2	3	4	5
4	Interprets diagnostic studies relevant to common conditions in the obstetrics/gynecology setting.	1	2	3	4	5
5	Formulates an appropriate differential diagnosis based on clinical presentation in the obstetrics/gynecology setting.	1	2	3	4	5
6	Diagnoses common acute conditions in the obstetrics/gynecology setting based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5

7	Diagnoses common chronic conditions in the obstetrics/gynecology setting based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
8	Recognizes common emergent conditions in the obstetrics/gynecology setting based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
9	Develops evidenced-based management plans.	1	2	3	4	5
10	Explains the essential components of a routine prenatal care visit.	1	2	3	4	5
11	Assists in the management of a vaginal delivery.	1	2	3	4	5
12	Describes the key components of postpartum care.	1	2	3	4	5
13	Synthesizes patient information to deliver oral case presentations in a clear and concise format.	1	2	3	4	5

**Clinical Knowledge and Skills Comments:** (Question 2 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

--

**Professionalism and Communication** (Question 3 of 10)

	Professionalism and Communication	Poor	Poor but improving	Average	Above Average	Excellent
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5

7	Collaborates effectively with the healthcare team.	1	2	3	4	5
8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5

**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

--

**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

--

**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: Pediatrics**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an appropriate pediatric history based on the patient's chief complaint.	1	2	3	4	5
2	Performs an appropriate pediatric physical exam based on the information obtained from the patient's history.	1	2	3	4	5
3	Conducts an age-appropriate developmental screen in a pediatric patient.	1	2	3	4	5
4	Formulates an appropriate differential diagnosis based on clinical presentation of the pediatric patient.	1	2	3	4	5
5	Orders an appropriate work-up based on the presentation in a pediatric patient.	1	2	3	4	5
6	Interprets diagnostic studies relevant to common pediatric conditions.	1	2	3	4	5
7	Diagnoses common acute conditions in pediatric patients based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5

8	Diagnoses common chronic conditions in pediatric patients based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
9	Develops evidenced-based management plans for common pediatric conditions.	1	2	3	4	5
10	Calculates weight-based dosing for medications.	1	2	3	4	5
11	Counsels pediatric patient and/or guardian on age-appropriate immunizations.	1	2	3	4	5
12	Recognizes the indications for referring pediatric patients to specialty providers and support services.	1	2	3	4	5
13	Synthesizes pediatric patient information to deliver oral case presentations in a clear and concise format.	1	2	3	4	5

**Clinical Knowledge and Skills Comments:** (Question 2 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

--

**Professionalism and Communication** (Question 3 of 10)

	Professionalism and Communication	Poor	Poor but improving	Average	Above Average	Excellent
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5



7	Collaborates effectively with the healthcare team.	1	2	3	4	5
8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5

**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

--

**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

--

**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

--

**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: Behavioral Health**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an appropriate psychiatric history based on the patient's chief complaint.	1	2	3	4	5
2	Performs a mental status examination.	1	2	3	4	5
3	Selects an appropriate screening inventory based on patient presentation in the behavioral health setting.	1	2	3	4	5
4	Formulates an appropriate differential diagnosis based on clinical presentation in the behavioral health setting.	1	2	3	4	5
5	Recognizes the indications for obtaining diagnostic studies in the work-up of a patient in the behavioral health setting.	1	2	3	4	5
6	Diagnoses conditions based on DSM criteria.	1	2	3	4	5
7	Identifies the key signs and symptoms of substance use disorder.	1	2	3	4	5
8	Recognizes common psychiatric emergencies.	1	2	3	4	5

9	Develops evidenced-based management plans.	1	2	3	4	5
10	Determines appropriate dispositions for patients based on a patient's diagnosis and acuity level.	1	2	3	4	5
11	Provides appropriate patient education and counseling.	1	2	3	4	5
12	Recognizes the indications for referring a patient for psychotherapy.	1	2	3	4	5
13	Synthesizes patient information to deliver oral case presentations in a clear and concise format.	1	2	3	4	5

**Clinical Knowledge and Skills Comments: (Question 2 of 10)**

*If the student scored a "2" or less on any of the above, please comment:*

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**Professionalism and Communication (Question 3 of 10)**

	<b>Professionalism and Communication</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5
7	Collaborates effectively with the healthcare team.	1	2	3	4	5

8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5
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**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

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**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: Long-Term Care/Geriatrics**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an appropriate history based on the patient's chief complaint in the long-term care/geriatric setting.	1	2	3	4	5
2	Performs an appropriate physical examination based on the information obtained from the patient's history in the long-term care/geriatric setting.	1	2	3	4	5
3	Performs an assessment of functional status in the long-term care/geriatric setting.	1	2	3	4	5
4	Formulates an appropriate differential diagnosis based on clinical presentation in the long-term care/geriatric setting.	1	2	3	4	5
5	Orders an appropriate work-up based on the patient presentation in the long-term care/geriatric setting.	1	2	3	4	5

6	Interprets diagnostic studies relevant to common conditions in the long-term care/geriatric setting.	1	2	3	4	5
7	Diagnoses common acute conditions based on clinical presentation and applicable diagnostic findings in the long-term care/geriatric setting.	1	2	3	4	5
8	Diagnoses common chronic conditions based on clinical presentation and applicable diagnostic findings in the long-term care/geriatric setting.	1	2	3	4	5
9	Develops evidenced-based management plans in the long-term care/geriatric setting.	1	2	3	4	5
10	Recognizes medications that warrant adjustment or discontinuation in cases of polypharmacy.	1	2	3	4	5
11	Recognizes the indications to specialty providers and support services in the long-term care/geriatric setting.	1	2	3	4	5
12	Provides appropriate patient education and counseling in the long-term care/geriatric setting.	1	2	3	4	5
13	Synthesizes patient information to deliver oral case presentations in a clear and concise format.	1	2	3	4	5

**Clinical Knowledge and Skills Comments:** (Question 2 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Professionalism and Communication** (Question 3 of 10)

	Professionalism and Communication	Poor	Poor but improving	Average	Above Average	Excellent
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5



4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5
7	Collaborates effectively with the healthcare team.	1	2	3	4	5
8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5

**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

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**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	Overall Impression of the PA Student	1	2	3	4	5

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: Emergency Medicine**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an appropriate problem-focused history based on the patient's chief complaint.	1	2	3	4	5
2	Performs an appropriate focused physical examination based on the information obtained from the patient's history.	1	2	3	4	5
3	Orders an appropriate work-up based on the patient presentation.	1	2	3	4	5
4	Distinguishes between urgent and non-urgent diagnostic results.	1	2	3	4	5
5	Formulates an appropriate differential diagnosis based on clinical presentation.	1	2	3	4	5
6	Diagnoses common emergent conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
7	Identifies the indications for common procedures in the emergency department.	1	2	3	4	5

8	Recognizes the need for emergent consultations.	1	2	3	4	5
9	Develops evidenced-based management plans.	1	2	3	4	5
10	Interprets a 12-lead electrocardiogram with accuracy.	1	2	3	4	5
11	Interprets a chest radiograph with accuracy.	1	2	3	4	5
12	Determines appropriate dispositions for patients based on diagnosis and acuity level.	1	2	3	4	5
13	Synthesizes patient information to deliver oral case presentations in a clear and concise format.	1	2	3	4	5

**Clinical Knowledge and Skills Comments:** (Question 2 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Professionalism and Communication** (Question 3 of 10)

	Professionalism and Communication	Poor	Poor but improving	Average	Above Average	Excellent
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5
7	Collaborates effectively with the healthcare team.	1	2	3	4	5

8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5
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**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

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**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: Medical Elective**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an appropriate history based on the patient's chief complaint.	1	2	3	4	5
2	Performs an appropriate physical examination based on the information obtained from the patient's history.	1	2	3	4	5
3	Formulates an appropriate differential diagnosis based on clinical presentation.	1	2	3	4	5
4	Orders an appropriate work-up based on the patient presentation.	1	2	3	4	5
5	Interprets diagnostic studies relevant to common conditions.	1	2	3	4	5
6	Diagnoses common acute conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
7	Diagnoses common chronic conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5



8	Recognize common emergent conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
9	Develops evidenced-based management plans.	1	2	3	4	5
10	Incorporates cost-effectiveness into clinical decision-making.	1	2	3	4	5
11	Identify the indications for common procedures relative to the setting based on patient presentation.	1	2	3	4	5
12	Provides appropriate patient education and counseling.	1	2	3	4	5
13	Synthesizes patient information to deliver oral case presentations in a clear and concise format.	1	2	3	4	5

**Clinical Knowledge and Skills Comments:** (Question 2 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Professionalism and Communication** (Question 3 of 10)

	<b>Professionalism and Communication</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5

7	Collaborates effectively with the healthcare team.	1	2	3	4	5
8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5

**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

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**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: Surgical Elective**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Obtains an appropriate problem-focused history based on the surgical patient's chief complaint.	1	2	3	4	5
2	Performs an appropriate focused physical examination based on the information obtained from the surgical patient's history.	1	2	3	4	5
3	Orders an appropriate preoperative work-up based on the surgical patient's presentation, if indicated.	1	2	3	4	5
4	Interprets diagnostic studies relevant to common surgical conditions.	1	2	3	4	5
5	Formulates an appropriate differential diagnosis based on the clinical presentation of a surgical patient.	1	2	3	4	5
6	Diagnoses common acute surgical conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5

7	Develops appropriate post-operative plans in the surgical patient.	1	2	3	4	5
8	Identifies the basic surgical instruments utilized in the operating room.	1	2	3	4	5
9	Demonstrates knowledge of relevant anatomy for common surgical procedures.	1	2	3	4	5
10	Maintains a sterile field by adhering to operating room protocols for aseptic technique.	1	2	3	4	5
11	Recognizes common post-operative complications.	1	2	3	4	5
12	Performs basic management of surgical wounds.	1	2	3	4	5
13	Synthesizes patient information to deliver oral case presentations in a clear and concise format.	1	2	3	4	5

**Clinical Knowledge and Skills Comments:** (Question 2 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Professionalism and Communication** (Question 3 of 10)

	<b>Professionalism and Communication</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5

7	Collaborates effectively with the healthcare team.	1	2	3	4	5
8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5

**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

--

**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**Rush University PA Program**  
**Preceptor Final Evaluation of Student Performance**  
**Second Year Clinical Rotations: Radiology**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Name</b>	
<b>Rotation Site Name</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	<b>Clinical Preceptor Evaluation of PA Student</b>

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, outcomes and objectives. Links to the resources are included [HERE](#). Please e-mail the program if you are unable to access these or need a copy.

**Based upon your experience working with PA students, please select the box that best describes this student's performance.**

**Clinical Knowledge and Skills: (Question 1 of 10)**

	<b>Clinical Knowledge and Skills</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Describes the resources available to clinicians for guiding evidence-based decisions when ordering radiographic studies.	1	2	3	4	5
2	Discusses the indications for commonly ordered radiographic studies.	1	2	3	4	5
3	Explains the contraindications of commonly ordered radiographic studies.	1	2	3	4	5
4	Outlines key risks associated with common imaging studies.	1	2	3	4	5
5	Utilizes proper radiographic nomenclature for commonly ordered radiographic studies.	1	2	3	4	5
6	Explains basic principles of imaging techniques.	1	2	3	4	5
7	Demonstrates a systematic approach in the interpretation of commonly ordered radiographic studies.	1	2	3	4	5



8	Recognizes basic anatomy on commonly ordered radiographic studies.	1	2	3	4	5
9	Identifies basic pathologic findings on commonly ordered radiographic studies.	1	2	3	4	5
10	Recognizes when a finding on a commonly ordered radiographic study is critical.	1	2	3	4	5
11	Develops an appropriate differential diagnosis based on specific radiographic findings.	1	2	3	4	5
12	Recommends the appropriate next sequential imaging study when applicable.	1	2	3	4	5
13	Verbally presents imaging findings in a clear and concise format.	1	2	3	4	5

**Clinical Knowledge and Skills Comments:** (Question 2 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Professionalism and Communication** (Question 3 of 10)

	<b>Professionalism and Communication</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Displays respect towards patients and all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5
7	Collaborates effectively with the healthcare team.	1	2	3	4	5

8	Communicates in a professional manner to preceptor and other members of the interprofessional team.	1	2	3	4	5
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**Professionalism and Communication Comments:** (Question 4 of 10)

*If the student scored a "2" or less on any of the above, please comment:*

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**Rotation Requirements** (Question 5 of 10)

		Never	Sometimes	Always
1	Student maintained patient confidentiality and adhered to HIPAA standards.	0	3	5
2	Student dressed in professional attire and displayed identification badge.	0	3	5
3	Student was present and on time for all clinical activities.	0	3	5
4	Student was engaged and not distracted.	0	3	5

**Rotation Requirements Comments:** (Question 6 of 10)

*If the student scored "never" or "sometimes" on any of the above, please comment:*

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**Student's Strengths:** (Question 7 of 10)

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**Suggestions for Improvement:** (Question 8 of 10)

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**Overall Impression of the PA Student** (Question 9 of 10 - Mandatory)

		Poor	Poor but improving	Average	Above Average	Excellent
	<b>Overall Impression of the PA Student</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Amount of contact with student:** (Question 10 of 10 – Mandatory)

How many <u>weeks</u> did you work with this student?	
How many <u>hours per week</u> did you work with this student?	

**Final Scoring:**

\_\_\_\_\_ total (out of 130 points maximum)  
 96 points – 130 = PASS  
 78 – 95 = MARGINAL PASS  
 77 and below = NO PASS

<b>Preceptor Name</b>	
<b>Preceptor Signature</b>	
<b>Date</b>	

**(Appendix B)**  
**Rush University PA Program**  
**Mid-Rotation Self-Evaluation of Second Year Student**

<b>Student Name</b>	
<b>Preceptor Name</b>	
<b>Rotation Site</b>	
<b>Dates of Rotation</b>	
<b>Evaluation Type</b>	Mid-Rotation Self-Evaluation of Student

**Student Instructions:** You ***must*** complete this self-evaluation during Week 2 of your rotation. Please set up a time to review this with your preceptor. Submit on EXXAT prior to the posted deadline.

**Preceptor Instructions:** The student will complete this self-evaluation and schedule time to review it with you. Please review, discuss feedback, and sign. You may edit rankings as you see appropriate based off your observations, but please do not complete this on the student's behalf.

	CLINICAL READINESS AND SKILLS	Poor	Poor but improving	Average	Above Average	Excellent
1	Obtains an appropriate history.	1	2	3	4	5
2	Performs an appropriate physical exam.	1	2	3	4	5
3	Recommends an appropriate work-up.	1	2	3	4	5
4	Interprets common diagnostic tests with accuracy.	1	2	3	4	5
5	Formulates an appropriate differential diagnosis.	1	2	3	4	5
6	Identifies the most likely diagnosis.	1	2	3	4	5
7	Constructs an appropriate management plan.	1	2	3	4	5
8	Counsels patients on their condition.	1	2	3	4	5
9	Delivers clear oral presentations.	1	2	3	4	5
10	Recognizes the need for escalation of care.	1	2	3	4	5

	PROFESSIONALISM AND COMMUNICATION	Poor	Poor but improving	Average	Above Average	Excellent
1	Displays respect towards all members of the healthcare team.	1	2	3	4	5
2	Is culturally aware and sensitive, open-minded, and nonjudgmental.	1	2	3	4	5
3	Acts in a manner that exemplifies good judgment, honesty, and ethical integrity.	1	2	3	4	5
4	Demonstrates self-reflection, clinical curiosity, and initiative.	1	2	3	4	5
5	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	1	2	3	4	5
6	Displays adaptability and flexibility to meet the needs of the rotation.	1	2	3	4	5
7	Works effectively as a member of the health care team.	1	2	3	4	5
8	Communicates effectively with preceptor and other members of the interprofessional team.	1	2	3	4	5

9	Is always present and on time for all clinical activities.	1	2	3	4	5
10	Dresses in professional attire and display identification badge.	1	2	3	4	5

	Learning Outcome Attestation	Initials
<b>Student</b>	<i>I can meet the learning outcomes defined for this rotation as outlined in the syllabus</i>	
<b>Preceptor</b>	<i>The student can meet the learning outcomes defined for this rotation as outlined in the syllabus</i>	

*\*If the learning outcomes cannot be met by the end of the rotation the student must notify the Course Director immediately.*

**Student - For all items with a score of 3 or lower, outline your plan for improvement:**

**Preceptor – Comments (Optional):**

**Date evaluation completed:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Preceptor Signature:** \_\_\_\_\_

**(Appendix C)**  
**Rush University PA Program**  
**Student Evaluation of Preceptor**

Student Name: \_\_\_\_\_

Preceptor of Record Name: \_\_\_\_\_

Rotation Name: \_\_\_\_\_

Rotation Site Name: \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_

**Based upon your experience with the preceptor(s), please select the most appropriate response.**

**Question 1 - Mandatory**

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	The preceptor(s) communicated expectations and responsibilities.	1	2	3	4	5
2	The preceptor(s) involved me in patient care activities.	1	2	3	4	5
3	The preceptor(s) provided me with feedback.	1	2	3	4	5
4	The preceptor(s) were available for questions or concerns.	1	2	3	4	5
5	The preceptor(s) demonstrated professionalism in interactions with patients, staff, and students.	1	2	3	4	5
6	The preceptor(s) created a respectful and inclusive learning environment.	1	2	3	4	5
7	The preceptor(s) positively influenced my clinical learning experience.	1	2	3	4	5

*If any strongly disagree or disagree, please explain:*

--

**Question 2 - Mandatory**

1	The preceptor(s) supported my progress toward meeting the learning outcomes of the rotation.	Yes	No
If no, please explain:			
2	The preceptor(s) demonstrated adequate knowledge in their practice area.	Yes	No
If no, please explain:			
3	The preceptor(s) supervised me throughout the rotation.	Yes	No

If no, please explain:			
4	The preceptor(s) ensured safe practices were followed in the clinical setting.	Yes	No
If no, please explain:			
5	The preceptor(s) followed proper infection control protocols during the rotation.	Yes	No
If no, please explain:			

**Question 3 - Mandatory:**

List the strong points of the preceptor(s):

--

**Question 4 - Mandatory:**

List any suggestions for improvement of the preceptor(s):

--

**Question 5 - Mandatory:**

Overall evaluation of the preceptor(s):

5	Excellent	The preceptor(s) consistently demonstrated clear communication, strong clinical knowledge, promoted active involvement in patient care, and a high level of support and supervision. They provided meaningful feedback, were approachable, professional, inclusive, and made a significant positive impact on my clinical learning experience.
4	Good	The preceptor(s) showed strong clinical and teaching abilities. They communicated effectively, were available, involved me in care, and created a respectful learning environment. Some minor improvements could enhance the experience further.
3	Average	The preceptor(s) contributed to my learning experience in several areas but with some inconsistency. Communication, supervision, or feedback may have been less consistent, and involvement or support could have been stronger.
2	Below Average	The preceptor(s) demonstrated limited effectiveness in supporting my clinical learning. Communication, availability, supervision, or professionalism were lacking in key areas, which affected the quality of the experience.
1	Poor	The preceptor(s) did not support a positive or safe learning environment. There were major concerns related to communication, supervision, professionalism, or overall engagement, which negatively affected my clinical learning.

Date this evaluation was completed: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**(Appendix D)**  
**Rush University PA Program**  
**Student Evaluation of Rotation Site**

Student Name: \_\_\_\_\_

Preceptor of Record Name: \_\_\_\_\_

Rotation Name: \_\_\_\_\_

Rotation Site Name: \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_

**Based upon your experience working at this rotation site, please select the most appropriate response.**

**Question 1 - Mandatory**

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	The site was clean and well-maintained.	1	2	3	4	5
2	The exam rooms were adequate for patient care.	1	2	3	4	5
3	There was adequate space to prepare for clinical encounters.	1	2	3	4	5
4	There was adequate exposure to a range of patient presentations and conditions relevant to the specialty/setting.	1	2	3	4	5

If any strongly disagree or disagree, please explain:

--

**Question 2 - Mandatory**

1	The rotation schedule was sufficient to meet the duty hour requirements of the program.	Yes	No
If no, please explain:			
2	The site provided sufficient opportunities to meet the learning outcomes of the rotation.	Yes	No
If no, please explain:			
3	The patient volume at this site was sufficient to meet the learning outcomes of the rotation.	Yes	No



If no, please explain:			
4	The number of learners at this site did not interfere with my ability to meet the learning outcomes of the rotation.	Yes	No
If no, please explain:			
5	Appropriate security measures were in place at this site.	Yes	No
If no, please explain:			
6	Appropriate personal safety measures were in place at this site.	Yes	No
If no, please explain:			
7	I was not subjected to any bullying, harassment, or inappropriate behavior at this site.	Yes	No
If no, please explain:			
8	I was not asked to substitute for a staff member at this site.	Yes	No
If no, please explain:			
9	The site provided opportunities for collaboration with an interdisciplinary team.	Yes	No

**Question 3 – Mandatory**

1	I was granted timely access to required systems, tools, and resources, if applicable (e.g., EMR, ID badge, passwords).	N/A	Yes	No
If no, please explain:				
2	There was adequate space for changing clothes, if applicable.	N/A	Yes	No
If no, please explain:				

3	The on-call space was appropriate, if applicable.	N/A	Yes	No
If no, please explain:				

**Question 4 – Mandatory**

List the strong points of this rotation:

--

**Question 5 – Mandatory**

List any suggestions for improvement of this rotation site:

--

**Question 6 – Mandatory**

My overall evaluation of this rotation site is:

5	Excellent	The site provided a highly effective clinical learning environment. It was consistently safe, well-organized, and professionally managed. Students had access to a wide range of patient populations, meaningful learning opportunities, and well-equipped physical spaces. All learning outcomes were fully supported throughout the rotation.
4	Good	The site offered a strong clinical experience. The environment was safe and organized, with access to appropriate patient populations and learning opportunities. Physical space and professionalism were appropriate, and learning outcomes were clearly supported.
3	Average	The site provided an adequate clinical experience. Safety, access to patients, and learning opportunities were acceptable, and learning outcomes were achieved. Some aspects of the environment, organization, or professional interactions could be improved to enhance the overall experience.
2	Below Average	The site presented several challenges that affected the quality of the rotation. While required learning outcomes were achieved, issues related to safety, patient access, physical space, or professionalism limited the overall educational value of the experience.
1	Poor	The site did not provide a supportive clinical learning environment. Serious issues with safety, access to patients, physical conditions, or professional conduct interfered with the ability to engage in clinical learning and meet the rotation outcomes.

Date this evaluation was completed: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**(Appendix E)**  
**Rush University PA Program**  
**Professionalism Assessment**

<b>Student Name</b>			
<b>Year in the Program</b>	PA-S1	PA-S2	PA-S3
<b>Evaluation Date</b>			
<b>Setting</b>			

**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.**

<b>Communication</b>					
<i>Behaviors</i>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
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):					

<b>Professional Appearance and Demeanor</b>					
<i>Behaviors</i>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
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):					
<b>Dependability and Engagement</b>					
<i>Behaviors</i>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
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):					

<b>Self-Awareness and Accountability</b>					
<i>Behaviors</i>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
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):					

<b>Honesty and Ethics</b>					
<i>Behaviors</i>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Conducts themselves in an ethical, moral, and legally sound manner.*	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):					

<b>Teamwork and Collaboration</b>					
<i>Positive Behaviors</i>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Actively participates as a member of the team.	1	2	3	4	5
Allows others to express their opinions.	1	2	3	4	5
Is open-minded to other perspectives and ideas.	1	2	3	4	5
Collaborates 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 F)**  
**Clinical Rotation Assignment Requirements and Guidelines**  
**Second Year Rotations**

**General Assignment Requirements:**

1. All written assignments should be typed in 11-point, Arial font, single spaced.
2. All written assignments should have a title listed at the top of the page (i.e. Pediatrics Patient Note, Elective Hot Topic Paper, etc.)
3. All assignments should include the student's name and rotation- listed at the top for written assignments and on the first slide for PowerPoint presentations.
4. All assignments need to be in the student's OWN words! Proper in-text citations and references are required each time a student incorporates information that is not their own, including from AI generators.
5. All in-text citations should be written in AMA format.
6. All assignments must be submitted to the appropriate Dropbox in Canvas by 11:59pm on the last Thursday of the rotation (the day before RTC).

Specific guidelines, examples, and rubrics for each assignment are posted on Canvas.

**(Appendix G)**  
**Second Year Rotation Grading Components**

To receive a passing grade in each rotation, you must pass each rotation component listed below. Any component that receives a non-passing score will require remediation, at the discretion of the PA faculty. You will also be required to complete an oral case presentation for one of your rotations, which will be randomly assigned by PA faculty.

<b>Course</b>	<b>EOR Exam</b>	<b>Assignment</b>	<b>Preceptor Evaluation of Student Performance</b>	<b>Administrative Components (see chart for items included)</b>
PHA 581- Family Medicine		Patient Note		
PHA 582- Internal Medicine I		Patient Note		
PHA 583- Internal Medicine II				
PHA 584- General Surgery I		Pre-Op H&P Note		
PHA 585- General Surgery II				
PHA 586- Obstetrics and Gynecology		Patient Note		
PHA 587- Pediatrics		Patient Note		
PHA 588- Behavioral Health		Patient Note		
PHA 589- Long Term Care/Geriatrics		PA Practice Hot Topic Commentary		
PHA 590- Emergency Medicine		Patient Note		
PHA 591- Elective I		Elective Hot Topic Paper		
PHA 592- Elective II		Journal Club Participation		



**(Appendix H)**  
**Second Year Rotation Administrative Components Checklist**

<b>Course</b>	<b>Rotation Paperwork (if applicable)</b>	<b>Mid- Rotation Self- Evaluation</b>	<b>EXXAT Patient Logging</b>	<b>EXXAT Timesheet</b>	<b>EXXAT Time Off</b>	<b>Evaluation of Preceptor</b>	<b>Evaluation of Site</b>
PHA 581- Family Medicine							
PHA 582- Internal Medicine I							
PHA 583- Internal Medicine II							
PHA 584- General Surgery I							
PHA 585- General Surgery II							
PHA 586- Obstetrics and Gynecology							
PHA 587- Pediatrics							
PHA 588- Behavioral Health							
PHA 589- Long Term Care/Geriatrics							
PHA 590- Emergency Medicine							
PHA 591- Elective I							
PHA 592- Elective II							

## (Appendix I)

### Clinical and Technical Skills Passport for Second-Year PA Students

The Clinical and Technical Skills Passport serves as a mechanism for which second-year PA students will demonstrate and document their competence of program-defined clinical and technical skills deemed essential for entry level PA practice.

#### Purpose:

The purpose of the Clinical and Technical Skills Passport is to:

- Ensure students are exposed to the following clinical and technical skills during their clinical rotations.
- Support students in developing competence in these skills necessary for patient care.
- Provide a structured framework for tracking students' progress toward achieving competency in these skills.

#### Completion Requirements

- **Completion Deadline:** All skills must be completed by the end of the second year. Students may not be able to progress to the third year until they have documented competence in each skill. It is the student's responsibility to be proactive and advocate for these opportunities on clinical rotations. Students should start this process early as opportunities may not be available on every rotation. Students must reach out to their Course Director if they are experiencing any barriers in completing the skills by the deadline.
- **Rotation Flexibility:** Skills can be performed during any rotation, offering students the opportunity to gain hands-on experience across various specialties and practice settings. Refer to the list of recommended rotations for completing each skill.
- **Preceptor Attestation:** Students must perform each skill under the supervision of a licensed professional. This does not have to be the preceptor of record, but it must be a PA, APRN, MD, DO, or RN. Fellows are acceptable, but residents are not.
- **Signature:** A legal signature is required whether you complete a printed or electronic form. **No script font will be accepted.** We recommend the Adobe Acrobat app which has a free Fill & Sign tool for both Apple and Android devices. Please note, any falsification or alteration of a score or signature is a violation of the Rush University Honor Code and is subject to dismissal from the program.
- **Competency Benchmark:** For a skill to be counted toward completion, students must meet or exceed the minimum benchmark of "**competent**" for each skill. Students who do not receive a rating of competent must still submit, apply feedback, and continue to perform the skill until a rating of competent has been achieved. If a student is unable to obtain a rating of competent in each skill by the deadline, they must complete a remediation process.
- **Submission:** Students should upload the form to the respected Canvas Dropbox promptly upon completion. Students are encouraged to save a copy for their records. Failure to submit a form will not be accepted for any reason, including, but not limited to, lost or damaged forms. Incomplete forms will be rejected.

***Failure to abide by any of these instructions will result in a professionalism violation.***

### Clinical and Technical Skills – More Information

Skills:	Rotation Recommendations:
Educate a patient on a new diagnosis	Any
Provide patient education to a patient with a chronic medical condition	Internal Medicine, Family Medicine, Pediatrics
Interpret a chest x-ray	Emergency Medicine, Internal Medicine, Family Medicine
Interpret an electrocardiogram	Emergency Medicine
Call a consult	Emergency Medicine
Calculate a weight-based medication	Pediatrics, Family Medicine, Emergency Medicine
Place simple interrupted sutures <i>Closing an entire laceration recommended, but not required</i>	General Surgery, Emergency Medicine
Perform a pelvic exam <i>With or without Pap smear</i>	Obstetrics and Gynecology, Family Medicine, Emergency Medicine, Internal Medicine
Administer an injection <i>IM, SC, or intradermal</i>	Any
Prepare a sterile field <i>Can be for any procedure – ie central line, para/thora-centesis, inserting a foley, etc.</i>	General Surgery, Surgical Elective, Emergency Medicine
Complete a patient handoff <i>Give a sign-out, call an admission report to the floor, etc</i>	Emergency Medicine, Internal Medicine, General Surgery

**Rush University PA Program**  
**Clinical and Technical Skills Passport**  
**2025-2026**

**Skill:** Educate a patient on a new diagnosis

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

✓	Skill Level		Description
	1	Novice	Demonstrates minimal ability to perform the skill; requires constant guidance.
	2	Emerging Competence	Demonstrates limited ability to perform the skill; requires frequent guidance.
	3	Competent	Demonstrates the necessary ability to perform the skill; only requires occasional guidance.
	4	Proficient	Demonstrates proficiency in performing the skill; can perform with little to no guidance.
	5	Advanced	Demonstrates advanced proficiency in performing the skill; can perform confidently without guidance.

**Supervising provider name and credentials:** \_\_\_\_\_

**Supervising provider signature:** \_\_\_\_\_

**Rush University PA Program**  
**Clinical and Technical Skills Passport**  
**2025-2026**

**Skill:** Provide patient education to a patient  
with a chronic medical condition

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

✓	Skill Level		Description
	1	Novice	Demonstrates minimal ability to perform the skill; requires constant guidance.
	2	Emerging Competence	Demonstrates limited ability to perform the skill; requires frequent guidance.
	3	Competent	Demonstrates the necessary ability to perform the skill; only requires occasional guidance.
	4	Proficient	Demonstrates proficiency in performing the skill; can perform with little to no guidance.
	5	Advanced	Demonstrates advanced proficiency in performing the skill; can perform confidently without guidance.

**Supervising provider name and credentials:** \_\_\_\_\_

**Supervising provider signature:** \_\_\_\_\_

**Rush University PA Program**  
**Clinical and Technical Skills Passport**  
**2025-2026**

**Skill:** Interpret a chest x-ray

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

✓	Skill Level		Description
	1	Novice	Demonstrates minimal ability to perform the skill; requires constant guidance.
	2	Emerging Competence	Demonstrates limited ability to perform the skill; requires frequent guidance.
	3	Competent	Demonstrates the necessary ability to perform the skill; only requires occasional guidance.
	4	Proficient	Demonstrates proficiency in performing the skill; can perform with little to no guidance.
	5	Advanced	Demonstrates advanced proficiency in performing the skill; can perform confidently without guidance.

**Supervising provider name and credentials:** \_\_\_\_\_

**Supervising provider signature:** \_\_\_\_\_

**Rush University PA Program**  
**Clinical and Technical Skills Passport**  
**2025-2026**

**Skill:** Interpret an electrocardiogram

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

✓	Skill Level		Description
	1	Novice	Demonstrates minimal ability to perform the skill; requires constant guidance.
	2	Emerging Competence	Demonstrates limited ability to perform the skill; requires frequent guidance.
	3	Competent	Demonstrates the necessary ability to perform the skill; only requires occasional guidance.
	4	Proficient	Demonstrates proficiency in performing the skill; can perform with little to no guidance.
	5	Advanced	Demonstrates advanced proficiency in performing the skill; can perform confidently without guidance.

**Supervising provider name and credentials:** \_\_\_\_\_

**Supervising provider signature:** \_\_\_\_\_

**Rush University PA Program**  
**Clinical and Technical Skills Passport**  
**2025-2026**

**Skill:** Call a consult

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

✓	Skill Level		Description
	1	Novice	Demonstrates minimal ability to perform the skill; requires constant guidance.
	2	Emerging Competence	Demonstrates limited ability to perform the skill; requires frequent guidance.
	3	Competent	Demonstrates the necessary ability to perform the skill; only requires occasional guidance.
	4	Proficient	Demonstrates proficiency in performing the skill; can perform with little to no guidance.
	5	Advanced	Demonstrates advanced proficiency in performing the skill; can perform confidently without guidance.

**Supervising provider name and credentials:** \_\_\_\_\_

**Supervising provider signature:** \_\_\_\_\_



**Rush University PA Program**  
**Clinical and Technical Skills Passport**  
**2025-2026**

**Skill:** Calculate a weight-based medication

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

✓	Skill Level		Description
	1	Novice	Demonstrates minimal ability to perform the skill; requires constant guidance.
	2	Emerging Competence	Demonstrates limited ability to perform the skill; requires frequent guidance.
	3	Competent	Demonstrates the necessary ability to perform the skill; only requires occasional guidance.
	4	Proficient	Demonstrates proficiency in performing the skill; can perform with little to no guidance.
	5	Advanced	Demonstrates advanced proficiency in performing the skill; can perform confidently without guidance.

**Supervising provider name and credentials:** \_\_\_\_\_

**Supervising provider signature:** \_\_\_\_\_

**Rush University PA Program**  
**Clinical and Technical Skills Passport**  
**2025-2026**

**Skill:** Place simple interrupted sutures

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

✓	Skill Level		Description
	1	Novice	Demonstrates minimal ability to perform the skill; requires constant guidance.
	2	Emerging Competence	Demonstrates limited ability to perform the skill; requires frequent guidance.
	3	Competent	Demonstrates the necessary ability to perform the skill; only requires occasional guidance.
	4	Proficient	Demonstrates proficiency in performing the skill; can perform with little to no guidance.
	5	Advanced	Demonstrates advanced proficiency in performing the skill; can perform confidently without guidance.

**Supervising provider name and credentials:** \_\_\_\_\_

**Supervising provider signature:** \_\_\_\_\_

**Rush University PA Program**  
**Clinical and Technical Skills Passport**  
**2025-2026**

**Skill:** Perform a pelvic exam

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

✓	Skill Level		Description
	1	Novice	Demonstrates minimal ability to perform the skill; requires constant guidance.
	2	Emerging Competence	Demonstrates limited ability to perform the skill; requires frequent guidance.
	3	Competent	Demonstrates the necessary ability to perform the skill; only requires occasional guidance.
	4	Proficient	Demonstrates proficiency in performing the skill; can perform with little to no guidance.
	5	Advanced	Demonstrates advanced proficiency in performing the skill; can perform confidently without guidance.

**Supervising provider name and credentials:** \_\_\_\_\_

**Supervising provider signature:** \_\_\_\_\_

**Rush University PA Program**  
**Clinical and Technical Skills Passport**  
**2025-2026**

**Skill:** Administer an injection

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

✓	Skill Level		Description
	1	Novice	Demonstrates minimal ability to perform the skill; requires constant guidance.
	2	Emerging Competence	Demonstrates limited ability to perform the skill; requires frequent guidance.
	3	Competent	Demonstrates the necessary ability to perform the skill; only requires occasional guidance.
	4	Proficient	Demonstrates proficiency in performing the skill; can perform with little to no guidance.
	5	Advanced	Demonstrates advanced proficiency in performing the skill; can perform confidently without guidance.

**Supervising provider name and credentials:** \_\_\_\_\_

**Supervising provider signature:** \_\_\_\_\_

**Rush University PA Program**  
**Clinical and Technical Skills Passport**  
**2025-2026**

**Skill:** Prepare a sterile field

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

✓	Skill Level		Description
	1	Novice	Demonstrates minimal ability to perform the skill; requires constant guidance.
	2	Emerging Competence	Demonstrates limited ability to perform the skill; requires frequent guidance.
	3	Competent	Demonstrates the necessary ability to perform the skill; only requires occasional guidance.
	4	Proficient	Demonstrates proficiency in performing the skill; can perform with little to no guidance.
	5	Advanced	Demonstrates advanced proficiency in performing the skill; can perform confidently without guidance.

**Supervising provider name and credentials:** \_\_\_\_\_

**Supervising provider signature:** \_\_\_\_\_

**Rush University PA Program**  
**Clinical and Technical Skills Passport**  
**2025-2026**

**Skill:** Complete a patient handoff

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

✓	Skill Level		Description
	1	Novice	Demonstrates minimal ability to perform the skill; requires constant guidance.
	2	Emerging Competence	Demonstrates limited ability to perform the skill; requires frequent guidance.
	3	Competent	Demonstrates the necessary ability to perform the skill; only requires occasional guidance.
	4	Proficient	Demonstrates proficiency in performing the skill; can perform with little to no guidance.
	5	Advanced	Demonstrates advanced proficiency in performing the skill; can perform confidently without guidance.

**Supervising provider name and credentials:** \_\_\_\_\_

**Supervising provider signature:** \_\_\_\_\_

**(Appendix J)**  
**Rush University 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.

<b>Academic and Professionalism Components:</b>					
<b>Assessment</b>	<b>Assessment Benchmark</b>	<b>Meets / Does Not Meet Benchmark</b>	<b>Completed Remediation(s)</b>	<b>Terminal Program Competencies</b>	<b>Competencies in Need of Improvement</b>
<b>All Final Preceptor Evaluations</b>	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.	
<b>All End of Rotation Examinations</b>	Passing Score $> 1.5$ SD below the national mean for exam			1.1., 1.2., 1.3., 2.2., 2.4., 3.2.	
<b>All Patient Notes</b>	Passing Score $\geq 25/35$ points			3.3.	
<b>All Journal Club Discussions</b>	Passing Score $\geq 14/20$ points			5.2.	
<b>All Hot Topic Papers</b>	Passing Score $\geq 18/25$ points			5.2.	
<b>Oral Case Presentation</b>	Passing Score $\geq 18/25$ points			5.2.	
<b>Clinical and Technical Skills Passport</b>	Competent level or above for each skill			1.1., 3.1., 3.2., 3.4., 5.1., 5.2., 6.1.	
<b>End of Second Year OSCE</b>	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.	
<b>End of Second Year PACKRAT</b>	Completion; Goal $>1$ SD below the national mean			1.1., 1.2., 1.3., 2.2., 2.4., 3.2.	
<b>Professionalism Assessment</b>	Passing Score $\geq 104/130$ 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? <i>If yes, does the student meet criteria to be removed?</i>		
Was the student on a professionalism plan? <i>If yes, did student adhere to plan?</i>		

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:		
<input type="checkbox"/> Progress to third year	<input type="checkbox"/> Progress to third year and will remain on probation	<input type="checkbox"/> Ineligible to progress to third year
Comments/recommendations for student:		



**(Appendix K)**

**The following additional program policies relevant to evaluating performance, assessment, and progression through the program are located in the PA Student Handbook – Class of 2026:**

Rush University Statement of Academic Honesty

Technical Standards for PA Students

PA Program Professionalism Policy

AAPA Guidelines for Ethical Conduct for the PA Profession

NCCPA Competencies for the PA Profession