RUSH UNIVERSITY

COLLEGE OF HEALTH SCIENCES

PA PROGRAM

SECOND YEAR

CLINICAL HANDBOOK

2026-2027

Updated: May 2026

Kayla Martinez, MS, PA-C

TABLE OF CONTENTS

Introduction **1**
Rush PA Program Mission, Vision, and Goals Statements *1*
PA Program Mission 1
PA Program Vision 1
PA Program Goals 1
Institutional and Program Accreditation **2**
Rush PA Program Accreditation Status *2*
Rush University Accreditation *2*
PA Program Faculty and Staff Contact Information **3**
Clinical Rotation Preceptor Contact Information *3*
Clinical Year Rotation Calendar 2026-2027 ..... **4**
Course Sequencing **5**
Registration *5*
Course Administration and Evaluation **5**
Course Syllabus and Other Learning Materials *5*
Instructor and Course Evaluations *5*
Requirements for Progression **6**
General Progression Policy *6*
Technical Standards 6
Mandatory Training Modules 6
Satisfactory and Unsatisfactory Academic Performance 6
Satisfactory and Unsatisfactory Professional Performance 7
Progress and Promotions (P&P) Committee *7*
Requirements for Graduation *8*
Terminal Program Competency Assessments *8*
Program Formative and Summative Evaluations 8
Second Year Formative Evaluation 8
PA Program Policies **13**
Academic Calendar and Term Breaks *13*
Attendance and Tardiness *13*
Absences and Illnesses *13*
Personal Days *15*
Religious Holiday Time Off *15*
Dress Code and Student Identification Policy *16*
Professionalism and Professional Behavior *16*
Professionalism Policy Violations 17
Professionalism Progression Policy 19
Academic Honesty and Ethical Behavior on Rotations *19*
Use of Artificial Intelligence (AI) *20*
Copyright and Use of Materials *20*
Patient Information Confidentiality *20*
Social Media *21*
Discrimination and/or Harassment of Students *21*
Grievances, Complaints, and Student Appeals *22*
Second Year General Policies **22**
Communication Policy *22*
On-Call Responsibilities and Duty Hours *23*
Duty Hours and Work Schedules on Rotation: 23
Rotation Scheduling Policy *24*
Rotation Travel and Commuting Policy *24*
Elective Rotation Scheduling Policy *25*

Mandatory Program Events *26*
Return-to-Campus 26
SIM Lab 26
Attendance at Hands-on Laboratory and Skills Training *26*
Lecture Recording *27*
Advising *27*
Students Substituted as Employees *28*
Documentation and Charting *28*
Time Management **28**
Student Conference Attendance **28**
Global Health Trips **29**
Student Health and Safety **30**
Immunization, Health Screening and Onboarding Requirements: *30*
Immunizations: 30
Health Screenings: 31
Health Insurance *32*
Drug Free Campus and Workplace *32*
Safety Incidents *32*
Hazardous Exposure Incidents 33
Procedure at Rush University Medical Center 33
Procedure Off-Campus 34
Financial Responsibility 34
Emergency Communication *34*
Medical Liability Insurance *34*
IMPORTANT PHONE NUMBERS: **35**
CRISIS LINES: **35**
University Student Services **35**
Second Year Curriculum **36**
Second Year Clinical Rotation Goals, Topic Lists, Learning Outcomes, and Instructional Objectives *36*
Technical Skills Passport *36*
TIPS AND SUGGESTIONS FOR STUDENTS ON CLINICAL ROTATIONS **36**
CLINICAL ROTATION REQUIRED/RECOMMENDED TEXTBOOKS **38**
Clinical Rotation Performance and Grading Policies **38**
Second Year Rotation Administrative Components *38*
Rotation Paperwork *38*
Completing Mid-Rotation Self-Evaluations *39*
Clinical Rotation Management System – EXXAT *39*
Documentation of Timesheet and Time Off in EXXAT *39*
Documentation of Clinical Encounters and Procedures in EXXAT *39*
Completing Site and Preceptor Evaluations in EXXAT *40*
Clinical Year Patient Minimum Requirements *40*
Clinical Year Patient Minimums *40*
Clinical Rotation Grading Criteria Policies *41*
Second Year Course Graded Components 41
Second Year Assignments *45*
Patient Note: 45
PA Practice Hot Topic Commentary: 45
Elective I Hot Topic Paper: T 45
Journal Club: 46
Case Presentation: 46
Late and Missed Assignments 46
Assignment Remediation 46
Preceptor Evaluations of the Student *47*

Failed Preceptor Evaluation and Remediation 47
Final Course Grade *48*
Failed Course and Remediation 48
Remediation **49**
Remediation Process in Second Year: *50*
Academic and Professional Standing **50**
Good Standing *50*
Warning *51*
Probation *51*
Program Dismissal **53**
Withdrawal **54**
Leave of Absence and Deceleration **54**
Deceleration *55*
Leave of Absence (LOA) *55*
Program Completion Deadline *56*
Third Year Advanced Clinical Rotation Assignment Policy **56**
Third Year Advanced Rotation Definition *56*
General Information *56*
Advanced Clinical Rotation Assignment Policy *56*
APPENDICES **58**
Appendix A - Second-Year Rotation Goals, Topic List, Learning Outcomes, & Instructional Objectives *58*
Family Medicine 58
Internal Medicine I 66
Internal Medicine II 76
General Surgery I 85
General Surgery II 94
Obstetrics and Gynecology 102
Pediatrics 111
Behavioral Health 120
Physical Medicine and Rehabilitation 128
Emergency Medicine 137
Elective I - Medicine 146
Elective I - Surgery 159
Elective II - Medicine 169
Elective II - Surgery 182
Appendix B - Technical Skills Passport for Second-Year PA Students *192*
Appendix C - Preceptor Final Evaluation of Student Performance *211*
Family Medicine 211
Internal Medicine I 216
Internal Medicine II 222
General Surgery I 227
General Surgery II 232
Obstetrics and Gynecology 236
Pediatrics 241
Behavioral Health 246
Physical Medicine and Rehabilitation 251
Emergency Medicine 256
Elective I and II 261
Appendix D - Mid-Rotation Self-Evaluation of Second Year Student *266*
Appendix E - Student Evaluation of Preceptor *269*
Appendix F - Student Evaluation of Rotation Site *271*

Appendix G - EOR Exam Grading Rubric *274*
Appendix H - Clinical Rotation Assignment Requirements and Guidelines *276*
Appendix I - Second Year Rotation Graded Components *277*
Appendix J - Second Year Rotation Administrative Components Checklist *278*
Appendix K - TERMINAL PROGRAM COMPETENCIES *279*
Appendix L-1 - Professionalism Assessment - Formative *280*
Appendix L-2 - Professionalism Assessment – Professionalism Violation *284*
Appendix M - Second Year Formative Evaluation *289*
Appendix N – Program Policy Reminder *292*

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. The policies outlined in this handbook is applicable to all students, faculty, and staff as well and should be followed in conjunction with Program, College, and University policies. Students are expected to read, understand, and comply with all policies, procedures, and expectations throughout their time in the program. The Program, College, and University reserve the right to update, modify, or revise the contents of the policies and procedures at any time, and students are responsible for abiding with such changes. Prior to the start of the third year, students will receive another supplementary handbook detailing additional policies for the third year of the program.

Students are responsible for reviewing the current version of the University Catalog each academic year to ensure familiarity with the additional policies at the College and University levels that students must also abide to. The policies of Rush University can be found here, and those of the College can be found here.

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 patient-centered, evidence-based medicine with competence and professionalism driven by academic excellence and service to diverse communities.

PA Program Vision

The Rush PA program strives to be a national leader in educating exceptionally qualified PAs in clinical and professional practice.

PA Program Goals

1. Matriculate and retain cohorts with competitive academic and clinical admissions qualifications.
2. Deliver a curriculum that produces cohorts with nationally distinguished board exam outcomes.
3. Prepare students to work collaboratively in interprofessional healthcare teams.
4. Demonstrate student engagement in service to the institution and community.

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 April 2026 meeting, the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) extended Accreditation-Probation status for the Rush University Physician Assistant Program sponsored by Rush University until its next review in April 2028.

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
Phone Number: (312) 563-3234
Webpage: www.rushu.rush.edu/pa-program

Alyssa Knueven, MS, PA-C **Program Director** **Assistant Professor** Phone: (312) 943-7467 Email: alyssa_knueven@rush.edu	**Pravir Baxi, MD** **Medical Director** **Associate Professor** Email: pravir_v_baxi@rush.edu
Lauren Little, PhD, OTR/L **Interim Department Chair** **Professor** Phone: (312) 942-1759 Email: lauren_little@rush.edu	**Elena Petrusevska, MMS, PA-C** **Director of Academic Education** **Instructor** Phone: (312) 942-8281 Email: elena_petrusevska@rush.edu
Thomas Holland, MD, MS **Director of Clinical Education** **Assistant Professor** Phone: (312) 563-1045 Email: thomas_holland@rush.edu	**Alec Weiss, DMSc, MPH, MS, PA-C** **Director of Assessment and Outcomes** **Assistant Professor** Phone: (312) 942-2293 Email: alec_weiss@rush.edu
Daniel Doherty, MS, PA-C **Faculty, Instructor** Phone: (312) 563-8799 Email: daniel_doherty@rush.edu	**Kayla C. Martinez, MS, PA-C** **Faculty, Assistant Professor** Phone: (312) 942-1940 Email: kayla_c_martinez@rush.edu
Jessica Vlaming, MS, PA-C **Faculty, Assistant Professor** Phone: (312) 942-9068 Email: jessica_vlaming@rush.edu	**Renata Block, MS, PA-C** **Faculty, Instructor** Phone: (312) 942-0583 Email: renata_block@rush.edu
Maria Uhler, MS, PA-C **Faculty, Instructor** Email: maria_e_uhler@rush.edu	**Josh Mueller, MPAS, PA-C** **Faculty, Instructor** Email: joshua_t_mueller@rush.edu
Joy Fidis, BS **Program Coordinator** Phone: (312) 942-1857 Email: joyael_fidis@rush.edu	**Jaelyn Jugo, MHA** **Clinical Coordinator** Phone: (773) 682-4712 Email: jaelyn_m_jugo@rush.edu

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 2026-2027

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**
☐ PHA 581 Family Medicine	☐ May 11- June 4, 2026	☐ Friday, June 5, 2026
☐ PHA 582 Internal Medicine I	☐ June 8- July 1, 2026	☐ Thursday, July 2, 2026
☐ PHA 583 Internal Medicine II	☐ July 6- July 30, 2026	☐ Friday, July 31, 2026
☐ PHA 584 General Surgery I	☐ Aug 3- Aug 27, 2026	☐ Friday, Aug 28, 2026
☐ PHA 585 General Surgery II	☐ Aug 31- Sept 24, 2026	☐ Friday, Sept 25, 2026
☐ PHA 586 Obstetrics and Gynecology	☐ Sept 28- Oct 22, 2026	☐ Friday, Oct 23, 2026
☐ PHA 587 Pediatrics	☐ Oct 26- Nov 19, 2026	☐ Friday, Nov 20, 2026
☐ PHA 588 Behavioral Health	☐ Nov 23- Dec 17, 2026	☐ Thursday, Dec 18, 2026
☐ PHA 589 Physical Medicine and Rehabilitation	☐ Jan 4- Jan 28, 2027	☐ Friday, Jan 29, 2027
☐ PHA 590 Emergency Medicine	☐ Feb 1- Feb 25, 2027	☐ Friday, Feb 26, 2027
☐ PHA 591 Elective Rotation I	☐ March 1- Mar 24, 2027	☐ Friday, Mar 26, 2027
☐ PHA 592 Elective Rotation II	☐ Mar 29- April 22, 2027	☐ Friday, April 23, 2027

Course Sequencing

Clinical courses are scheduled at the discretion of the PA faculty and depend largely on preceptor and site availability. Students who are unable to progress through the clinical curriculum as scheduled must either submit a request for deceleration or may be subject to withdrawal or dismissal from the program. The length of the deceleration in the clinical year varies from one term to one year, depending on student performance deficiencies as determined by faculty, as well as availability of outstanding placements and training opportunities. For more information, see the section on **Deceleration**.

There is no mechanism for part-time enrollment in the program. Advanced standing or transfer credit is not awarded in the program, regardless of previous professional or academic experience.

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 batch-register students for all required courses each term; therefore, individual registration is not typically required. If individual registration becomes necessary, students will be provided with instructions. Faculty will submit specific courses to the Registrar's Office by term, depending on the student's individual clinical rotation schedule.

Students may be ineligible to register for courses if a hold is placed on their account, such as in cases of late tuition payments or failure to meet institutional or program requirements (e.g., incomplete annual training modules). All holds must be resolved in order to be eligible for registration, and therefore progression. Failure to resolve a hold in a timely manner may result in delayed registration, additional fees as determined by the Registrar's Office, and/or a professionalism violation. Students may also be subject to probation or withheld from participating in coursework or clinical rotations until the issue is resolved, which may result in a deceleration.

Course Administration and Evaluation

Course Syllabus and Other Learning Materials

The Course Director will provide students with a syllabus and other relevant materials related to each course at the beginning of each term via Canvas, the University's learning management system. The syllabus provides information regarding the course goals and course learning outcomes, policies, teaching methods, lecture topics, required readings, instructional objectives, and grading criteria. The Course Director is the final arbiter in all matters concerning course grading.

Instructor and Course Evaluations

Students are expected to evaluate individual guest speakers and instructional faculty throughout all phases of the program. Timely, constructive, professional completion of evaluations is considered a responsibility and an expectation of all students. Completion may also be a graded component within a course, as outlined in the syllabus. These evaluations are an important component of the program's ongoing self-assessment and continuous quality improvement processes.

Evaluations of guest speakers may be administered through platforms selected by course faculty but individual responses remain anonymous. Site and preceptor evaluations completed through the program's clinical rotation management system are identifiable only to clinical faculty and staff, and not to preceptors. Preceptors receive aggregate feedback.

Students are also expected to complete an anonymous survey at the end of each year of the program.

Requirements for Progression

General Progression Policy

Progression in the program follows a structured sequence of academic, clinical, administrative and professionalism requirements designed to support students' development and readiness for entry level PA practice. In order to progress, students must be able to meet the technical standards at all times as well as meet satisfactory academic performance and satisfactory professional behavior. In order to progress from one academic year to the next, students must also pass the formative evaluation at the end of the first and second years. In order to progress to graduation, students must also pass the program's summative evaluation within the last four months of the program.

Technical Standards

Students must be able to meet the program's Technical Standards, with or without reasonable accommodation in accordance with institutional policies, at all times. If at any point a student is unable to meet these standards, they will not be permitted to progress in the program and will be referred to the P&P Committee for consideration of deceleration vs dismissal. For the full list of Technical Standards, see the PA Program Handbook.

Mandatory Training Modules

Students are required to complete all assigned electronic training modules as assigned, at least annually by the institutional deadline, or a program-defined deadline when applicable. These modules, delivered through the Rush Learning Hub, include topics such as Compliance and HIPAA Privacy, Infection Prevention and Control, Fire Safety, Cybersecurity Awareness, Emergency Management, and Sexual Harassment Prevention.

Failure to complete required modules by the designated deadline will result in a professionalism violation and students are not permitted to progress in the program until all outstanding modules are completed and all associated requirements are satisfied.

Satisfactory and Unsatisfactory Academic Performance

Satisfactory academic performance is an ongoing designation used by the program to assess a student's academic standing and to inform decisions regarding progression as it relates to academic performance.

Satisfactory academic performance is defined as meeting all of the following criteria:

- A minimum cumulative GPA of 3.0 at the completion of each term
- A final grade of "Pass" in every clinical course
- Completion of all remediation activities, as applicable
- A passing score on all remediation reassessments, as applicable
- Compliance with the terms of probationary requirements, as applicable

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

- A cumulative GPA below 3.0 at the completion of any term

- A final grade of “Fail” on any clinical course
- Failure to complete a required remediation activity
- Failure to pass a required remediation reassessment
- Noncompliance with the required academic terms of probation

Unsatisfactory academic performance will result in the convening of the P&P Committee for consideration of deceleration vs dismissal.

Satisfactory and Unsatisfactory Professional Performance

Satisfactory professional performance is an ongoing designation used by the program to assess a student’s professional standing and to inform decisions regarding progression as it relates to professionalism.

Satisfactory professional performance is defined as meeting all of the following criteria:

- Demonstrate behavior consistent with program professionalism policies
- Completion of any required professionalism remediation activities, as applicable
- A passing score on all remediation reassessments, as applicable
- Compliance with the terms of probationary requirements, as applicable

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

- An egregious professionalism violation
- Failure to complete any required professionalism remediation activities
- A failing score on any required remediation reassessment
- Noncompliance with any of the required professionalism terms of probation

The presence of a non-egregious professionalism violation does not, in itself, constitute unsatisfactory professional performance or preclude progression, provided the student is committed to demonstrating improvement.

Unsatisfactory professional performance will result in the convening of the P&P Committee for consideration of deceleration vs dismissal.

Progress and Promotions (P&P) Committee

The P&P Committee serves as the designated body responsible for the review of student performance and progression concerns within the program. The P&P Committee is composed of PA faculty (excluding the Program Director and Department Chair), along with selected external members from the College, University, medical center, and/or the profession. This composition is intended to ensure fairness, objectivity, and an independent perspective in all deliberations. The Committee determines outcomes by majority vote.

The P&P Committee reviews formative and summative evaluations for students who do not meet established academic and/or professional standards and progression criteria. The P&P Committee also reviews significant egregious academic or professional conduct concerns, as well as cases in which students fail to meet the terms of probation. Following review, the P&P Committee determines appropriate outcomes, including progression status (e.g., eligible to progress, eligible to progress on probation, or ineligible to progress), as well as the need for remediation, deceleration, or dismissal.

The P&P Committee may also be convened to review and render decisions on student requests for deceleration and associated leaves of absence, establishing the terms and conditions of such actions, including administrative, medical knowledge and clinical requirements and competency-based assessments required for re-entry and resumption of the curriculum.

For students requiring placement on probation, the P&P Committee establishes the terms of probation in accordance with program and University policies, as well as the remediation plans.

The P&P Committee may be convened either via electronic communication or in person, depending on the severity and nature of the matter under review, at the sole discretion of the P&P Committee. Students may have the opportunity to provide input to the P&P Committee through a written statement, in-person appearance, or representation by a faculty advisor; however, the format and extent of student participation are determined at the discretion of the P&P Committee, as not all matters require or warrant direct student involvement prior to a decision being rendered.

Students are provided with written notification of the outcome of P&P Committee decisions.

Requirements for Graduation

In order to receive the degree of Master of Science (MS) in PA Studies, students must:

1. Successfully complete all required coursework, assessments, curricular activities, and administrative requirements, including any academic or professionalism remediation activities
2. Maintain a minimum cumulative GPA of 3.0
3. Meet the program's standards for satisfactory academic and professional performance
4. Complete and pass all required formative and summative evaluations
5. Fulfill the program's service hour requirement
6. Fulfill all financial obligations to the institution
7. Return all program-issued equipment, materials, and borrowed items in good working order

Terminal Program Competency Assessments

Program Formative and Summative Evaluations

At the end of each academic year, all students are evaluated on cumulative performance to determine eligibility for progression within the program and, ultimately, graduation. These evaluations are based on the program's Terminal Program Competencies and include both formative and summative components.

Formative evaluations determine a student's eligibility to progress from one year of the curriculum to the next. Summative evaluations determine a student's eligibility for graduation.

Both formative and summative evaluations are conducted by PA faculty. Students who do not meet established criteria for progression or graduation will be referred to the P&P Committee for review and determination of appropriate action.

Second Year Formative Evaluation

The second-year formative evaluation consists of various assessments with corresponding benchmarks to track progression to meeting the TPCs. In order for a student to progress to the third year in the program, they must meet all assessment benchmarks and have completed all administrative components listed. If a student required remediation in any of the assessments, that will be noted on the form. A student may require a deceleration if there are significant remediation needs at the end of the second year. A student cannot progress in the curriculum unless all remediations have been completed, unless otherwise directed by the P&P Committee.

Included on the second-year formative are final preceptor evaluations, end of rotation exam performance, second year assignments, the End of Second Year OSCE, the Second Year PACKRAT, the Second Year Professionalism Assessment, as well as the Second Year Administrative Components. The other components of the formative evaluation are discussed below.

Further details on the second-year formative evaluation are outlined in **Appendix M**.

End of Year Objective Structured Clinical Examination (OSCE)

The End of Year OSCE is an assessment designed to evaluate students' knowledge, skills and behaviors. It is administered at the end of each year in the program.

The OSCE consists of three standardized patient encounters, each performed with trained simulated participants/patients (SPs) in the Rush Center for Clinical Skills and Simulation. During each encounter, students are allotted a designated amount of time to complete a focused clinical interaction, including history-taking and a focused physical examination. This is followed by a timed post-encounter write-up station in which the student formulates an initial assessment and management plan without resources. Students rotate through all three cases in a single examination session.
Students are given an overview presentation by faculty on the format, requirements and expectations in advance to guide adequate preparation.

Performance is evaluated by both SPs and PA faculty, with competencies and sub-competencies related to communication, history-taking, physical examination, assessment, and management plans. Scores are aggregated by competency across all three cases.

The minimum OSCE performance benchmarks are as follows:

- **Communication** (aggregate across cases): 80%
- **History-taking** (aggregate across cases): 80%
- **Physical examination** (aggregate across cases): 80%
- **Assessment/Management** (sub-competency aggregates across cases): 80%
- **Overall OSCE score** (overall performance): 80%

Review of OSCE scoring rubrics is not permitted; however, students will receive a score report along with feedback from SPs and PA faculty.

Remediation is generally standardized, but some components are individualized based on student performance. Students who do not meet the above competency benchmarks must participate in an assigned focused remediation and reassessment as indicated with PA faculty, typically occurring outside of the simulated patient center. The reassessment must be passed with a score of at least 80% in order to progress. Failure of a focused remediation attempt will result in probation and assignment of a more intensive remediation plan, followed by another reassessment. The remediation process may result in a deceleration at the discretion of the P&P Committee. A subsequent failure on the reassessment will be referred back to the P&P Committee for determination of deceleration or dismissal as outlined in their probation letter.

Students who do not meet the Overall OSCE benchmark of 80% will be immediately placed on probation, and must complete a comprehensive (global) remediation, which would require a deceleration at the discretion of the P&P Committee. The global remediation would culminate in a reassessment consisting of three new simulated cases administered in the simulated patient center. The global remediation must be passed with a score at or above 80% in order to progress. Failure of the global remediation reassessment will be referred back to the P&P Committee for determination of deceleration or dismissal as outlined in their probation letter.

If a student is already on probation at the time of an Overall OSCE failure, they will be referred immediately to the P&P Committee for determination of deceleration or dismissal as outlined in their probation letter.

Students requiring accommodations must work with the Office of Student Accessibility Services; determinations will be made in accordance with institutional policies. Certain timed assessments may not be eligible for accommodations when the ability to perform tasks within a defined time frame is an essential component of the competency being evaluated. In such cases, the timing element is considered integral to the assessment of clinical performance and may be required for all students.

Late and Missed Objective Structured Clinical Examinations (OSCEs)

- Objective Structured Clinical Examinations (OSCEs) are required formative and summative assessments.
- Students are expected to complete their OSCE on their scheduled day and time.
- Students are required to arrive prepared and ready to go, no later than 5 minutes prior to their assigned OSCE start time. Students who arrive more than 5 minutes after their arrival time will not be permitted to enter the examination and will be considered to have missed the OSCE. This will result in a serious professionalism violation.
- If a student is unable to attend a scheduled OSCE due to a significant acute illness or a personal emergency, they must notify the Course Director and Director of Clinical Education as soon as possible and prior to the scheduled start time whenever feasible. To be considered for an excused absence, appropriate documentation is required. Approval of an excused absence is at the discretion of the Director of Clinical Education.
- Students who miss an OSCE, including due to late arrival, will be rescheduled at a time determined by the program. Due to the complexity of OSCE administration, makeup examinations are limited, which may impact a student's ability to progress in the program and may delay the anticipated graduation date.
- Failure to notify the program prior to the scheduled start time, except under extraordinary circumstances, will result in the absence being considered unexcused and will result in an egregious professionalism violation.

PA Clinical Knowledge Rating and Assessment Tool (PACKRAT)

The PACKRAT is a standardized, national self-assessment examination developed by the Physician Assistant Education Association (PAEA) to evaluate students' medical knowledge and readiness for the Physician Assistant National Certifying Examination (PANCE).

The PACKRAT consists of 225 multiple-choice questions administered over four hours. Examination content is aligned with the PANCE blueprint and topic list and assesses knowledge across major disciplines of primary care medicine.

The PACKRAT is administered at the end of each academic year to provide both students and faculty with objective feedback regarding medical knowledge acquisition, progression, and readiness for the PANCE.

Completion of the PACKRAT is required for progression in the program; however, the examination is not tied to any individual course grade. The program utilizes a performance benchmark of within one standard deviation below the national mean, and 70% for each organ system and task area, for the corresponding exam version as an indicator of satisfactory knowledge development. Review of individual PACKRAT questions is not permitted; however, students will receive a score report with performance breakdowns by organ system and task area. Scores are used to guide academic counseling and identify areas for further study or support.

Students are expected to take the PACKRAT at the scheduled date and time. In the event of illness or an emergency, appropriate documentation is required, and the student must complete the examination in accordance with the program's Missed Exam policy.

End of Year Professionalism Assessment

The Professionalism Assessment is an evaluation of student professional behaviors conducted by PA program faculty at the end of each academic year. This assessment is designed to evaluate the professional behavior and interpersonal skill competencies essential to clinical practice and professional development (See **Appendix L-1**).

The assessment includes the following sub-competencies:

- Communication
- Appearance and demeanor
- Dependability and engagement
- Self-awareness and accountability
- Honesty and ethics
- Teamwork and collaboration

Each sub-competency is scored using a standardized rating scale of 1-5 (Never-Always). The program's defined benchmark is an average score of 4.0 or higher in each.

Students who do not meet the benchmark in any individual sub-competency will be required to complete a focused remediation specific to the area(s) of deficiency followed by a reassessment. Remediation plans are developed by the PA faculty and may include reflective exercises, faculty mentorship, or other structured activities to support professional growth. Successful completion of all required remediation is necessary for progression within the program. Failure to pass the reassessment with a score of 4.0 or above, warrants placement on probation. If a student is already on probation at the time of a reassessment failure, they will be referred immediately to the P&P Committee for determination of deceleration or dismissal as outlined in their probation letter.

Students who do not meet the benchmark across all sub-competencies will be immediately placed on probation, and be required to complete a global professionalism remediation, requiring a deceleration of at least one term, followed by a reassessment. The remediation plan is developed by the P&P Committee and may include reflective exercises, faculty mentorship, and other structured activities to support professional growth. Successful completion of all required remediation is necessary for progression within the program. Failure to pass the reassessment with a score below 4.0 in all areas, warrants referral back to the P&P Committee for determination of deceleration or dismissal as outlined in their probation letter.

If a student is already on probation at the time of a global assessment failure, they will be referred immediately to the P&P Committee for determination of deceleration or dismissal as outlined in their probation letter.

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 participate in various community service activities in the PA Program, the University and throughout the Chicago area.

The PA Program requires that each student completes at least twelve (12) hours per academic year of approved community and/or professional service – eight (8) of which must be service to the community. Examples of activities that may be used to meet this requirement include participation in community

health fairs, participation in Rush organized and approved service activities, participation in PA Program admissions recruitment and interviews, and participation in community health education events. In addition to Rush and PA Program sponsored service activities, students may participate in appropriate events that serve the community. Note the following criteria regarding participation in service activities:

- Students are not permitted to miss clinical rotations in order to participate in community service activities. Requests for time off from clinical rotations to participate in service activities are not permitted.
- 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.
- For all activities not sponsored by Rush or the PA Program, students should notify the program and obtain approval to participate from the Faculty Advisor for Student Activities, prior to attending the event itself.
- For every service event, students should complete and submit a PA Program Professional and Service Documentation Log form on Microsoft Forms. This form must be submitted within 4 weeks of completion of the service activity. Students will not receive credit for their service activity if the forms are not submitted by this deadline.
- The Service Documentation Log must contain the event name, date, hours served, and the contact name / information for the event organizer or supervisor as available. The student will be required to attest on their form that the information submitted is true and accurate as to their completed service hours. Any falsification of service hours is considered an egregious violation and students will be presented to the P&P Committee for consideration of deceleration vs. dismissal.
- Students may refer to the Canvas shell for more information regarding Service Hours. Any questions regarding the service requirement should be directed to the Faculty Liaison.
- All service hours must be completed by 2 weeks before the last date of the academic year in order to progress.

Progression Outcomes

Based on formative evaluation, students are determined to be:

- Eligible for progression without reservation
- Eligible for progression but remain on probation
- Not eligible for progression

Students who do not meet progression criteria will be referred to the P&P Committee for review and determination of required remediation, deceleration, dismissal or other academic or professionalism action.

Probation and Progression Considerations

Students on probation are reviewed during formative evaluations to determine whether they have met the conditions outlined in their probation plan. In some cases, a student may demonstrate adequate progress but still have outstanding remediation requirements. Under these circumstances, a student may be permitted to progress while remaining on probation.

Progression under probationary status does not remove or alter probation conditions. All decisions regarding progression while on probation are made at the discretion of the P&P Committee.

PA Program Policies

Academic Calendar and Term Breaks

During the clinical phase of the program, rotation schedules do not follow the published academic calendar, as they are structured to meet clinical training requirements. During the clinical rotations, breaks are determined at the discretion of the PA Program and are outlined in the clinical year handbooks.

Students are expected to adhere to all assigned schedules as determined by the program. Flexibility may be required, as changes can occur with limited notice in order to optimize educational experiences.

Attendance and Tardiness

Attendance at all clinical rotations, return-to-campus events, and PA Program activities is mandatory. Students are expected to be on time and present for all clinical rotations, return-to-campus events, and PA Program activities as scheduled. Attendance and punctuality are criteria within the standards of professional behavior. Students who do not abide with the attendance and notification policy will receive a professionalism violation.
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.

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.

Absences and Illnesses

Students are responsible for understanding and complying with all attendance policies outlined below.

For any absence, students are required to notify both the Course Director and their preceptor each day, prior to the start of the scheduled shift. Notification to faculty must be made by email and must include the reason for the absence and the expected duration. 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. Failure to provide timely and appropriate communication may result in an otherwise excused absence being classified as unexcused. All missed time must be entered under Time Off in EXXAT. Students may be required to make up missed rotation hours at a later time.

Absences are considered excused when they are due to legitimate and unavoidable circumstances such as personal illness, bereavement, or other serious, unforeseen circumstances beyond the student's control, at the discretion of the Course Director and/or Director of Clinical Education.

Students may also be granted an excused absence for required medical or dental appointments. Such absences are limited to the time necessary to attend the appointment and do not excuse the student from

the remainder of the day. Students are expected to attend all other scheduled activities. Appointments should be scheduled at times that minimize disruption to academic and clinical responsibilities. Documentation confirming the appointment must be submitted to the Course Director and in EXXAT. Students must notify the program in advance in accordance with the communication requirements described above.

In cases resulting in more than one consecutive day of absence (including the day before or after a personal day), the student must email the Course Director and/or Clinical Education immediately. Documentation from a healthcare provider, or if the absence is not due to illness, other appropriate third-party verification, is required and accepted at the discretion of the Course Director and/or Director of Clinical Education. Documentation may also be required for a concerning trend of missed time as requested by the Course Director and/or Director of Clinical Education.

Documentation is required for a single day absence when it involves a/an:

- In-person lab (including but not limited to case-based labs and sim labs)
- Skills training
- Assessment (presentation, exam, OSCE, etc)
- Return to campus (RTC)
- First or last day of a clinical rotation
- Mandatory on campus activity as identified by the Director of Clinical Education

Documentation is also required if a student misses a day before and or after a personal day.

Whenever documentation is required, it must be submitted with 24 hours of the absence and also uploaded to EXXAT by the due date when the Time Off is documented.

If a student anticipates missing more than one week of class, the student must apply for an official Leave of Absence. During the clinical year, a Leave of Absence generally requires deceleration of at least one term. Additional information can be found in the **Leave of Absence** section of the handbook.

Absences are considered unexcused when they do not meet the criteria for excused absences or when communication and/or documentation requirements are not followed.

Unexcused absences include, but are not limited to, missing or leaving clinical rotations or a mandatory activity for any reason without prior program approval, personal travel, vacations, social events, weddings (including a student's own wedding and participation in the bridal party), family or personal celebrations, relocation or moving activities, extracurricular, volunteer, or professional activities not required by the program. Students may request a Personal Day in accordance with the policy.

Unexcused absences are considered professionalism violations and are subject to both academic deductions and/or professionalism violations depending on the nature of the unexcused absence. Any student with an unexcused absence while on clinical rotations is subject to failing the rotation, regardless of other rotation performance.

For any absence, students are required to complete make-up work and/or clinical hours at the discretion of the Course Director. Students are required to contact the course director to discuss any make-up work.

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.

Personal Days

During the second year, students are allowed to take up to three 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 one personal day during a 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.

Religious Holiday Time Off

The program will work with students to support the observance of their religious practices, to the extent possible while maintaining essential academic and clinical requirements. This includes consideration for religious holidays, daily or periodic prayer obligations, fasting requirements, and other related practices that may impact scheduling or participation.

Students requesting time off for religious observances should notify the Director of Clinical Education of an anticipated schedule of religious observances and related time needs at the beginning of each clinical year to support appropriate planning. Any additional or updated accommodation needs should be communicated as soon as they are known.

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. Surgical scrubs are not permitted to be worn outside of the hospital.

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 PA student 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 and having an Incomplete course grade 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. Rush policy states that all types of artificial fingernail preparations including acrylics, gels, wraps, all layovers, inlays, bonds, extensions and decorations, and no-chip products are prohibited for any staff involved in direct patient care activities and handling sterile supplies. Additionally, no jewelry is allowed in the OR.

Outside clinical sites may have their own dress code policy, and students must adhere to it.

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 in the PA Program Handbook.

Professionalism and Professional Behavior

Professionalism encompasses the intellectual, ethical, behavioral, and attitudinal attributes expected of a healthcare provider. All students are expected to adhere to the professionalism policies of the program, College, and University.

PA Program Professionalism Policies

Students in the PA program are expected to demonstrate professional conduct consistent with that of a clinician-in-training throughout all phases of the program. This includes accountability, integrity, respect for others, and appropriate professional behavior in all academic, clinical, and professional interactions across the program.

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**.**

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.

As discussed in the Formative Evaluation section of this handbook, at the end of each year students will receive a Professionalism Assessment that must be passed in accordance with the defined benchmarks in order to progress.

The PA program faculty and instructional faculty evaluate student professionalism at all times.

The following is an outline of actions taken if students encounter professionalism issues during the program:

- At the first occurrence of a professionalism issue, students are given a written warning that any subsequent issues will constitute the first official professionalism violation
    - This is referred to as a “Professionalism Warning”.

- If a student has another occurrence of a professionalism issue, or if the student commits a serious professionalism violation at the discretion of the PA faculty, the student will be issued the first official professionalism violation
    - This is referred to as “Professionalism Violation #1”
    - Students are expected to revisit the professionalism policy and make corrective action to remediate the behavior; refraining from subsequent violations of the policy of any nature.
    - Students are encouraged to meet with their faculty advisor for remediation support and professionalism mentoring as needed.

- If students have another occurrence of a professionalism issue (whether of the same or different nature), they will be issued another professionalism violation
    - This is referred to as “Professionalism Violation #2
    - This stage warrants completion of the program’s corresponding Professionalism Assessment for professionalism violation remediation by the Director of Clinical Education. See **Appendix L-2**.
    - All current professionalism issues will be outlined on the assessment, and expectations for remediation and reassessment will be listed.
    - Students are required to outline an action plan for how they will remediate their behavior and meet expectations moving forward.
    - If students do not pass the reassessment, they will be placed on probation, and require a more intensive remediation, which may result in a deceleration at the discretion of the P&P Committee.
- If students have another occurrence of a professionalism issue (whether of the same or different nature), OR they commit an egregious professionalism violation at the discretion of the PA faculty, they will be placed on probation
    - Probation requires an intensive remediation plan, which may result in a deceleration at the discretion of the P&P Committee
    - This stage warrants a discussion with the Program Director to outline the terms of probation and outcomes for subsequent professionalism violations, including deceleration or dismissal from the program.

- Serious professionalism violations reflect failures of reliability or required participation that directly impact assessment, instruction, or program operations, even when not intentional or malicious.
    - *Serious professionalism violations include, but are not limited to, failure to report for a required examination, assessment, or scheduled academic or clinical activity without prior notification (unexcused absence); failure to meet mandatory program deadlines or required submissions (including absence documentation requirements); leaving an examination, assessment, or required session without authorization; and failure to follow required academic or clinical instructions resulting in disruption of learning, assessment integrity, or program operations.*

- Egregious professionalism violations reflect severe breaches of professional, ethical, or behavioral standards that place patients, peers, faculty, or the program at risk, or fundamentally undermine academic or clinical integrity, regardless of intent.
    - *Examples of egregious professionalism violations may include, but are not limited to, academic dishonesty (including cheating, plagiarism, or unauthorized collaboration, assistance, or use of prohibited resources on examinations or assignments), falsification or fabrication of academic or clinical records, breaches of patient confidentiality, impairment or unsafe behavior in an academic or clinical setting, harassment or discrimination of any kind, threats or acts of violence, and any conduct that compromises patient safety or places patients, peers, faculty, or the program at risk.*

Professionalism Progression Policy

- At the end of the second year, a Professionalism Assessment will be completed as part of the Formative Evaluation and will reference professionalism warnings and violations from the entire year.
- 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.
- If a student is on probation with ongoing professionalism issues, the P&P Committee has the sole discretion to extend their probation status into the third year or consider the student for dismissal as outlined in their probation letter.
- Professionalism violations are internal to the program and do not appear on student transcripts; however, an assessment of professionalism is included in references for job applications and credentialing which PA program faculty complete after students graduate.

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.

Academic dishonesty is considered an egregious professionalism violation which warrants immediate placement on probation or dismissal from the program, despite prior academic or professionalism performance, at the sole discretion of the P&P Committee.

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.

Use of Artificial Intelligence (AI)

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 an egregious professionalism violation which warrants immediate placement on probation or dismissal from the program, despite prior academic or professionalism performance, at the sole discretion of the P&P Committee.

Copyright and Use of Materials

Educational materials include, but are not limited to, course syllabi, course learning outcomes and instructional objectives, lecture handouts, recordings, readings and 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 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. This is also considered an egregious professionalism violation which warrants immediate placement on probation or dismissal from the program, despite prior academic or professionalism performance, at the sole discretion of the P&P Committee.

Patient Information Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) privacy and security rule creates a framework to ensure the safety, security and integrity of all patient medical record information. This includes all forms of patient record information, whether in electronic and paper file formats, and all health care information communication, whether electronic, written or verbal. The goals of the privacy and security rule are to:

- Protect and enhance patient rights by providing access to and controlling inappropriate use of health care information.
- Improve health care quality by maintaining trust between patients, providers, and payers.
- Improve efficiency and effectiveness of care delivery by creating a national framework for the privacy, confidentiality, and security of patient information, whether held electronically or in paper.

Protecting the privacy, confidentiality, and electronic security of patient information is of utmost importance at Rush. The institution is committed to maintaining patient confidentiality and understands the sensitivity of patient information. All Rush University students are expected to complete annual HIPAA Privacy and Security education. Students should not post any patient information on social media.

Social Media

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

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

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

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

Discrimination and/or Harassment of Students

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

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

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

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

catherine_c_howlett@Rush.edu

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

Grievances, Complaints, and Student Appeals

All issues and or concerns related to PA Program courses should be first directed to the respective Course Director. If the student's issue is not resolved by the Course Director, the matter should be referred to the Director of Clinical Education. 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.

If the matter in question cannot be resolved at the Chair level, it will be directed to the P&P Committee for further consideration. This committee will discuss and render a decision by a voting majority.

If the student's issue and or concern remains unresolved, and the student believes that a rule, procedure, or policy has been applied in an unfair or inequitable manner or that there has been unfair or improper treatment by a person or persons, they should follow the Student Academic Appeal and Grievance Procedures as outlined in the College of Health Sciences section of the Catalog.

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.

In accordance with Standard 668.43(b) under the Code of Federal Regulations, the program provides students with information on how to submit complaints regarding the program's compliance with accreditation standards. Students may file complaints with the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) here.

Complaints submitted to an accrediting body should be limited to substantive concerns regarding the program's adherence to accreditation standards and its own published policies. Accrediting bodies review issues at the programmatic level rather than individual matters; therefore, concerns such as grade disputes or interpersonal issues should be addressed through established institutional grievance processes.

Second Year General Policies

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.

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 during the second year.

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. 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 outside of the rotation hours, or time spent commuting to and from the rotation. All clinical rotations must include in-person, direct patient care experience. Some rotations may include telemedicine which cannot exceed 20% of total time on the rotation with the exception of behavioral health rotations. Students must email the Course Director immediately if their total rotation time is anticipated to be > 20% telemedicine.

In-hospital call will occur at a frequency of no more than every 4th 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 are not permitted to work during the program.

Rotation Scheduling Policy

The PA faculty have the sole responsibility for providing and soliciting clinical sites and preceptors. Students are not required to provide or solicit clinical sites or preceptors. Clinical faculty make all clinical rotation assignments **randomly** based on site availability. Faculty take into account many factors when creating student schedules to ensure students meet the program requirements. 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.

The PA Program considers its primary rotation area to be within a 90-mile radius or 90-minute drive from Rush University. 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 not required to provide or solicit clinical sites or preceptors. All clinical rotations are scheduled by the PA program. Students are permitted to request alternative rotation sites (non-established Rush PA program rotation sites) and out of state rotation sites for their 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. Late elective Wishlist submissions will result in the student being placed at any available site.

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/or Director of Clinical Education have the right to refuse any site that does not meet the rotation learning outcomes and/or goals of the PA program.

Rotations are 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 first find a qualified preceptor to agree to precept them for the scheduled elective rotation dates. Then, the student 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. If a student completes an out-of-state elective and does not travel back for any required activity, any missed activity will be considered an unexcused absence, and the student may lose future elective placements.

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; however, a make-up activity may be required for any missed RTC at the discretion of the Course Director. Students may be unable to start their next rotation until make-up activities are complete. 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.

Attendance at Hands-on Laboratory and Skills Training

- Attendance at all laboratory and hands-on skills training sessions (including simulation sessions and technical skills training) is required. These sessions are essential to the development and demonstration of clinical competencies.
- Students are expected to attend all scheduled sessions and arrive on time. If a student is unable to attend due to a significant acute illness or a personal emergency, they must notify the Course

Director or lead faculty member as soon as possible and prior to the start of the session whenever feasible.

- The program reserves the right to require documentation to support an absence that impact these sessions in order for it to be considered excused. Approval of an excused absence is at the discretion of the Director of Clinical Education.
- Students are responsible for completing all missed laboratory or skills training content. Makeup opportunities may include attendance at a scheduled makeup session, completion of alternative assignments, or demonstration of required skills at a later time, as determined by the Director of Clinical Education.
- Makeup opportunities are not guaranteed and are subject to faculty availability, course structure, and resource limitations. Some skills may only be available for assessment or instruction during scheduled sessions.
- Failure to complete required laboratory or skills training activities may result in an incomplete course or program requirement and may impact course and or program progression.
- Repeated absences from required laboratory or skills training sessions is considered a professionalism concern and is subject to a professionalism violation.

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.

Advising

Students are required to meet with their advisor for routine advising once per term but can request to meet with their advisor at any time. 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.

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.

Students should not accept any form of payment for the tasks they perform while on clinical rotations. While on clinical rotations, students may not provide services within the preceptor's practice apart from those rendered for their educational value and as part of the clinical instruction experience. Students may not receive monetary compensation for work performed within the preceptor's practice.

Students should not perform any services outside of those appropriate for a PA student in training, regardless of the student's prior professional or academic background. This includes but is not limited to substituting for instructional or clinical faculty or performing staff clerical or administrative duties.

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.

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.

Student Conference Attendance

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

by-case basis. All requests to attend conferences or professional meetings must be submitted to and approved by the Course Director prior to the student confirming their attendance and booking travel.

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

All student travel, even if in-state, requires completion of the College of Health Sciences travel form by the deadline given per the Program Coordinator. Failure to complete the form prior to the deadline as well as any other travel guidelines as directed by the Program Coordinator will result in a professionalism violation.

Global Health Trips

Students may be permitted to attend a week-long Rush global health trip during the clinical years of the program. Global health trips may only be available to students during specific clinical rotations of the clinical year. Students must be in good standing and receive approval from the Course Director and/or Director of Clinical Education prior to committing to a 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 Course Director and/or Director of Clinical Education. Students may also be required to make up the missed clinical rotation time or other missed activities, if applicable. Students are also required to inform their preceptor prior to the start of the rotation and remind the Course Director about their trip at least 4 weeks prior to leaving. Students must follow all international travel policies as outlined through the Office of Global Health website (https://www.Rushu.Rush.edu/about/faculty-affairs/global-health). These policies are based on current Centers for Disease Control and Prevention (CDC) recommendations for health professionals and applicable state and host country mandates.

In order to participate in an international global health trip, students must:

- Complete all required compliance documentation through the Office of Global Health
- Adhere to all current CDC travel health recommendations, including but not limited to:
    - Required and recommended vaccinations
    - Pre-travel health screening and clearance
    - Infectious disease prevention measures
- Comply with all applicable state, federal, and host country public health mandates, which may include testing, quarantine, or additional documentation
- Purchase comprehensive travel health insurance, including coverage for medical evacuation and repatriation

The program monitors CDC guidance and international travel advisories and reserves the right to modify, delay, or cancel student participation in global health experiences based on safety considerations or changes in public health recommendations.

All trip costs are at the expense of the student; however, Rush offers partial scholarships to cover a portion of the costs related to the administrative fee of the global health trip. Students can learn more about global health by visiting https://www.Rushu.Rush.edu/about/faculty-affairs/global-health.

Students are required to complete a post-trip evaluation and assigned coursework related to the global health experience. Due to the nature of clinical rotations and scheduling:

- Students may be required to make up missed coursework or clinical time
- Students must discuss planned absences with their Course Director prior to making travel arrangements

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

Student Health and Safety

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

For more information regarding the program's screening clearance requirements, refer to the packet received upon acceptance to the program. Rush University uses CastleBranch to conduct its student screening services. The program also requires each student complete a criminal background check and drug screening on file at the time of registration for class. The drug screen is repeated each year of the program. Students are responsible for the cost of these screenings. Please note: dilute negative is not a "negative screen"; it is an inconclusive screen, which warrants repeat.

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

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

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.

Immunization, Health Screening and Onboarding Requirements:

Immunizations:

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: https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html. The State of Illinois guidelines

are available here: https://dph.illinois.gov/content/dam/soi/en/web/idph/documents/topics-services/diseases-and-conditions/respiratory-disease/adult-combined-schedule-08072025.pdf.

The required immunizations are due two weeks prior to the first day of orientation:

Required	Recommended	Not Required	
1. Influenza, inactivated (every year) 2. Tetanus, Diphtheria and Pertussis (every 10 years) 3. Measles, Mumps, Rubella 4. Varicella 5. Hepatitis B 6. Meningococcal Serogroup ACWY	1. COVID-19* **Not required by Rush University but required by some of the PA Program's clinical rotation sites.*	1. Influenza, live attenuated 2. Respiratory Syncytial Virus 3. Recombinant Zoster 4. Human Papillomavirus 5. Pneumococcal	6. Hepatitis A 7. Meningococcal 8. Serogroup B 9. Haemophilus influenzae type b 10. Mpox 11. Inactivated Poliovirus Vaccine

In addition to the required immunization schedule, students must submit documented proof of immunity, ***as demonstrated by serologic titers***, for the following:

- Hepatitis B
- Measles (Rubeola), Mumps, Rubella
- Tetanus, Diphtheria, and Pertussis (Tdap)
- Varicella

Providing a vaccination history is **not** sufficient to document immunity. Waivers for non-conversion are reviewed on a case-by-case basis, in accordance with the Rush Employee Health standards.

Medical and Religious Exemptions:

Students may pursue medical and/or religious exemptions for required immunizations. A separate written request is recommended for each immunization. Medical exemptions are requested from a licensed health care provider, and religious exemptions are requested from an authorized religious leader. For annual immunizations, these letters must be updated each year. Rush University reserves the sole discretion to review and approve all medical and religious exemption requests for program immunization requirements.

Students with approved exemptions may matriculate and participate in didactic coursework; however, immunization requirements vary by clinical site and may change based on site policies or circumstances. Students must comply with all health and immunization requirements established by clinical rotation sites.

Clinical sites may not accept medical or religious exemptions, and the program is not required to provide alternate rotation assignments based on personal preferences or exemption status. Therefore, the program cannot guarantee that approved exemptions will not affect clinical placement or progression. This may result in delays in a student's ability to complete the program.

Health Screenings:

Due two weeks prior to the first day of orientation:

- History and physical examination by a licensed health care provider completed on the Program's form

- A two-step PPD, T-Spot, Quantiferon Gold, or T-SPOT.TB test done within three months of matriculation (then yearly thereafter)
- Drug screening (then yearly thereafter)
- Criminal background check

During the clinical years, students are required to provide updated health records. Certain rotations may specify that students must be in compliance with other requirements such as additional drug screens or vaccinations, such as COVID-19. If required, this is an out-of-pocket expense for the student. The program will inform students of any necessary procedures to meet such requirements in advance of the rotation start date. Students must comply with all clinical rotation site health maintenance requirements to remain in good standing in the program. Expenses related to an external compliance verification system will not be reimbursed for elective rotations. There are no international clinical rotation experiences. For students who volunteer on a global health trip, there may be additional recommended immunizations as outlined in the PA Program Handbook.

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 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.

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.

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

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

Safety Incidents

Any incident that affects patient, student, or staff well-being, or a patient's care, must be reported to the program immediately. Incidents occurring during the clinical year should be reported to the preceptor and the Director of Clinical Education. This includes, but is not limited to, illness or injury, accidents, falls, and potential violent or non-violent events and encounter. Filing a hospital incident report may also be required, depending on the issue and the policy of the particular institution involved. Incidents involving gross errors in judgment or practice on the part of the student may constitute grounds for dismissal from the program. If a student is in immediate danger while on rotation, the student should calmly remove themself 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 Director of Clinical Education 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.

Hazardous Exposure Incidents

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

Prevention Methods

During program orientation/bootcamp and at designated intervals throughout the curriculum, students receive required instruction on the prevention of infectious and environmental hazards prior to any clinical or laboratory activities that may place them at risk. This instruction includes standard precautions, transmission-based precautions, and appropriate selection and use of personal protective equipment (PPE).

Students are expected to apply this training consistently in all educational and clinical settings. This includes adherence to standard and transmission-based precautions, proper use of PPE based on anticipated exposure risk, safe handling and disposal of sharps and other potentially hazardous materials, and compliance with all clinical site-specific safety requirements.

Students must also complete all required institutional and program-based safety and infection control training prior to participation in activities with potential exposure risk, and as required throughout the curriculum.

Procedure at Rush University Medical Center

- Wash injured area with soap and water. If eyes, nose, or mouth, use water only.
- Immediately report the incident to your preceptor / course instructor.
- Immediately call and then report to Employee and Corporate Health Services (ECHS), 4th floor Atrium, 312-942-5878.

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

Procedure Off-Campus

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

Financial Responsibility

Students are responsible for all costs associated with evaluation, treatment, testing, and follow-up care resulting from an exposure incident, including those not covered by personal insurance or institutional coverage.

Emergency Communication

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

Emergent communication between the Program and students after class hours is by email or phone. Students are expected to check their email at least once a day for notices such as clinical rotation needs or changes, activity cancellations, or other announcements.

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

Medical Liability Insurance

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

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

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

University Student Services

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

Below is a partial list of the student services available on campus. Students are directed to the University **website** for more information.

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

Second Year Curriculum

Second Year Clinical Rotation Goals, Topic Lists, Learning Outcomes, and Instructional Objectives

Prior to starting a new rotation, students must review the rotation syllabus, which includes the rotation goals, topic list, learning outcomes, and instructional objectives. These are also included as **Appendix A** in this handbook. The student will be expected to meet all of the learning outcomes by the end of each rotation. The student should communicate with their preceptor and the course director if they are not on track to meet any of the learning outcomes by the midpoint of the rotation.

Technical Skills Passport

Each clinical rotation has a required technical skill(s) as a learning outcome, with the exception of behavioral health. Students are required to complete each technical skill with a minimum proficiency level of "competent" by the end of the designated clinical rotation (See **Appendix B**). 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 required skill by the end of the rotation, a remediation plan will be put in place. Clinical faculty will communicate with the student within one week of the due date with a remediation timeline and plan. Students should refer to the Passport Requirements listed within the passport for further information on the technical skill(s) for each rotation, preceptor attestation, competency benchmark, and submission.

As stated in the guidelines, failure to submit a form for any reason, including but not limited to, lost or damaged forms, will result in the skill not counting as complete. 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. Students should upload the completed form to the designated clinical rotation's learning activities section in EXXAT promptly upon completion but at least by the deadline of the Sunday following the end of the rotation at 11:59pm. Failure to follow the instructions outlined in the passport will result in a professionalism violation.

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 must be an active participant in 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	1. **The PA Rotation Exam Review**, Gonzales P, McDonald M, 2nd Ed, LWW, 2024. **(required)** 2. **A Comprehensive Review for the Certification and Recertification Examinations for PAs**, O'Connell, Cogan-Drew, 7th Ed, LWW, 2022 (recommended)

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

Clinical Rotation Performance and Grading Policies

Second Year Rotation Administrative Components

Each rotation has administrative components that must be completed (See **Appendix J**). 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	12.5%
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%
RTC Survey	12.5%
TOTAL	**100%**

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 (Appendix D). 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 receive formal mid-rotation feedback and identify deficiencies in which they need 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, setting, 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. See Appendix E and Appendix F for examples.

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 Rotation Grading Criteria Policies

Second Year Course Graded Components

Student performance is assessed throughout the program using various mechanisms. The course syllabi outline the specific assessments used in each course.

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 for Physical Medicine and Rehabilitation 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, Student Evaluation of Site, and RTC Survey)

These requirements are listed in further detail in **Appendix I**: "Second Year Rotation Graded Components."

End of Rotation Examinations

The program utilizes the PA Education Association (PAEA) 120-question multiple choice 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 included in course syllabi. 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 in the course syllabi.

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

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.

Taking Exams

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

Late Arrival to 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 undisruptive as possible.

- If a student is late and has not notified the course director, it will be considered an egregious violation. 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, and it will be considered unexcused.
- 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.

Academic Integrity: Cheating

- Cheating is strictly prohibited on any assessment and encompasses any attempt to gain an unfair academic advantage, including, but not limited to, the use of unauthorized materials or devices, accessing or sharing assessment content, communicating with others during an assessment, or using digital platforms, online resources, or artificial intelligence–based tools to generate or assist in responses.
- A student suspected of cheating during an assessment may be required to forfeit it at the discretion of the proctor and/or Course Director.
- The exam proctor and/or Course Director has the authority to determine whether a violation has occurred. Determinations regarding a student's testing behavior are considered final.
- Any instance of cheating will be referred to the Program's P&P Committee for review and may result in disciplinary action, up to and including dismissal from the program.

Missed Exams

- Students are expected to take all examinations on the scheduled date and time.
- If a student is unable to attend a scheduled examination due to a significant acute illness or a personal emergency, they must notify both the Course Director and the Director of Clinical Education as soon as possible and prior to the start of the examination whenever feasible.
- If the Course Director or Director of Clinical Education is unavailable, the student must contact the Program Director.
- To be considered for an excused absence, the student must provide appropriate documentation (e.g., medical documentation for illness or other supporting documentation as applicable). Approval of an excused absence is at the discretion of the Director of Clinical Education.
- Except under extraordinary circumstances, failure to notify the program prior to the start of the examination will result in the absence being considered unexcused.
- Students with an excused absence must complete the examination as soon as possible at the earliest time designated by the Course Director. Makeup examinations are typically scheduled within 48 hours of the originally scheduled time; however, the exact timing is determined at the sole discretion of the Course Director and may occur sooner. Makeup examinations may be scheduled outside of regular business hours, including evenings or weekends. Students are not permitted to miss rotation or program activities in order to make up an exam.
- Students with an unexcused absence must complete the examination within 24 hours of the originally scheduled time, as directed by the Course Director. The timing of the makeup examination is at Course Director discretion, and may be scheduled outside of regular business hours, including evenings or weekends. Students are not permitted to miss classroom or program activities in order to make up an exam.
- In cases of an unexcused absence, the student will receive a professionalism violation, and the maximum score attainable on the examination is 70%. A second unexcused missed examination

will result in a student being placed on probation, and they will receive a score of zero for that exam, which may jeopardize progression in the course and program.

Examination Remediation

- End of Rotation exam passing cutoff scores will be determined by the PA faculty using national performance data and included in course syllabi.
- If a student scores below the passing cutoff on an end of rotation exam, they will be placed on Warning. Both remediation and reassessment will be required.
- The student will complete a remediation assignment on the missed exam content which must be submitted prior to the reassessment exam.
- The student will be given a single opportunity to complete another end of rotation exam as reassessment for a passing score. The reassessment exam must occur within two weeks of the original exam date.
- The content, format, timing and deadline of the remediation and reassessment are determined at the discretion of the Course Director in collaboration with the Director of Clinical Education. Failure to complete the remediation and reassessment by the specified deadline will be considered unprofessional behavior and will be subject to a serious professionalism violation. In addition, a penalty on the reassessment may be applied at the discretion of the Course Director, up to 48 hours after the deadline. If a remediation reassessment is not submitted within 48 hours of the deadline, it will no longer be considered a late submission, but a missed submission. The student will be placed on probation, and the P&P Committee will be convened. If the student is already on probation, the P&P Committee will meet to determine deceleration vs. dismissal.
- A course grade of incomplete will be assigned until all required remediation activities are completed and the reassessment is successfully passed. A student cannot progress to a subsequent term until this is completed. Students may have the option to complete remediation and reassessment activities during scheduled breaks to avoid delaying their progression to the next term.
- Students must score at or above the passing threshold on the reassessment as evidence of competency in the deficient content area.
- Failing to achieve a passing score on a reassessment constitutes a remediation exam failure, which is considered an additional failure, and the student will be placed on Probation for further action as described in this Handbook. Refer to the section on **Probation** for more information. If the student is already on probation, the P&P Committee will meet to determine deceleration vs. dismissal.

If the student passes the reassessment but then fails a second exam, the student will be immediately placed on Probation, and the P&P committee will be convened to determine further action.

If a student fails more than two exams (first attempt or reassessment exams), they are subject to immediate dismissal from the program regardless of other rotation performance.

All examination materials are strictly confidential. Students may take examinations at different times, and maintaining the integrity of all assessments is required. Cross-cohort communication or sharing of any examination content is strictly prohibited and constitutes a violation of the Academic Honesty Policy. Such behavior is considered an egregious professionalism violation and may result in disciplinary action up to and including dismissal from the program. Additionally, it is considered academic dishonesty to share confidential assessment information with other individuals, including both classmates and those outside of the PA program.

Students within cohorts are also prohibited from discussing examination content with classmates until all associated assessments and any required remediation activities have been completed and finalized. Violations of this policy will result in a professionalism violation and may lead to further disciplinary action.

These expectations apply to all program assessments, including but not limited to, course examinations, formative and summative evaluations, and OSCE assessments.

Studying in the Second Year

Students should ensure they 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 I**. All assignment submissions should be uploaded to Canvas by 11:59pm on the due date. Submissions for patient notes and hot topic papers are due by 11:59pm the last day of the rotation, which generally falls on a Thursday. The PowerPoint submission for the oral case presentation is due by 11:59pm the day before the Return to Campus at which the student is scheduled to present, which generally falls on a Thursday but may fall on a Wednesday.if RTC is on Thursday. General assignment guidelines are in **Appendix H**. 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. Grading rubrics for each assignment are included in the respective course syllabus as well as on Canvas. 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. 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.

Patient Note: The patient note assignment is a full written note on a patient seen on the rotation. The patient's information should be de-identified. The note should contain a chief complaint, HPI, past medical history, surgical history, hospitalizations, health maintenance, medications, allergies, family history, social history, ROS, physical exam, relevant diagnostic studies, assessment, and evidence-based plan. The note should demonstrate clinical reasoning. Instructions, an example, and a rubric are provided on Canvas.

PA Practice Hot Topic Commentary: The PA Practice Hot Topic Commentary is a written paper on a topic relevant to PA practice. It should present an overview of the issue with support from current resources and publications. The paper should be persuasive and contain a "call to action" for the reader. Instructions, an example, and a rubric are provided on Canvas.

Elective I Hot Topic Paper: The Elective I Hot Topic Commentary is a written paper on a topic relevant to PA practice. It should present an overview of a current "hot topic" in medicine with support from current,

evidence-based research. The paper should be written in a scholarly manner. Instructions, an example, and a rubric are provided on Canvas.

Journal Club: Students will participate in two journal club discussions at RTC during the second year. A research article will be sent out at least a week before the designated RTC. Students are expected to read and interpret the research article. Students should be familiar with the importance of the study to PA practice, study design, results, statistics, and implications. Students will participate in a group discussion and should prepare in advance. They should contribute during the discussion and demonstrate critical thinking and professionalism. Instructions, a study appraisal tool, and a rubric are provided on Canvas.

Case Presentation: Students are assigned one case presentation during second year. The presentation should be developed from a patient seen on the rotation. The patient's information should be de-identified. The presentation should walk through a full patient case, including the chief complaint, HPI, relevant past medical history, surgical history, hospitalizations, health maintenance, medications, allergies, family history, social history, ROS, physical exam, differential diagnoses, diagnostic studies, assessment, and evidence-based plan. The presentation should demonstrate clinical reasoning and communication skills. Instructions, an example, and a rubric are provided on Canvas.

Late and Missed Assignments

- This policy applies to all assignments unless otherwise specified in the course syllabus.
- Students are expected to complete all assignments by the posted deadline.
- Late submissions are those completed after the deadline but within a timeframe permitted by the Course Director or course syllabus and may be subject to academic penalty.
- Missed submissions are those not completed by the deadline nor within the permitted timeframe. The student must still complete it within the new designated deadline in order to pass the rotation.
- One point will be deducted per day for any late submission.
- Any assignment submitted later than 11:59pm on the Sunday directly following the end of the rotation 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.
- Students are strongly encouraged to complete work in advance of the deadline to account for potential illness, technical issues, or other unforeseen circumstances that may interfere with timely submission. Absences, including personal days do not extend assignment deadlines.
- Students who anticipate difficulty meeting a deadline must notify the Course Director no later than the previous business day. Requests made on the day of the deadline are generally not considered and may result in a score of zero or the application of late penalties as outlined in the course syllabus.
- Students are required to complete all quizzes and assignments to meet course requirements, even if no academic credit is awarded due to late or missed submission.
- A trend in late assignment submissions will result in a professionalism violation. If faculty notes a trend in late assignment submissions, the student will get a warning that a subsequent late submission will result in a professionalism violation

Assignment Remediation

- All assessments will receive a grade of Pass, Marginal Pass, or No Pass. Grading rubrics for each assignment are included in the respective course syllabus as well as on Canvas.
- 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 content, format, timing and deadline of the remediation and reassessment are determined at the sole discretion of the Course Director. Failure to complete the remediation and reassessment

by the specified deadline will be considered unprofessional behavior and will be subject to a serious professionalism violation. In addition, a penalty on the reassessment may be applied at the discretion of the Course Director, up to 48 hours after the deadline. If a remediation reassessment is not submitted within 48 hours of the deadline, it will no longer be considered a late submission, but a missed submission. The student will be placed on probation, and the P&P Committee will be convened. If the student is already on probation, the P&P Committee will meet to determine deceleration vs. dismissal.

- A course grade of incomplete will be assigned until all required remediation activities are completed and the reassessment is successfully passed. A student cannot progress to a subsequent term until this is completed. Students may have the option to complete remediation and reassessment activities during scheduled breaks to avoid delaying their progression to the next term.
- Students must score at or above the passing threshold on the reassessment as evidence of competency in the deficient content area.
- Failing to score above the passing threshold on a reassessment constitutes a remediation failure, which is considered an additional failure, and the student may be placed on probation for further action as described in this Handbook. Refer to the section on Probation for more information. If the student is already on probation, the P&P Committee will meet to determine deceleration vs. dismissal.

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. Preceptor evaluations align with the rotation learning outcomes and are included in **Appendix C**. 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. Passing scores correlate with an average of "Meets Expectations" across all items on the preceptor evaluation. The total score and passing cutoff is based on the number of learning outcomes and therefore varies by rotation. Refer to the course syllabus for the grading scale for the associated preceptor evaluation or **Appendix C** of this handbook. 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 as well as utilize the Mid-Rotation Self-Evaluation as an opportunity to identify deficiencies and work to improve in those areas throughout the remainder of the rotation prior to the final preceptor evaluation.

Failed Preceptor Evaluation and Remediation

- All preceptor evaluations will receive a grade of Pass or No Pass. Passing scores correlate with an average of "Meets Expectations" across all items on the preceptor evaluation. Passing score cutoffs are included in the course syllabi.
- If a student does not pass 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 and at the discretion of the P&P Committee.
- 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.
- If the P&P Committee determines that the student completes a remediation and reassessment, those must be completed in order to successfully pass the course.

- The method of remediation is determined at the discretion of the P&P Committee in collaboration with the Course Director and Director of Clinical Education. Remediation may include, but is not limited to, content discussions with clinical faculty, additional assignments, additional assessments, recommendation for counseling, or referral for evaluations. In addition to any of these activities, the remediation may include additional clinical time at another rotation site in a similar setting. These clinical 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 on **Deceleration**.
- The reassessment may include a preceptor evaluation completed by the new preceptor of record at the clinical site where the student completed their remediation rotation time.
- 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.
- A course grade of incomplete will be assigned until all required remediation activities are completed and the reassessment is successfully passed. A student cannot progress to a subsequent term until this is completed. Students may have the option to complete remediation and reassessment activities during scheduled breaks to avoid delaying their progression to the next term.
- Students must score at or above the passing threshold on the reassessment as evidence of competency in the deficient content area.
- Failing to score above the passing threshold on a reassessment constitutes a remediation failure on Probation, which is considered an additional failure. The P&P Committee will meet to determine deceleration vs. dismissal.

Final Course Grade

The final grade for each clinical rotation/course is either Pass or No Pass. Each of the graded components must be successfully completed for a passing score in order to receive a Pass for the course. Grading rubrics and details are included in each course syllabus.

Students are expected to complete all required course learning, assessment activities, and administrative components during the assigned term dates. Under extraordinary circumstances, if a student is unable to complete the required work within the designated time frame, they may be granted an extension to complete it. Extensions will result in the granting of a course grade of incomplete, or “I.” An incomplete grade is given solely at the discretion of the Course Director or Director of Clinical Education upon careful consideration of the circumstances affecting the student’s ability to complete assigned tasks on a timely basis. If an incomplete grade is given, it must be rectified within a predetermined time frame set forth by the Course Director and Director of Clinical Education. If the student successfully completes the requirement(s), the incomplete grade will be converted to a final course grade according to the course grading criteria. Failure to complete the required work on time, or in a satisfactory manner as per the Course Director, will result in the incomplete grade converting to an “F,” and the student is subject to probation, deceleration, or dismissal from the program.

Failed Course and Remediation

- The final grade for each clinical rotation/course is either Pass or No Pass. Each of the graded components must be successfully completed for a passing score in order to receive a Pass for the course. All administrative components must also be completed in order to receive a Pass for the course.
- Any graded component that falls below the passing threshold must be successfully remediated and reassessed. A passing score on the reassessment is required in order to receive a Pass for the course grade.
- Refer to the individual assessment remediation sections for the process.
- The content, format, timing and deadline of the remediation and reassessment are determined at the discretion of the Course Director in collaboration with the Director of Clinical Education. The

remediation and reassessment must be completed prior to progressing to the next term and therefore may include activities over a term break to avoid a deceleration.

- Failing to score above the passing threshold on any reassessment constitutes a remediation failure, which is considered an additional failure, and the student may be placed on probation for further action as described in this Handbook. Refer to the section on Probation for more information. If the student is already on probation, the P&P Committee will meet to determine deceleration vs. dismissal.
- A course grade of incomplete will be assigned until all required remediation activities are completed and the reassessment is successfully passed. A student cannot progress to a subsequent term until this is completed. Students may have the option to complete remediation and reassessment activities during scheduled breaks to avoid delaying their progression to the next term.
- If the student does not pass a reassessment and dismissal is recommended by the P&P Committee, the final course grade on the official transcript will be No Pass. Once an intensive remediation and reassessment attempt has been completed, a student is no longer eligible to withdraw or request a deceleration from the Program.

Remediation

The following section outlines the process for addressing performance concerns during the second year.

Remediation is a structured educational process designed to address deficiencies in medical knowledge, skills, and professional behaviors. The program utilizes a defined process to identify performance concerns, implement targeted interventions, and monitor student progress toward meeting established academic and professionalism standards.

Remediation processes are aligned with the type of assessment and content area in which the deficiency occurred; however, specific components may be individualized based on the nature and extent of the student's performance concerns to maximize success on the reassessment. Determination of remediation requirements is made at the discretion of the Course Director in collaboration with the Director of Clinical Education.

Remediation typically includes identification of factors contributing to the performance deficiency, development of a structured remediation plan, and engagement in targeted learning activities. These may include, but are not limited to, faculty-guided review of content, academic counseling or mentoring, directed independent study, skills practice, and referral to institutional or program-specific academic support resources, at the discretion of the Course Director in collaboration with the Director of Clinical Education.

Faculty play an active role in guiding the remediation process by helping to identify knowledge gaps, clarifying complex concepts, and providing direction on effective study and learning strategies. However, remediation requires active student engagement and accountability. Students are expected to take primary responsibility for their learning by demonstrating initiative, completing assigned remediation activities, and independently integrating and applying the material. Remediation is not intended to replicate or replace original instruction.
The remediation period may vary in length and structure depending on the course, content area, and severity of the deficiency. It may include scheduled meetings with faculty, completion of assigned learning activities, and defined timelines for reassessment at the discretion of the Course Director in collaboration with the Director of Clinical Education.

Successful completion of remediation typically requires demonstration of competency through reassessment. Reassessment methods may include, but are not limited to, written or oral assignments,

quizzes or examinations, practical or skills-based evaluations, or other assessment formats consistent with the original deficiency. A passing performance on reassessment is typically required to demonstrate that the student has met the expected learning outcomes at the discretion of the Course Director in collaboration with the Director of Clinical Education.

Remediation is intended to support student success while upholding the academic and professional standards of the program. Failure to successfully complete and or pass remediation or repeated need for remediation may result in further academic action, as outlined in program policies.

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.

Remediation Process in Second Year:

- If a student fails any assessment or assignment, they are required to meet with the course director and complete a remediation and reassessment. Refer to the individual assessment remediation sections for more information. 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 the student achieves a passing score on the remediation, they are permitted to progress in the program.
- A course grade of incomplete will be assigned until all required remediation activities are completed and the reassessment is successfully passed. A student cannot progress to a subsequent term until this is completed. Students may have the option to complete remediation and reassessment activities during scheduled breaks to avoid delaying their progression to the next term.
- Failing to score above the passing threshold on any reassessment constitutes a remediation failure, which is considered an additional failure, and the student may be placed on probation for further action as described in this Handbook. Refer to the section on Probation for more information. If the student is already on probation, the P&P Committee will meet to determine deceleration vs. dismissal.

Academic and Professional Standing

In cases where performance concerns require continued monitoring beyond remediation, the program utilizes formal designations to ensure appropriate oversight and support. The designations used are Warning and Probation and are applied to identify and track ongoing academic or professionalism performance.

These designations are internal to the program and do not affect a student's university standing, are not reflected on official transcripts, and do not impact financial aid

Good Standing

Refers to students who meet satisfactory academic and professional performance and are not on Probation. When students are on Warning (below), they are still classified as being in Good Standing.

Warning
Warning indicates that a student has performance deficiencies and is at risk of being placed on Probation. This designation serves as an early intervention to support improvement and attempt to prevent further academic concerns The Course Director may issue a Warning at their discretion when performance concerns are identified. In the clinical year, examples of conditions that may result in a Warning include, but are not limited to:

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

Students who receive a Warning are required to meet with the Course Director or other clinical faculty to review performance, identify contributing factors, and develop strategies for improvement. Expectations for the remainder of the year will be clearly outlined.

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 not meeting expected academic and or professionalism standards and requires structured remediation and close monitoring.

During the clinical year, students will be placed on Probation for reasons including but not limited to the following:

- 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

The P&P Committee will be notified, and formal terms and conditions of probation, along with an individualized remediation and reassessment plan, will be developed and provided to the student in writing.

The terms of probation require the student to demonstrate consistent academic and professional performance in accordance with program policies. Students on Probation must complete all assigned remediation activities by designated deadlines and achieve all required reassessment benchmarks on the first attempt, unless otherwise specified. While on Probation, any additional academic or professionalism deficiency that would independently warrant probation may warrant deceleration or dismissal, despite prior academic and/or professionalism performance.

Students placed on Probation are required to meet with the Course Director and Director of Clinical Education to review the terms and conditions outlined in the probation letter. Students must acknowledge receipt of the probation letter and are expected to comply fully with all stated conditions. Failure or refusal to sign the probation letter does not negate or invalidate its terms, which remain fully in effect.

Failure to comply with any term or condition of Probation will result in deceleration or dismissal from the program. Final determinations are made by the P&P Committee.

In certain circumstances, a student may be placed directly on Probation without a preceding Warning.

Even with successful remediation and reassessment, students remain on Probation for the remainder of the second year to demonstrate sustained improvement. If all expectations are met and no further concerns arise by the time of the Formative Evaluation, the student may be removed from Probation and permitted to progress to the third year at the discretion of the P&P Committee. Students will receive written notification of any change in status from the Director of Clinical Education.

If performance concerns remain unresolved despite remediation efforts, the student may remain on Probation, be denied progression, and/or be subject to dismissal at the discretion of the P&P Committee.

In some cases, a student may demonstrate sufficient progress to advance to the third year while remaining on Probation. In such instances, Probation status will continue until all remediation requirements and reassessments are successfully completed. Decisions regarding progression and continuation of Probation status are determined by the P&P Committee and communicated to the student in writing by the Director of Clinical Education.

Performance Expectations on Probation
Students on Probation are expected to demonstrate consistent academic and professional performance in accordance with program standards and to actively engage, complete and pass all assigned remediation activities on the first attempt.

The student's probation letter outlines the official terms and conditions, expectations, and consequences for failure to comply. The following section provides general guidance regarding typical expectations for common scenarios for awareness.

- If a student is placed on Probation due to academic deficiencies, such as failing an individual assessment remediation:
    - They may be given an intensive remediation plan, and opportunity for reassessment, with or without a deceleration from the program, or may be considered for dismissal based on previous academic performance issues.
        - If a student passes, and then requires a subsequent remediation and fails the reassessment, they may be given an intensive remediation plan, and opportunity for reassessment, with or without a deceleration from the program, or may be considered for dismissal based on previous academic performance issues.
        - Alternatively, if a student passes, and then goes on to receive a grade of less than 80% on the Overall Score of the OSCE or fails a preceptor evaluation, they will be referred immediately to the P&P Committee for determination of deceleration or dismissal as outlined in their probation letter.

- If a student is placed on Probation due to professionalism issues without previous/current academic issues:
    - They will be given the opportunity to remediate the behaviors and complete a reassessment. If the student does not pass the global remediation reassessment, or commits a subsequent violation, they will be referred back to the P&P Committee as that meets criteria for dismissal from the program.
        - If the student passes the remediation reassessment, without any further professionalism issues, they are permitted to progress, on or off Probation as per the P&P Committee.

  - If a student passes, and then goes on to receive a grade of less than 80% on the Overall Score of the OSCE or fails a preceptor evaluation, they will be referred immediately to the P&P Committee for determination of deceleration or dismissal as outlined in their probation letter.
  - Alternatively, if the student goes on to require a focused remediation, for failing an individual assessment in a course or an individual competency on the OSCE, they will have one opportunity for a focused remediation. If they do not pass the focused remediation, they will be referred to the P&P Committee for determination of deceleration or dismissal as outlined in their probation letter.

- If a student is on Probation due to academic deficiencies and has a professionalism issue, they will follow the three-step professionalism process outlined in the Professionalism section.
  - If a student on Probation receives three professionalism violations, or commits an egregious professionalism violation, they will be referred to the P&P Committee and will be subject to dismissal from the program.

Program Dismissal

Dismissal is defined as the removal of a student from the program due to significant academic and or professionalism deficiencies that persist despite remediation efforts, or due to an egregious lapse that warrants dismissal without opportunity for remediation.

A student may be dismissed if they fail to demonstrate the ability to achieve and sustain the academic and/or professional standards of the program. Decisions regarding dismissal are made in accordance with the program's responsibility to uphold the standards of the profession and ensure the safety of patients and the public.

Grounds for dismissal include, but are not limited to, violations of 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 program policies, university policies, technical standards, or applicable laws may also result in dismissal.

Students may be dismissed from the program without prior placement on Warning or Probation in cases of egregious academic or professional misconduct, as determined at the discretion of the P&P Committee.

The process for consideration of dismissal is as follows:

- Students under consideration for dismissal will be notified in writing by the Program Director. This notification will include the basis for the potential dismissal.
- The P&P Committee will review the student's academic and professional performance to date, along with the identified deficiencies and or performance concerns.
- Students are strongly encouraged to appear before the P&P Committee to provide relevant information or context regarding their performance. Students may waive this opportunity in writing. Students must notify the Program Director in advance of the scheduled meeting of their intent to appear. In lieu of an appearance, students may submit a written statement for consideration by the Committee.
- The P&P Committee will render a decision by majority vote, based on the information and evidence presented.
- The student will be notified of the dismissal decision in writing.
- If a student is dismissed from the program, they may appeal the decision in accordance with College policy. Refer to the section on **Appeals** for additional information.

- If a student elects to appeal, they may be permitted to continue in the curriculum during the appeal process if in accordance with university policies. Eligibility to continue during the appeal process is contingent upon the student meeting progression criteria and maintaining appropriate academic and professional standing. Students who do not meet progression criteria or who have engaged in an egregious professionalism violation will not be permitted to progress in the curriculum while an appeal is under review.

Withdrawal

Withdrawal is defined as a permanent departure from the program and the University without the expectation of returning. Students who withdraw must reapply for admission if they wish to return at a later time.

Students who intend to withdraw should meet with the Program Director immediately to review the process.

Students must submit a Petition for Withdrawal through the Office of the Registrar, which serves as the official point of notification. The effective date of withdrawal is determined by the date the petition is initiated in accordance with University policy. Students are responsible for reviewing and complying with all University requirements related to withdrawal, including deadlines, financial implications, and processing procedures. Refer to the Rush University Catalog for the full Withdrawal policies.

Students are expected to maintain continuous enrollment unless on an approved leave of absence. Failure to obtain an approved leave of absence, or formally withdraw may result in administrative withdrawal by the University. Administrative withdrawal is recorded on the student's transcript and requires reapplication for readmission.

A student who meets the criteria for Program Dismissal is not eligible to withdraw from the University or from individual courses for the purpose of avoiding dismissal. Once dismissal criteria are met, any pending or future withdrawal requests for the applicable term may be denied.

Withdrawal from courses is not permitted during the final three weeks of any academic term. Students who submit a Petition for Withdrawal during this period will receive final grades in all registered courses and will be subject to academic progression review based on those grades.

Students should be aware that withdrawal may have financial aid implications. Additional information is available through the Office of Student Financial Aid.

Leave of Absence and Deceleration

Leave of Absence (LOA) and deceleration are distinct mechanisms that may interrupt or modify a student's progression through the program. While a deceleration may occur independently or in combination with an LOA, they serve different purposes and are governed by separate processes.

A Leave of Absence (LOA) is a temporary, approved suspension of enrollment in which a student is not actively participating in coursework. An LOA must be initiated by the student and approved by the University. A specific return date is established at the time of approval.

Deceleration is a modification of a student's curricular progression that results in a delay in graduation beyond the original cohort timeline. This delay may extend by one academic term or one academic year, requiring the student to join a subsequent cohort.

Deceleration does not automatically require a Leave of Absence, as students may remain continuously enrolled depending on the structure of their remediation plan. However, in most cases of an LOA, a deceleration is also required.

Deceleration
Deceleration may occur at the request of the student or as a requirement of the program based on academic or professionalism deficiencies. The duration and structure of deceleration are determined by the P&P Committee based on the nature and severity of academic or professionalism concerns. Approval of student-requested deceleration is not guaranteed and is granted on a case-by-case basis at the discretion of the P&P Committee.

Students must meet with the Program Director to review the academic implications of deceleration, including changes to the program of study and anticipated graduation date. Students are also required to meet with the Office of Financial Aid to review potential financial implications.

Deceleration requests may be considered following failure of a course or global assessment; however, students are not eligible to request deceleration after failure of a global remediation assessment.

Clinical Phase
During the clinical phase, deceleration typically results in a delay of one to two terms. Depending on the circumstances, students may either remain continuously enrolled or petition for a LOA.

Leave of Absence (LOA)
Examples include, but are not limited to, significant medical conditions, parental leave, or other extraordinary personal circumstances.

LOA Approval and Process
To request an LOA, students must:

- Meet with the Program Director to discuss the request.
    - The terms of the leave and expected return date must be agreed upon in writing prior to the start of the leave.
    - Any conditions for reentry will be established at the discretion of the P&P Committee.
- Meet with the Office of Financial Aid to review potential financial implications, including tuition and loan impact.
    - Students are responsible for understanding these implications prior to initiating the leave.
- Submit a Petition for Leave of Absence through the Office of the Registrar.
- If requesting a medical leave of absence, provide documentation from a healthcare provider.
    - Also, prior to return, documentation of medical clearance confirming their ability to resume full-time participation without restrictions is required.
- Submit the request by the University's add/drop deadline to avoid full tuition charges.

Students must satisfy the conditions of the LOA before re-entering and must comply with all policies, requirements and course sequences in effect at the time of re-entry. 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. Student must also complete the Return from Leave of Absence form. If unable to return as agreed, the student is required to contact Program Director immediately, but a minimum of 30 days prior to the beginning of the expected term of return and discuss the options open to them.

Return from Deceleration or Leave of Absence
Upon return, students may be required to demonstrate competency prior to resuming the curriculum. This may include written examinations, practical assessments, repetition of prior coursework or clinical rotations, or participation in a structured learning plan. Requirements are determined on a case-by-case

basis at the discretion of the P&P Committee. Failure to accept these terms and or failure to pass these requirements will result in inability to progress and will be referred back to P&P Committee for consideration of deceleration or dismissal.

Program Completion Deadline
Students are expected to complete the program within the prescribed 30-month curriculum timeline. The maximum time allowed to complete all program requirements is 42 months from matriculation, inclusive of any approved deceleration and or leave of absence. Failure to complete the program within this timeframe will result in withdrawal. Students at risk of exceeding the maximum time to completion must meet with the Program Director to develop a plan for successful program completion.

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 third year clinical rotations are 30 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, Emergency Medicine, General Surgery, Cardiothoracic/Vascular Surgery, Orthopedic Surgery, Urology, Neurosurgery, Behavioral Health, 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. Late submission of third year track rankings will result in a professionalism violation and will factor into the student's track assignment in the event that interest exceeds availability.

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.

APPENDICES

Appendix A - Second-Year Rotation Goals, Topic List, Learning Outcomes, & Instructional Objectives

Family Medicine

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.
2. Demonstrate the capacity to formulate, implement, and modify management plans for common conditions 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 List:
The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

Common Conditions
Upper respiratory infection, acute otitis media, urinary tract infection, hypertension, type 2 diabetes mellitus, hyperlipidemia, depression, anxiety, osteoarthritis

Common Diagnostic Studies
CBC, CMP, lipid panel, hemoglobin A1c, urinalysis

Additionally, in preparation for the PAEA End of Rotation Examination, the student should refer to the associated PAEA Topic List. 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 the Family Medicine rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:
The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions in the family medicine setting.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in family medicine.	EOR Examination
2	Obtain an appropriate history for an adult based on the patient's chief complaint.	Elicit a focused HPI using symptom analysis (OLDCARTS or equivalent framework). Obtain relevant past medical, surgical, family, and social history tailored to the chief complaint. Perform medication reconciliation and assess adherence. Screen for preventive care needs during adult encounters.	Preceptor Evaluation
3	Obtain an appropriate history for an adolescent based on the patient's chief complaint.	Elicit a focused HPI using symptom analysis (OLDCARTS or equivalent framework). Obtain relevant past medical, surgical, family, and social history tailored to the chief complaint. Screen for high-risk behaviors including substance use, sexual activity, and mental health concerns. Incorporate immunization status and preventive care review.	Preceptor Evaluation
4	Perform an appropriate physical examination for an adult based on the information obtained from the patient's history.	Perform a complete physical examination for a well visit. Perform focused physical examinations relevant to the presenting complaint. Demonstrate proper technique for examinations by system. Identify abnormal findings and correlate them with clinical history.	Preceptor Evaluation
5	Perform an appropriate physical examination for an adolescent based on the information obtained from the patient's history.	Perform developmentally appropriate physical examinations. Conduct Tanner staging when indicated. Demonstrate respectful and privacy-conscious examination techniques.	Preceptor Evaluation

6	Formulate an appropriate differential diagnosis for an adult based on clinical presentation.	Generate a prioritized differential diagnosis list based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation
7	Formulate an appropriate differential diagnosis for an adolescent based on clinical presentation.	Generate a prioritized differential diagnosis list based on age, history, and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Incorporate developmental stage and psychosocial context into clinical reasoning.	Preceptor Evaluation
8	Order and interpret common diagnostic studies.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the family medicine setting. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Correlate diagnostic findings with clinical impressions.	Preceptor Evaluation
9	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 in the family medicine setting.	Preceptor Evaluation
10	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 in the family medicine setting. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation

11	Develop evidence-based management plans for acute conditions in adults.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for adults. Propose pharmacologic treatment plans using first-line therapies. Recommend appropriate follow-up intervals. Adjust management for comorbid conditions.	Preceptor Evaluation
12	Develop evidence-based management plans for chronic conditions in adults.	Initiate guideline-directed therapy for chronic conditions in adults. Monitor therapeutic response using objective measures. Address lifestyle modifications. Coordinate long-term follow-up and consults/referrals.	Preceptor Evaluation
13	Develop evidence-based management plans for acute conditions in adolescents.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for adolescents. Propose pharmacologic treatment plans using first-line therapies based on age. Recommend appropriate follow-up intervals.	Preceptor Evaluation
14	Develop evidence-based management plans for chronic conditions in adolescents.	Initiate guideline-directed therapy for chronic conditions in adolescents. Monitor therapeutic response using objective measures. Coordinate long-term follow-up and consults/referrals. Address transition-to-adult-care planning when appropriate.	Preceptor Evaluation
15	Recommend appropriate health maintenance screening and interventions for adults.	Identify age-appropriate health maintenance screenings and preventive interventions based on evidence-based guidelines for adults.	Preceptor Evaluation

16	Provide appropriate patient education and counseling for adults.	Outline key components of patient education, including an explanation of common adult conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence. Deliver information in plain language. Use the teach-back method to confirm understanding.	Preceptor Evaluation
17	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	Preceptor Evaluation
18	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation
19	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation

20	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
21	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation
22	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation
23	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation
24	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation

25	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation
26	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
27	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation
28	Perform a point-of-care glucose test safely and correctly.	Review the steps to perform point-of-care glucose testing. Verify patient identity prior to procedure. Demonstrate proper infection control techniques. Follow the proper steps during the patient encounter.	Technical Skills Passport

29	Perform accurate documentation of the patient encounter in the medical record.	Document the chief complaint, HPI, past medical history, surgical history, hospitalizations, health maintenance, medications, allergies, family history, social history, ROS, physical exam, relevant diagnostic studies, assessment, and plan clearly and concisely. Support diagnoses with pertinent findings and clinical reasoning. Develop a prioritized, evidence-based plan in written format. Use appropriate medical terminology.	Patient Note Assignment
30	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	Oral Case Presentation Assignment (*if assigned*)

Internal Medicine I

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 and elderly patients.
2. Demonstrate the capacity to formulate, implement, and modify management plans for common acute and chronic conditions seen in adult and elderly 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 and elderly population.

Topic List:
The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

Common Conditions
Community-acquired pneumonia, acute kidney injury, COPD exacerbation, hypertension, type 2 diabetes mellitus, heart failure

Common Diagnostic Studies
CBC, CMP, BNP, chest x-ray

Additionally, in preparation for the PAEA End of Rotation Examination at the end of Internal Medicine II, the student should refer to the associated PAEA Topic List. 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 the Internal Medicine I rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:
The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions in the internal medicine setting.	Explain the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in internal medicine.	Preceptor Evaluation
2	Obtain an appropriate history for an adult based on the patient's chief complaint.	Elicit a focused HPI using symptom analysis (OLDCARTS or equivalent framework). Obtain relevant past medical, surgical, family, and social history tailored to the chief complaint. Perform medication reconciliation and assess adherence. Screen for preventive care needs during adult encounters.	Preceptor Evaluation
3	Obtain an appropriate history for an elderly patient based on the patient's chief complaint.	Conduct a comprehensive geriatric-focused history including functional status (ADLs/IADLs). Assess fall risk, cognitive status, and polypharmacy. Screen for delirium, depression, and elder abuse when indicated. Obtain collateral history when appropriate. Evaluate advanced directives and goals of care.	Preceptor Evaluation
4	Perform an appropriate physical examination for an adult based on the information obtained from the patient's history.	Perform focused and comprehensive examinations based on acuity of presentation. Demonstrate proper technique for examinations by system. Identify abnormal findings and correlate them with clinical history.	Preceptor Evaluation

5	Perform an appropriate physical examination for an elderly patient based on the information obtained from the patient's history.	Perform a geriatric-focused physical exam including gait and balance assessment. Identify signs of frailty and malnutrition. Evaluate skin integrity and pressure injury risk. Assess cognitive and neurologic function during exam.	Preceptor Evaluation
6	Formulate an appropriate differential diagnosis for an adult based on clinical presentation.	Generate a prioritized differential diagnosis list for an adult based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation
7	Formulate an appropriate differential diagnosis for an elderly patient based on clinical presentation.	Generate a prioritized differential diagnosis list for an elderly patient based on age, history, and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Adjust differential diagnoses based on frailty and polypharmacy.	Preceptor Evaluation
8	Order and interpret common diagnostic studies.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the internal medicine setting. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Correlate diagnostic findings with clinical impressions.	Preceptor Evaluation
9	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 for adults in the internal medicine setting.	Preceptor Evaluation

10	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 for adults in the internal medicine setting. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
11	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings in the elderly patient.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute conditions for elderly patients in the internal medicine setting.	Preceptor Evaluation
12	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings in the elderly patient.	Describe the pertinent positive and negative findings in the clinical presentation and diagnostic studies to diagnose chronic conditions for elderly patients in the internal medicine setting. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
13	Develop evidenced-based management plans for acute conditions in adults.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for adults. Propose pharmacologic treatment plans using first-line therapies. Adjust management for comorbid conditions. Identify the need for escalation of care.	Preceptor Evaluation
14	Develop evidenced-based management plans for chronic conditions in adults.	Initiate guideline-directed therapy for chronic conditions in adults. Monitor therapeutic response using objective measures. Address lifestyle modifications and risk reduction. Coordinate long-term follow-up and consults/referrals.	Preceptor Evaluation

15	Develop evidenced-based management plans for acute conditions in elderly patients.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for elderly patients. Propose pharmacologic treatment plans using first-line therapies. Adjust management for comorbid conditions. Identify the need for escalation of care. Incorporate goals of care into management decisions.	Preceptor Evaluation
16	Develop evidenced-based management plans for chronic conditions in elderly patients.	Initiate guideline-directed therapy for chronic conditions in elderly patients. Balance risks and benefits of aggressive disease management. Deprescribe potentially inappropriate medications when indicated. Incorporate functional status into treatment planning. Align management plans with patient goals and quality of life considerations.	Preceptor Evaluation
17	Recommend appropriate health maintenance screenings and interventions for adults.	Identify age-appropriate health maintenance screenings and preventive interventions based on evidence-based guidelines for adults.	Preceptor Evaluation
18	Recommend appropriate health maintenance screenings and interventions for elderly patients.	Identify age-appropriate health maintenance screenings and preventive interventions based on evidence-based guidelines for elderly patients. Modify screening recommendations based on life expectancy and comorbidities. Assess the need for osteoporosis, fall risk, and cognitive screening.	Preceptor Evaluation

19	Provide appropriate patient education and counseling for adults.	Outline key components of patient education, including an explanation of common adult conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence. Deliver information using patient-centered language. Use the teach-back method to confirm understanding.	Preceptor Evaluation
20	Provide appropriate patient education and counseling for elderly patients.	Outline key components of patient education, including an explanation of common conditions, treatment options, potential side effects, preventive strategies including fall prevention, and the importance of treatment adherence. Adjust communication style for sensory or cognitive impairment. Involve caregivers appropriately in education. Address advanced care planning when appropriate.	Preceptor Evaluation
21	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	Preceptor Evaluation

22	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation
23	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
24	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
25	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation
26	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation

27	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation
28	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
29	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation
30	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
31	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness.	Preceptor Evaluation

		Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	
32	Perform a dressing change on a wound safely and correctly.	Review the steps to perform a dressing change on a wound. Verify patient identity prior to procedure. Demonstrate proper infection control techniques. Assess wound characteristics (size, depth, drainage, signs of infection). Apply appropriate dressing materials per wound type. Follow the proper steps during the patient encounter.	Technical Skills Passport
33	Perform accurate documentation of the adult patient encounter in the medical record.	Document the chief complaint, HPI, past medical history, surgical history, hospitalizations, health maintenance, medications, allergies, family history, social history, ROS, physical exam, relevant diagnostic studies, assessment, and plan clearly and concisely. Support diagnoses with pertinent findings and clinical reasoning. Develop a prioritized, evidence-based plan in written format. Use appropriate medical terminology.	Patient Note Assignment

34	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	Oral Case Presentation Assignment (*if assigned*)

Internal Medicine II

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 and counseling in the adult population.

Topic Outline:
The student should refer to the following common conditions and common diagnostic studies for the assigned discipline when referencing the rotation learning outcomes and instructional objectives.

Allergy & Immunology
Common Conditions
Anaphylaxis, acute and chronic urticaria, angioedema, allergic rhinitis, asthma, atopic dermatitis
Common Diagnostic Studies
Serum IgE, skin prick testing, spirometry, CBC with differential

---

Cardiology
Common Conditions
Acute coronary syndrome, atrial fibrillation, heart failure, coronary artery disease, hypertension, valvular heart disease
Common Diagnostic Studies
EKG, troponin, echocardiogram, BNP

Endocrinology
Common Conditions
Type 2 diabetes mellitus, hypothyroidism, hyperthyroidism, osteoporosis, Cushing syndrome
Common Diagnostic Studies
Hemoglobin A1c, TSH, Free T4, serum cortisol, DEXA scan

Gastroenterology
Common Conditions
GI bleed, acute hepatitis, GERD, irritable bowel syndrome, Crohn's disease, ulcerative colitis, cirrhosis
Common Diagnostic Studies
EGD, colonoscopy, lipase, CMP, abdominal CT

Hematology/Oncology
Common Conditions
Neutropenic fever, iron deficiency anemia, bleeding and clotting disorders, lymphoma, leukemia, multiple myeloma, solid tumors (breast, lung, colon)
Common Diagnostic Studies
CBC with differential, peripheral smear, PT/INR, bone marrow biopsy, PET-CT

Infectious Diseases
Common Conditions
Sepsis, meningitis, osteomyelitis, HIV, Hepatitis B, Hepatitis C, tuberculosis
Common Diagnostic Studies
Blood cultures, HIV testing, Hepatitis panel, CSF studies, procalcitonin

Nephrology
Common Conditions
Acute kidney injury, hyperkalemia, hypertensive emergency, glomerulonephritis, chronic kidney disease, diabetic nephropathy, polycystic kidney disease, nephrotic syndrome
Common Diagnostic Studies
BMP, urinalysis, urine protein/creatinine ratio, renal ultrasound

---

Neurology
Common Conditions
Ischemic stroke, intracranial hemorrhage, epilepsy, multiple sclerosis, Alzheimer dementia, migraine
Common Diagnostic Studies
Brain MRI, CT head, CSF studies, carotid ultrasound

Obesity Medicine
Common Conditions
Obesity, metabolic syndrome, type 2 diabetes mellitus, metabolic dysfunction-associated steatotic liver disease (MASLD), obstructive sleep apnea
Common Diagnostic Studies
Hemoglobin A1c, lipid panel, CMP, sleep study, liver ultrasound, serum insulin

---

Palliative Care
Common Conditions
Cancer-related pain, advanced heart failure, liver failure, sepsis, respiratory failure, chronic symptom burden, failure to thrive, sickle cell disease
Common Diagnostic Studies
CMP, CBC, CT abdomen, CT chest, chest x-ray, abdominal x-ray

Pulmonology
Common Conditions
Pulmonary embolism, pneumonia, acute respiratory failure, COPD, asthma, pulmonary hypertension, OSA
Common Diagnostic Studies
Pulmonary function tests, chest x-ray, chest CT, ABG, sleep study

---

Rheumatology
Common Conditions
Rheumatoid arthritis, systemic lupus erythematosus, osteoarthritis, psoriatic arthritis, ankylosing spondylitis
Common Diagnostic Studies
ESR/CRP, ANA, rheumatoid factor, anti-CCP, joint aspiration fluid analysis

---

Transplant Medicine
Common Conditions
Transplant rejection, liver failure, kidney failure, medication toxicity, opportunistic infections, hypertension
Common Diagnostic Studies
Drug levels (tacrolimus, cyclosporine), viral PCR (CMV, BK), CBC, CMP, urinalysis, CT abdomen, renal ultrasound

Additionally, in preparation for the PAEA End of Rotation Examination, the student should refer to the associated PAEA Topic List. 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 the Internal Medicine II rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:

The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in internal medicine.	EOR Examination
2	Obtain an appropriate history for an adult based on the patient's chief complaint.	Elicit a focused HPI using symptom analysis (OLDCARTS or equivalent framework). Obtain relevant past medical, surgical, family, and social history tailored to the chief complaint. Perform medication reconciliation and assess adherence. Screen for preventive care needs during adult encounters.	Preceptor Evaluation
3	Perform an appropriate physical examination for an adult based on the information obtained from the patient's history.	Perform focused and comprehensive examinations based on acuity of presentation. Demonstrate proper technique for examinations by system. Identify abnormal findings and correlate them with clinical history.	Preceptor Evaluation
4	Formulate an appropriate differential diagnosis for an adult based on clinical presentation.	Generate a prioritized differential diagnosis list based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation
5	Order and interpret common diagnostic studies.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the discipline. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Correlate diagnostic findings with clinical impressions.	Preceptor Evaluation

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 the discipline.	Preceptor Evaluation
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 the discipline. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
8	Develop evidence-based management plans for acute conditions in adults.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for adults. Propose pharmacologic treatment plans using first-line therapies. Adjust management for comorbid conditions.	Preceptor Evaluation
9	Develop evidence-based management plans for chronic conditions in adults.	Initiate guideline-directed therapy for chronic conditions in adults. Monitor therapeutic response using objective measures.	Preceptor Evaluation
10	Provide appropriate patient education and counseling for adults.	Outline key components of patient education, including an explanation of common adult conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence. Deliver information using patient-centered language. Use the teach-back method to confirm understanding.	Preceptor Evaluation
11	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns.	Preceptor Evaluation

		Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	
12	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation
13	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
14	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
15	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation
16	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy.	Preceptor Evaluation

		Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	
17	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation
18	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
19	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation
20	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation

21	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation
22	Perform phlebotomy safely and correctly.	Review the steps to perform phlebotomy. Verify patient identity prior to procedure. Demonstrate proper infection control techniques. Follow the proper steps during the patient encounter.	Technical Skills Passport
23	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to	Oral Case Presentation Assignment (*if assigned*)

		audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	

General Surgery I

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

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

Topic List:
The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

Common Conditions
Appendicitis, cholecystitis, small bowel obstruction, hernias, colorectal cancer, hemorrhoids

Common Diagnostic Studies
CT abdomen/pelvis, KUB, abdominal ultrasound, CBC, CMP

Additionally, in preparation for the PAEA End of Rotation Examination at the end of General Surgery II, the student should refer to the associated PAEA Topic List. 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 the General Surgery I rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:
The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions in the surgical setting.	Explain the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in surgery.	Preceptor Evaluation
2	Obtain an appropriate pre-operative history based on the surgical patient's chief complaint.	Elicit a focused HPI emphasizing onset, progression, severity, and associated symptoms of the surgical complaint. Obtain relevant past surgical history, anesthesia history, and prior complications. Perform comprehensive medication reconciliation including anticoagulants and antiplatelets. Assess comorbid conditions that may impact surgical risk. Identify indications for surgery. Identify contraindications to surgery or anesthesia.	Preceptor Evaluation
3	Perform an appropriate focused physical examination based on the information obtained from the surgical patient’s history.	Perform a focused exam tailored to the presenting surgical condition. Identify exam findings consistent with acute abdomen, vascular compromise, or soft tissue infection. Evaluate cardiopulmonary status for operative clearance. Correlate physical findings with anticipated surgical pathology.	Preceptor Evaluation
4	Formulate an appropriate differential diagnosis based on the clinical presentation of a surgical patient.	Generate a prioritized differential diagnosis list based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that require immediate operative evaluation. Distinguish surgical from non-surgical etiologies. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation

5	Order and interpret common pre-operative diagnostic studies relevant to surgical conditions.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the discipline. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Recognize abnormal findings requiring urgent surgical intervention. Integrate diagnostic results into operative planning.	Preceptor Evaluation
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 conditions in the surgery setting.	Preceptor Evaluation
7	Develop evidence-based post-operative management plans in the surgical patient.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for surgical patients. Develop post-operative pain management plans using multimodal strategies.	Preceptor Evaluation
8	Identify the basic surgical instruments utilized in the operating room.	Identify instruments including scalpel, forceps, needle driver, retractors, clamps, and scissors. Describe the primary function of each instrument. Distinguish between tissue-handling and hemostatic instruments. Demonstrate proper handling and passing techniques when appropriate.	Preceptor Evaluation
9	Demonstrate knowledge of relevant anatomy as it relates to intra-operative care.	Identify key anatomic structures encountered during procedures. Describe anatomic relationships relevant to avoiding operative complications. Correlate imaging findings with intra-operative anatomy. Recognize critical structures requiring protection during surgery.	Preceptor Evaluation

10	Diagnose post-operative complications.	Recognize signs of post-operative infection, bleeding, and anastomotic leak. Identify clinical features of DVT/PE. Differentiate normal post-operative findings from complications. Understand the most likely timing for different post-operative complications. Initiate appropriate diagnostic work-up for suspected complications.	Preceptor Evaluation
11	Provide appropriate patient education and counseling for post-operative care.	Provide wound care instructions using clear, patient-centered language. Educate patients on activity restrictions and lifting precautions. Counsel patients on signs and symptoms requiring urgent evaluation. Use teach-back to confirm understanding.	Preceptor Evaluation
12	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	Preceptor Evaluation
13	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation

14	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
15	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
16	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation
17	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation
18	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation

19	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
20	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation
21	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
22	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient	Preceptor Evaluation

		care or workflow without disruption to performance.	
23	Perform surgical scrubbing, gowning, and gloving safely and correctly.	Demonstrate proper surgical hand antiseptic technique. Maintain sterile technique during gowning and gloving. Identify and correct breaks in sterility.	Technical Skills Passport
24	Maintain a sterile field in the operating room safely and correctly.	Identify sterile versus non-sterile areas within the operating room environment. Demonstrate proper movement and positioning within the sterile field to avoid contamination. Maintain appropriate hand positioning above waist level and within visual field while scrubbed. Receive and pass sterile instruments without contaminating the field. Apply appropriate corrective measures when sterility is compromised (e.g., regowning, regloving). Demonstrate continuous situational awareness of sterile field integrity throughout the procedure.	Technical Skills Passport

25	Performs accurate documentation of the patient encounter in the medical record.	Document the diagnosis, indication for surgery, planned procedure, HPI, past medical history, surgical history, medications, allergies, family history, social history, ROS, physical exam, relevant diagnostic studies, assessment, and plan clearly and concisely. Support diagnoses with pertinent findings and clinical reasoning. Develop an evidence-based plan in written format, including NPO status, surgical plan, and anticipated post-operative plan. Document discussion of surgery with the patient, including risks and benefits of proceeding with surgery and withholding surgery, the patient's decision, and patient consent. Use appropriate medical terminology.	Patient Note Assignment
26	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient’s condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding.	Oral Case Presentation Assignment (*if assigned*)

		Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	

General Surgery II

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

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

Topic Outline:
The student should refer to the following common conditions and common diagnostic studies for the assigned discipline when referencing the rotation learning outcomes and instructional objectives.

Burn
Common Conditions
Burns, inhalation injury, compartment syndrome, contractures, wound infection
Common Diagnostic Studies
Carboxyhemoglobin, ABG, CMP, CBC, wound cultures

Cardiothoracic Surgery
Common Conditions
Aortic dissection, cardiac tamponade, pneumothorax, coronary artery disease, valvular disease, lung cancer, pleural effusion
Common Diagnostic Studies
Echocardiogram, chest CT/CTA, chest x-ray

Neurosurgery
Common Conditions
Traumatic brain injury, epidural/subdural hematoma, spinal cord compression, brain tumors, degenerative disc disease, spinal stenosis
Common Diagnostic Studies
CT head, MRI brain, MRI spine, CT angiography, CSF studies

Orthopedic Surgery
Common Conditions
Fractures, dislocations, septic joints, compartment syndrome, tendon rupture, osteoarthritis, rotator cuff tear, ACL injury, degenerative joint disease, chronic back pain
Common Diagnostic Studies
X-ray, MRI, CT, joint aspiration fluid analysis

Otolaryngology (ENT)
Common Conditions
Peritonsillar abscess, otitis media, airway obstruction, sinusitis, allergic rhinitis, hearing loss, head and neck cancer
Common Diagnostic Studies
CT sinus, CT head/neck, audiogram, nasal endoscopy, CBC

Plastic Surgery
Common Conditions
Complex lacerations, scar revision, breast reconstruction, chronic wounds, cosmetic procedures
Common Diagnostic Studies

CT facial bones, wound cultures, doppler ultrasound (flap viability), CBC, chest/breast MRI/MRA

Trauma Surgery
Common Conditions
Blunt abdominal trauma, penetrating trauma, hemorrhagic shock, fractures, dislocations
Common Diagnostic Studies
FAST exam, CT trauma protocol, CBC, lactate

Urology
Common Conditions
Nephrolithiasis, urinary retention, testicular torsion, hematuria, benign prostatic hyperplasia, prostate cancer, UTI, erectile dysfunction, urinary incontinence
Common Diagnostic Studies
Urinalysis, PSA, renal ultrasound, CT stone protocol, cystoscopy

---

Vascular Surgery
Common Conditions
Acute limb ischemia, peripheral arterial disease, carotid stenosis, chronic venous insufficiency, aortic aneurysm, varicose veins
Common Diagnostic Studies
Doppler ultrasound, CT angiography, ABI, venous duplex, MRA

Additionally, in preparation for the PAEA End of Rotation Examination, the student should refer to the associated PAEA Topic List. 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 the General Surgery II rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:
The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions in the surgical setting.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in surgery.	EOR Examination
2	Obtain an appropriate history based on the patient's chief complaint.	Elicit a focused HPI emphasizing onset, progression, severity, and associated symptoms of the surgical complaint. Obtain relevant past surgical history, anesthesia history, and prior complications. In a post-operative patient, assess for symptoms of complications, including infection, bleeding, VTE, and pain.	Preceptor Evaluation
3	Perform an appropriate physical examination based on the information obtained from the patient’s history.	Perform a focused exam tailored to the presenting surgical condition. Identify exam findings consistent with surgical emergencies or complications, including organ dysfunction, pain, and infection. Evaluate cardiopulmonary status for operative clearance. Correlate physical findings with anticipated surgical pathology.	Preceptor Evaluation
4	Formulate an appropriate differential diagnosis based on clinical presentation.	Generate a prioritized differential diagnosis list based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that require immediate intervention. Distinguish surgical from non-surgical etiologies. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation

5	Order and interpret common diagnostic studies.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the discipline. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Recognize abnormal findings requiring urgent intervention. Integrate diagnostic results into operative planning.	Preceptor Evaluation
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 in the discipline.	Preceptor Evaluation
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 in the discipline. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
8	Develop evidence-based management plans.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for surgical patients.	Preceptor Evaluation
9	Provide appropriate patient education and counseling.	Explain the surgical diagnosis, planned procedure, and expected outcomes using patient-centered, non-technical language. Discuss risks, benefits, and alternatives of surgical and non-surgical management options appropriate to the patient's condition. Provide clear instructions regarding pre-operative preparation (e.g., NPO status, medication adjustments, bowel prep when applicable). Educate patients on post-operative wound care, activity restrictions, pain management expectations, and follow-up requirements. Counsel patients on recognition of post-operative complications and when to seek urgent or emergent care.	Preceptor Evaluation

10	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	Preceptor Evaluation
11	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation
12	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
13	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
14	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation

15	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation
16	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation
17	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
18	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation

19	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
20	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation
21	Maintain a sterile field safely and correctly.	Identify sterile versus non-sterile areas within the procedural environment. Demonstrate proper movement and positioning within the sterile field to avoid contamination. Recognize breaks in sterile technique immediately and verbalize corrective actions. Maintain sterile boundaries during draping, instrument handling, and procedural assistance. Demonstrate continuous situational awareness of sterile field integrity throughout the procedure.	Technical Skills Passport

22	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	Oral Case Presentation Assignment (*if assigned*)

Obstetrics and Gynecology

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

1. Demonstrate recognition of common conditions seen in gynecologic and obstetric settings.
2. Demonstrate the capacity to formulate, implement, and modify management plans for common disorders encountered for gynecologic care.
3. Demonstrate the ability to provide patient education on risk reduction and health maintenance strategies for prenatal care.

Topic List:
The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

Common Conditions
Preterm labor, gestational diabetes, ovarian torsion, postpartum hemorrhage, PCOS, endometriosis, uterine fibroids, abnormal uterine bleeding, cervical dysplasia, menopause, cervicitis, vaginitis

Common Diagnostic Studies
Pelvic ultrasound, hCG, cervical cytology, fetal monitoring, CBC, STI testing

Additionally, in preparation for the PAEA End of Rotation Examination, the student should refer to the associated PAEA Topic List. 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 the Obstetrics and Gynecology rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:
The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions in the women's health setting.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in women's health.	EOR Examination
2	Obtain an appropriate gynecologic history.	Elicit a complete menstrual history using standard elements (menarche, cycle, duration, flow, LMP). Obtain a comprehensive sexual history (partners, sexual practices, contraception use, STI history, prevention, and risk). Screen for intimate partner violence when indicated. Assess prior abnormal Pap results and gynecologic procedures. Identify red flag symptoms (postmenopausal bleeding, severe pelvic pain).	Preceptor Evaluation
3	Obtain an appropriate obstetric history.	Document GTPAL and prior pregnancy complications. Assess current pregnancy dating and risk factors. Review prenatal labs and immunization status. Screen for signs and symptoms of preterm labor and pregnancy complications.	Preceptor Evaluation
4	Perform an appropriate physical examination based on the information obtained from the patient's history.	Perform breast, abdominal, and pelvic examinations using proper technique. Assess fundal height and fetal heart tones when appropriate. Identify normal versus abnormal findings on exam. Maintain patient comfort and privacy during exam.	Preceptor Evaluation

5	Order and interpret common diagnostic studies for gynecologic care.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the gynecologic setting. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Correlate diagnostic findings with clinical impressions.	Preceptor Evaluation
6	Order and interpret common diagnostic studies for prenatal care.	Identify the recommended prenatal testing performed by gestational age based on current guidelines. Differentiate between normal and abnormal findings. Correlate diagnostic findings with clinical impressions.	Preceptor Evaluation
7	Formulate an appropriate differential diagnosis for gynecologic patients based on clinical presentation.	Generate a prioritized differential diagnosis list based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation
8	Formulate an appropriate differential diagnosis for obstetric patients based on clinical presentation.	Generate a prioritized differential diagnosis list based on gestational age, history, and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation
9	Diagnose common acute gynecologic 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 in the gynecologic setting.	Preceptor Evaluation

10	Diagnose common chronic gynecologic 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 in the gynecologic setting. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
11	Diagnose common acute obstetric 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 in the obstetrics setting.	Preceptor Evaluation
12	Develop evidence-based management plans for gynecologic care.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for gynecologic patients.	Preceptor Evaluation
13	Develop evidence-based management plans for prenatal care.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for prenatal care by gestational age.	Preceptor Evaluation
14	Provide appropriate patient education and counseling for gynecologic care.	Outline key components of patient education, including an explanation of common gynecologic conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence. Provide individualized contraception counseling, including risks and benefits. Deliver information using patient-centered language. Use the teach-back method to confirm understanding.	Preceptor Evaluation

15	Provide appropriate patient education and counseling for prenatal care.	Outline key components of patient education, including an explanation of common obstetric symptoms, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence. Provide prenatal nutrition and lifestyle counseling. Educate on warning signs requiring urgent evaluation. Discuss labor and delivery management. Counsel on peripartum expectations, breastfeeding, and postpartum contraception.	Preceptor Evaluation
16	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	Preceptor Evaluation
17	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation

18	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
19	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
20	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation
21	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation

22	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation
23	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
24	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation
25	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation

26	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation
27	Perform a pap smear safely and correctly.	Review the steps to perform a pap smear. Verify patient identity prior to procedure. Demonstrate proper infection control techniques. Position patient appropriately and maintain privacy. Follow the proper steps during the patient encounter.	Technical Skills Passport
28	Perform accurate documentation of the patient encounter in the medical record.	Document the chief complaint, HPI, full obstetric/gynecologic history, past medical history, surgical history, hospitalizations, health maintenance, medications, allergies, family history, social history, ROS, physical exam, relevant diagnostic studies, assessment, and plan clearly and concisely. Support diagnoses with pertinent findings and clinical reasoning. Develop a prioritized, evidence-based plan in written format. Use appropriate medical terminology.	Patient Note Assignment

29	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	Oral Case Presentation Assignment (*if assigned*)

Pediatrics

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

1. Demonstrate recognition of common disorders seen in infants, children, and adolescents.
2. Demonstrate the capacity to formulate, implement, and modify management plans for common disorders encountered in infants, children, and adolescents.
3. Demonstrate the ability to develop appropriate anticipatory guidance, risk reduction, and health maintenance strategies for infants, children, and adolescents.

Topic List:
The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

Common Conditions
Bronchiolitis, acute otitis media, viral gastroenteritis, croup, asthma, ADHD, autism spectrum disorder, atopic dermatitis, type 1 diabetes mellitus, pharyngitis, pneumonia

Common Diagnostic Studies
Rapid viral testing (influenza/COVID/RSV), CBC, spirometry, urinalysis, lead screening, hemoglobin A1c, rapid strep

Additionally, in preparation for the PAEA End of Rotation Examination, the student should refer to the associated PAEA Topic List. 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 the Pediatrics rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:
The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions in the pediatrics setting.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in pediatrics.	EOR Examination
2	Obtain an appropriate history for an infant based on the patient's chief complaint.	Elicit a focused HPI using symptom analysis (OLDCARTS or equivalent framework) for acute complaints. Obtain prenatal and birth history. Assess feeding, elimination, and sleep patterns. Identify red flag symptoms. Incorporate immunization status and preventive care review.	Preceptor Evaluation
3	Obtain an appropriate history for a child based on the patient's chief complaint.	Elicit a focused HPI using symptom analysis (OLDCARTS or equivalent framework) for acute complaints. Obtain prenatal and birth history. Assess nutrition, sleep, and screen time. Identify concerns with behavior and academics if applicable. Incorporate immunization status and preventive care review.	Preceptor Evaluation
4	Perform an appropriate physical exam for an infant based on the information obtained from the patient's history.	Perform head-to-toe exam on an infant using proper technique. Assess growth parameters using standardized growth charts. Identify abnormal findings. Maintain child comfort and safety.	Preceptor Evaluation
5	Perform an appropriate physical exam for a child based on the information obtained from the patient's history.	Perform head-to-toe exam on a child using proper technique. Assess growth parameters using standardized growth charts. Identify abnormal findings. Maintain child comfort and safety.	Preceptor Evaluation

6	Conduct a developmental screen for an infant.	Administer standardized developmental screening tools for an infant. Interpret results relative to infant's age. Identify delays requiring referral. Counsel caregivers on developmental stimulation.	Preceptor Evaluation
7	Conduct a developmental screen for a child.	Administer standardized developmental screening tools for a child. Interpret results relative to child's age. Identify delays requiring referral. Counsel caregivers on developmental stimulation.	Preceptor Evaluation
8	Conduct a developmental screen for an adolescent.	Administer standardized developmental screening tools for an adolescent. Interpret results relative to adolescent's age. Identify delays requiring referral.	Preceptor Evaluation
9	Formulate an appropriate differential diagnosis for an infant based on clinical presentation.	Generate a prioritized differential diagnosis list for an infant based on age, history, and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation
10	Formulate an appropriate differential diagnosis for a child based on clinical presentation.	Generate a prioritized differential diagnosis list for a child based on age, history, and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Incorporate developmental stage and psychosocial context into clinical reasoning.	Preceptor Evaluation

11	Order and interpret common diagnostic studies.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the pediatrics setting. Select appropriate laboratory and imaging studies based on age and clinical presentation. Differentiate between normal and abnormal findings. Correlate diagnostic findings with clinical impressions.	Preceptor Evaluation
12	Diagnose common acute conditions for infants 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 infants.	Preceptor Evaluation
13	Diagnose common acute conditions for children 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 children.	Preceptor Evaluation
14	Diagnose common chronic conditions for children 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 children. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
15	Diagnose common chronic conditions for adolescents 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 adolescents. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
16	Develop evidence-based management plans for acute conditions in infants.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for infants. Propose pharmacologic treatment plans using first-line therapies. Recommend appropriate follow-up intervals.	Preceptor Evaluation
17	Develop evidence-based management plans for acute conditions in children.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for children. Propose pharmacologic treatment plans using first-line therapies. Recommend appropriate follow-up intervals.	Preceptor Evaluation

18	Develop evidence-based management plans for chronic conditions in children.	Initiate guideline-directed therapy for chronic conditions in children. Monitor therapeutic response using objective measures. Coordinate long-term follow-up and consults/referrals.	Preceptor Evaluation
19	Develop evidence-based management plans for chronic conditions in adolescents.	Initiate guideline-directed therapy for chronic conditions in adolescents. Monitor therapeutic response using objective measures. Address lifestyle modifications. Coordinate long-term follow-up and consults/referrals.	Preceptor Evaluation
20	Calculate weight-based dosing for medications.	Outline the steps for calculating weight-based dosing. Utilize proper units. Ensure dose is appropriate for administration. Verify safe dosing range. Adjust dosing for age or renal function.	Preceptor Evaluation
21	Provide appropriate education and counseling to the patient and/or guardian.	Outline key components of patient education, including an explanation of common conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence. Deliver information using patient-centered language. Use the teach-back method to confirm understanding.	Preceptor Evaluation
22	Counsel the patient and/or guardian on immunizations.	Utilize an evidence-based immunization schedule to recommend immunizations based on age. Explain risks and benefits of individual immunizations. Address vaccine hesitancy using patient-centered communication.	Preceptor Evaluation

23	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	Preceptor Evaluation
24	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation
25	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
26	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation

27	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation
28	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation
29	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation
30	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
31	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision.	Preceptor Evaluation

		Incorporate feedback from the preceptor to improve clinical performance.	
32	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
33	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation
34	Administer an injection (immunization) safely and correctly.	Review the steps to perform an injection. Verify patient identity prior to procedure. Demonstrate proper infection control techniques. Follow the proper steps during the patient encounter.	Technical Skills Passport

35	Perform accurate documentation of the patient encounter in the medical record.	Document the chief complaint, HPI, past medical history, birth history, surgical history, hospitalizations, health maintenance, medications, allergies, family history, social history, ROS, physical exam, relevant diagnostic studies, assessment, and plan clearly and concisely. Support diagnoses with pertinent findings and clinical reasoning. Develop a prioritized, evidence-based plan in written format. Use appropriate medical terminology.	Patient Note Assignment
36	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	Oral Case Presentation Assignment (*if assigned*)

Behavioral Health

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

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

Topic List:
The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

Common Conditions
Anxiety disorders, mood disorders, ADHD, suicidal ideation, acute withdrawal, substance use disorder, acute psychosis, personality disorders

Common Diagnostic Studies
Drug screen, CBC, CMP, drug levels (lithium, valproate)

Additionally, in preparation for the PAEA End of Rotation Examination, the student should refer to the associated PAEA Topic List. 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 the Behavioral Health rotation, the student will achieve the following learning outcomes in medical knowledge, clinical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:
The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions in the behavioral health setting.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in behavioral health.	EOR Examination
2	Obtain an appropriate behavioral health history based on the patient's chief complaint.	Elicit a complete behavioral health history, including symptoms of mood changes and anxiety. Assess for trauma and sleep patterns. Evaluate for suicidal and homicidal ideation. Complete a functional assessment. Elicit a developmental history appropriate to age, including developmental milestones, relationships, performance in school or work, substance use, and losses, as applicable. Identify past behavioral health diagnoses, symptoms, and treatments.	Preceptor Evaluation
3	Perform a mental status examination.	Identify the components of a complete mental status examination, including general appearance, behavior, speech, motor signs, thought processes and content, mood, affect, alertness, attention, orientation, memory, language, insight, and judgment. Utilize appropriate evaluation techniques to assess each component of a mental status examination.	Preceptor Evaluation
4	Select an appropriate screening inventory based on patient presentation in the behavioral health setting.	Identify the indications for different screening inventories used in the behavioral health setting, such as PHQ-9, GAD-7, AUDIT, CAGE, and C-SSRS.	Preceptor Evaluation

5	Formulate an appropriate differential diagnosis based on clinical presentation.	Generate a prioritized differential diagnosis list based on history and physical exam findings. Distinguish between likely and less likely conditions. Distinguish primary behavioral health versus medical causes for patient presentations. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation
6	Recognize the indications for obtaining diagnostic studies in the behavioral health setting.	Outline the indications for ordering diagnostic studies to differentiate between primary behavioral health versus medical causes for patient presentations in the behavioral health setting. Identify medications that need diagnostic monitoring before and during treatment. Utilize drug screening when necessary in managing behavioral and mental health conditions.	Preceptor Evaluation
7	Diagnose acute behavioral and mental health conditions based on DSM criteria.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose acute conditions in the behavioral health setting. Understand how to apply findings to DSM criteria to make diagnoses.	Preceptor Evaluation
8	Diagnose chronic behavioral and mental health conditions based on DSM criteria.	Identify the pertinent positive and negative findings in the clinical presentation and diagnostic studies, if applicable, to diagnose chronic conditions in the behavioral health setting. Understand how to apply findings to DSM criteria to make diagnoses.	Preceptor Evaluation
9	Identify the signs and symptoms of substance use disorder.	Discuss the signs and symptoms of substance use disorder, including physical, behavioral, and psychological indicators.	Preceptor Evaluation
10	Recognize common behavioral and mental health emergencies.	Outline the critical signs and symptoms indicative of common behavioral and mental health emergencies.	Preceptor Evaluation

11	Develop evidence-based management plans for acute behavioral and mental health conditions.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for behavioral and mental health conditions. Propose pharmacologic treatment plans using first-line therapies. Identify the need for referral for psychotherapy. Recommend appropriate follow-up intervals. Adjust management for comorbid conditions.	Preceptor Evaluation
12	Develop evidence-based management plans for chronic behavioral and mental health conditions.	Initiate guideline-directed therapy for behavioral and mental health conditions. Monitor therapeutic response using objective measures. Address lifestyle modifications. Coordinate long-term follow-up and consults/referrals.	Preceptor Evaluation
13	Provide appropriate patient education and counseling.	Outline key components of patient education, including an explanation of common behavioral and mental health conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence. Deliver information in plain language. Utilize motivational interviewing techniques.	Preceptor Evaluation
14	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns,	Preceptor Evaluation

		symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	
15	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation
16	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
17	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
18	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation

19	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation
20	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation
21	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
22	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation

23	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
24	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation
25	Perform accurate documentation of the patient encounter in the medical record.	Document the chief complaint, HPI, developmental history, past psychiatric history, past medical history, surgical history, hospitalizations, health maintenance, medications, allergies, family history, social history, ROS, physical exam, mental status exam, relevant diagnostic studies, assessment, and plan clearly and concisely. Support diagnoses with pertinent findings and clinical reasoning. Develop a prioritized, evidence-based plan in written format. Use appropriate medical terminology.	Patient Note Assignment

26	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	Oral Case Presentation Assignment (*if assigned*)

Physical Medicine and Rehabilitation

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 physical medicine and rehabilitation setting.
2. Demonstrate the capacity to formulate management plans for common disorders encountered in the physical medicine and rehabilitation setting.
3. Demonstrate the ability to provide patient education and counseling to patients in the physical medicine and rehabilitation setting.

Topic List:

The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

Common Conditions

Stroke rehabilitation, spinal cord injury, traumatic brain injury, acute musculoskeletal injury, chronic pain syndrome, spasticity, neuropathic pain, degenerative spine disease

Common Diagnostic Studies

MRI brain/spine, X-ray, CT

Learning Outcomes:

Upon completion of the Physical Medicine and Rehabilitation rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:

The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions in the physical medicine and rehabilitation setting.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in physical medicine and rehabilitation.	Preceptor Evaluation
2	Obtain an appropriate history based on the patient's chief complaint.	Elicit a focused HPI using symptom analysis (OLDCARTS or equivalent framework). Obtain relevant past medical, family, and social history tailored to the chief complaint. Assess prior treatments including physical therapy, medications, injections, and surgical interventions. Perform medication reconciliation and assess adherence. Screen for red flag symptoms (cauda equina, fracture, infection, malignancy).	Preceptor Evaluation
3	Perform an appropriate physical examination based on the information obtained from the patient's history.	Perform focused and comprehensive examinations based on acuity of presentation. Demonstrate proper technique for examinations by system. Identify abnormal findings and correlate them with clinical history.	Preceptor Evaluation
4	Perform an assessment of functional status in the physical medicine and rehabilitation setting.	Assess activities of daily living (ADLs) and instrumental ADLs. Evaluate gait, balance, and need for assistive devices. Assess fall risk using validated tools when appropriate. Identify barriers to functional independence.	Preceptor Evaluation
5	Formulate an appropriate differential diagnosis based on clinical presentation.	Generate a prioritized differential diagnosis list based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation

6	Order and interpret common diagnostic studies.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the physical medicine and rehabilitation setting. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Recognize imaging findings requiring urgent intervention. Correlate diagnostic findings with clinical impressions.	Preceptor Evaluation
7	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 in the physical medicine and rehabilitation setting.	Preceptor Evaluation
8	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 in the internal medicine setting. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
9	Develop evidence-based management plans for acute conditions.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for patients in the physical medicine and rehabilitation setting. Distinguish acute from chronic pathology. Propose pharmacologic treatment plans using first-line therapies. Adjust management for comorbid conditions. Identify indications for urgent referral.	Preceptor Evaluation

10	Develop evidence-based management plans for chronic conditions.	Initiate guideline-directed therapy for chronic conditions in adults. Monitor therapeutic response using objective measures. Address lifestyle modifications and risk reduction. Coordinate long-term follow-up and consults/referrals.	Preceptor Evaluation
11	Provide appropriate patient education and counseling.	Outline key components of patient education, including an explanation of common conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence. Counsel on realistic functional goals and prognosis. Deliver information using patient-centered language. Use the teach-back method to confirm understanding.	Preceptor Evaluation
12	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	Preceptor Evaluation

13	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation
14	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
15	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
16	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation

17	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation
18	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation
19	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
20	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation

21	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
22	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation
23	Perform a joint injection safely and correctly.	Review the steps to perform a joint injection. Verify patient identity prior to procedure. Demonstrate proper infection control techniques. Identify appropriate joint and landmarks using surface anatomy. Follow the proper steps during the patient encounter.	Technical Skills Passport

24	Write an evidence-informed commentary on a current PA practice issue.	Clearly articulate a focused position or argument related to a current PA practice issue. Support the stated position with relevant evidence and appropriate references. Demonstrate higher-order critical thinking by analyzing implications for PA practice. Organize the commentary logically with clear introduction, body, and conclusion sections. Integrate evidence to support assertions while avoiding unsupported claims. Develop a compelling, practice-relevant call to action grounded in the analysis presented. Demonstrate professional writing skills including clarity, grammar, and persuasive tone. Produce a final manuscript that meets rubric expectations for organization, content depth, and delivery.	PA Practice Commentary
25	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned	Oral Case Presentation Assignment (*if assigned*)

		time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	

Emergency Medicine

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 emergent conditions presenting to the emergency department setting.
3. Demonstrate the capacity to formulate initial management plans for emergent conditions presenting to the emergency department setting.

Topic List:
The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

Common Conditions
ACS, stroke, sepsis, fractures, dislocations, respiratory failure, COPD, CHF, pulmonary embolism, ectopic pregnancy, appendicitis, bowel obstruction, GI bleed, pneumonia, meningitis

Common Diagnostic Studies
Troponin, D-dimer, EKG, chest x-ray, CT head, CT abdomen, lactate, point-of-care ultrasound

Additionally, in preparation for the PAEA End of Rotation Examination, the student should refer to the associated PAEA Topic List. 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 the Emergency Medicine rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:
The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions in the emergency medicine setting.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute, chronic, and emergent conditions seen in emergency medicine.	EOR Examination
2	Obtain an appropriate problem-focused history based on the patient's chief complaint.	Elicit a concise HPI focused on acuity and time-sensitive details. Obtain focused relevant past medical, surgical, family, and social history, and ROS to rule out life-threatening etiologies. Perform medication reconciliation and assess adherence.	Preceptor Evaluation
3	Perform an appropriate focused physical examination based on the information obtained from the patient’s history.	Conduct primary survey (ABCs) when indicated. Identify signs of hemodynamic instability. Perform focused examinations tailored to the chief complaint. Identify abnormal findings and correlate them with clinical history.	Preceptor Evaluation
4	Order and interpret common diagnostic studies for emergent care.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the emergency medicine setting. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Correlate diagnostic findings with clinical impressions.	Preceptor Evaluation
5	Distinguish between urgent and non-urgent diagnostic results.	Identify critical lab values requiring immediate action. Recognize imaging findings consistent with emergent pathology.	Preceptor Evaluation

6	Accurately interpret a 12-lead electrocardiogram.	Use a systematic approach to interpreting a 12-lead electrocardiogram. Identify rate, rhythm, axis, and intervals. Distinguish between normal and abnormal findings. Identify life-threatening EKG findings requiring immediate action. Correlate EKG findings with clinical presentation.	Preceptor Evaluation
7	Accurately interpret a chest radiograph.	Use a systematic approach to interpreting a chest radiograph (e.g., ABCDE method). Distinguish between normal and abnormal findings. Recognize radiographic signs requiring emergent intervention. Correlate imaging findings with clinical context.	Preceptor Evaluation
8	Formulate an appropriate differential diagnosis based on clinical presentation.	Generate a broad differential diagnosis list based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation
9	Diagnose common emergent 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 emergent conditions in the emergency medicine setting.	Preceptor Evaluation
10	Recognize the need for emergent consultations.	Identify conditions requiring surgical or specialty consultation. Communicate concise clinical summaries during consult requests. Recognize time-sensitive transfer needs.	Preceptor Evaluation

11	Develop evidence-based management plans for emergent care.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for patients in the emergency medicine setting. Prioritize life-threatening conditions first. Recognize clinical instability requiring resuscitation. Administer appropriate emergent pharmacologic therapy. Reassess patient response to interventions. Determine need for escalation of care.	Preceptor Evaluation
12	Determine appropriate dispositions for patients based on diagnosis and acuity level.	Assess patient stability and response to treatment. Identify conditions that need close monitoring or emergent care. Determine criteria for admission, observation, or discharge. Use a patient-centered approach when determining disposition.	Preceptor Evaluation
13	Provide appropriate patient education and counseling.	Outline key components of patient education, including an explanation of common conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence. Educate on red flag symptoms, if applicable. Deliver information using patient-centered language. Use the teach-back method to confirm understanding.	Preceptor Evaluation

14	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	Preceptor Evaluation
15	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation
16	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
17	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation

18	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation
19	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation
20	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation
21	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
22	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision.	Preceptor Evaluation

		Incorporate feedback from the preceptor to improve clinical performance.	
23	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
24	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation
25	Perform suturing for wound closure safely and correctly.	Review the steps to perform suturing for wound closure. Verify patient identity prior to procedure. Demonstrate proper infection control techniques. Select appropriate suture material and technique. Follow the proper steps during the patient encounter.	Technical Skills Passport

26	Perform chest compressions safely and correctly.	Review the steps to perform chest compressions. Reference BLS guidelines. Follow the proper steps during the patient encounter.	Technical Skills Passport
27	Perform basic airway management safely and correctly.	Review the steps to perform basic airway management. Reference BLS guidelines. Follow the proper steps during the patient encounter.	Technical Skills Passport
28	Perform incision and drainage safely and correctly.	Review the steps to perform incision and drainage. Verify patient identity prior to procedure. Demonstrate proper infection control techniques. Follow the proper steps during the patient encounter.	Technical Skills Passport
29	Perform accurate documentation of the patient encounter in the medical record.	Document the chief complaint, HPI, past medical history, surgical history, hospitalizations, health maintenance, medications, allergies, family history, social history, ROS, physical exam, relevant diagnostic studies, assessment, and plan clearly and concisely. Support diagnoses with pertinent findings and clinical reasoning. Develop a prioritized, evidence-based plan in written format. Support disposition with clinical reasoning. Use appropriate medical terminology.	Patient Note Assignment
30	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate	Oral Case Presentation Assignment (*if assigned*)

		diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	

Elective I - Medicine

Rotation Goals:

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

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

Topic List:

The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

Family Medicine

Common Conditions

Upper respiratory infection, acute otitis media, urinary tract infection, hypertension, type 2 diabetes mellitus, hyperlipidemia, depression, anxiety, osteoarthritis

Common Diagnostic Studies

CBC, CMP, lipid panel, hemoglobin A1c, urinalysis

General Internal Medicine

Common Conditions

Community-acquired pneumonia, acute kidney injury, COPD exacerbation, hypertension, type 2 diabetes mellitus, heart failure

Common Diagnostic Studies

CBC, CMP, BNP, chest x-ray

Allergy & Immunology

Common Conditions

Anaphylaxis, acute and chronic urticaria, angioedema, allergic rhinitis, asthma, atopic dermatitis

Common Diagnostic Studies

Serum IgE, skin prick testing, spirometry, CBC with differential

---

Cardiology

Common Conditions

Acute coronary syndrome, atrial fibrillation, heart failure, coronary artery disease, hypertension, valvular heart disease

Common Diagnostic Studies

EKG, troponin, echocardiogram, BNP

Dermatology

Common Conditions

Cellulitis, contact dermatitis, herpes zoster, acne vulgaris, psoriasis, atopic dermatitis, skin cancer

Common Diagnostic Studies

Skin biopsy, KOH prep, skin cultures

Endocrinology

Common Conditions

Type 2 diabetes mellitus, hypothyroidism, hyperthyroidism, osteoporosis, Cushing syndrome

Common Diagnostic Studies

Hemoglobin A1c, TSH, Free T4, serum cortisol, DEXA scan

Gastroenterology

Common Conditions

GI bleed, acute hepatitis, GERD, irritable bowel syndrome, Crohn's disease, ulcerative colitis, cirrhosis

Common Diagnostic Studies

EGD, colonoscopy, lipase, CMP, abdominal CT

Hematology/Oncology

Common Conditions

Neutropenic fever, iron deficiency anemia, bleeding and clotting disorders, lymphoma, leukemia, multiple myeloma, solid tumors (breast, lung, colon)

Common Diagnostic Studies

CBC with differential, peripheral smear, PT/INR, bone marrow biopsy, PET-CT

Infectious Diseases

Common Conditions

Sepsis, meningitis, osteomyelitis, HIV, Hepatitis B, Hepatitis C, tuberculosis

Common Diagnostic Studies

Blood cultures, HIV testing, Hepatitis panel, CSF studies, procalcitonin

---

Nephrology

Common Conditions

Acute kidney injury, hyperkalemia, hypertensive emergency, glomerulonephritis, chronic kidney disease, diabetic nephropathy, polycystic kidney disease, nephrotic syndrome

Common Diagnostic Studies

BMP, urinalysis, urine protein/creatinine ratio, renal ultrasound

---

Neurology

Common Conditions

Ischemic stroke, intracranial hemorrhage, epilepsy, multiple sclerosis, Alzheimer dementia, migraine

Common Diagnostic Studies

Brain MRI, CT head, CSF studies, carotid ultrasound

Obesity Medicine

Common Conditions
Obesity, metabolic syndrome, type 2 diabetes mellitus, metabolic dysfunction-associated steatotic liver disease (MASLD), obstructive sleep apnea
Common Diagnostic Studies
Hemoglobin A1c, lipid panel, CMP, sleep study, liver ultrasound, serum insulin

---

Palliative Care
Common Conditions
Cancer-related pain, advanced heart failure, liver failure, sepsis, respiratory failure, chronic symptom burden, failure to thrive, sickle cell disease
Common Diagnostic Studies
CMP, CBC, CT abdomen, CT chest, chest x-ray, abdominal x-ray

Pulmonology
Common Conditions
Pulmonary embolism, pneumonia, acute respiratory failure, COPD, asthma, pulmonary hypertension, OSA
Common Diagnostic Studies
Pulmonary function tests, chest x-ray, chest CT, ABG, sleep study

---

Diagnostic Radiology
Common Conditions
Pneumonia, pneumothorax, fractures, dislocations, solid tumor cancers, intracranial hemorrhage, bowel obstruction
Common Diagnostic Studies
CT, MRI, ultrasound, x-ray

Rheumatology
Common Conditions
Rheumatoid arthritis, systemic lupus erythematosus, osteoarthritis, psoriatic arthritis, ankylosing spondylitis
Common Diagnostic Studies
ESR/CRP, ANA, rheumatoid factor, anti-CCP, joint aspiration fluid analysis

---

Transplant Medicine
Common Conditions
Transplant rejection, liver failure, kidney failure, medication toxicity, opportunistic infections, hypertension
Common Diagnostic Studies
Drug levels (tacrolimus, cyclosporine), viral PCR (CMV, BK), CBC, CMP, urinalysis, CT abdomen, renal ultrasound

---

Urgent Care
Common Conditions
URI, UTI, lacerations, ankle sprain, gastroenteritis, pharyngitis, cervicitis
Common Diagnostic Studies

Rapid strep, urinalysis, COVID/Flu testing, POC glucose, gonorrhea and chlamydia testing

---

Obstetrics & Gynecology
Common Conditions
Preterm labor, gestational diabetes, ovarian torsion, postpartum hemorrhage, PCOS, endometriosis, uterine fibroids, abnormal uterine bleeding, cervical dysplasia, menopause, cervicitis, vaginitis
Common Diagnostic Studies
Pelvic ultrasound, hCG, cervical cytology, fetal monitoring, CBC, STI testing

---

Gynecology Oncology
Common Conditions
Cervical cancer, endometrial cancer, ovarian cancer, vaginal/vulvar cancer
Common Diagnostic Studies
Pelvic ultrasound, cervical cytology, CT abdomen/pelvis, MRI abdomen/pelvis, colposcopy

---

General Pediatrics
Common Conditions
Bronchiolitis, acute otitis media, viral gastroenteritis, croup, asthma, ADHD, autism spectrum disorder, atopic dermatitis, type 1 diabetes mellitus, pharyngitis, pneumonia
Common Diagnostic Studies
Rapid viral testing (influenza/COVID/RSV), CBC, spirometry, urinalysis, lead screening, hemoglobin A1c, rapid strep

---

Pediatric Cardiology
Common Conditions
Congenital heart disease, heart murmur, arrythmias, cardiomyopathy, Kawasaki disease
Common Diagnostic Studies
Echocardiogram, EKG, chest x-ray

Pediatric Endocrinology
Common Conditions
Type 1 diabetes mellitus, hypothyroidism, hyperthyroidism, growth hormone deficiency, precocious puberty, obesity
Common Diagnostic Studies
Hemoglobin A1c, blood glucose, TSH, free T4, bone age x-ray, insulin level, C-peptide, thyroid antibodies

---

Pediatric Hematology/Oncology
Common Conditions
Leukemia, lymphoma, iron deficiency anemia, sickle cell disease, hemophilia, thrombocytopenia, solid tumors (e.g. neuroblastoma, Wilms tumor)
Common Diagnostic Studies
CBC with differential, peripheral smear, bone marrow biopsy, coagulation studies, PET-CT

Pediatric Pulmonology

Common Conditions
Asthma, bronchiolitis, bronchitis, cystic fibrosis, pneumonia, OSA, foreign body aspiration
Common Diagnostic Studies
Spirometry, chest x-ray, sweat chloride test, sleep study

Physical Medicine & Rehabilitation (PM&R)
Common Conditions
Stroke rehabilitation, spinal cord injury, traumatic brain injury, acute musculoskeletal injury, chronic pain syndrome, spasticity, neuropathic pain, degenerative spine disease
Common Diagnostic Studies
MRI brain/spine, X-ray, CT

Emergency Medicine
Common Conditions
ACS, stroke, sepsis, fractures, dislocations, respiratory failure, COPD, CHF, pulmonary embolism, ectopic pregnancy, appendicitis, bowel obstruction, GI bleed, pneumonia, meningitis
Common Diagnostic Studies
Troponin, D-dimer, EKG, chest x-ray, CT head, CT abdomen, lactate, point-of-care ultrasound

---

Behavioral Health
Common Conditions
Anxiety disorders, mood disorders, ADHD, suicidal ideation, acute withdrawal, substance use disorder, acute psychosis, personality disorders
Common Diagnostic Studies
Drug screen, CBC, CMP, drug levels (lithium, valproate)

Pediatric Behavioral Health
Common Conditions
ADHD, anxiety disorders, depression, autism spectrum disorder, oppositional defiant disorder, eating disorders, PTSD
Common Diagnostic Studies
Drug screen, CBC, CMP, vitamin levels

Critical Care
Common Conditions
Sepsis, acute respiratory failure, shock, multiple organ failure, stroke
Common Diagnostic Studies
ABG, lactate, CBC with differential, CMP, blood cultures, chest x-ray

Learning Outcomes:
Upon completion of the Elective I rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:
The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in the discipline.	Preceptor Evaluation
2	Obtain an appropriate history based on the patient's chief complaint.	Elicit a focused HPI using symptom analysis (OLDCARTS or equivalent framework). Obtain relevant past medical, surgical, family, and social history tailored to the chief complaint. Perform medication reconciliation and assess adherence.	Preceptor Evaluation
3	Perform an appropriate physical examination based on the information obtained from the patient's history.	Perform a focused examination based on presentation. Demonstrate proper technique during the examination. Identify abnormal findings and correlate them with clinical history.	Preceptor Evaluation
4	Formulate an appropriate differential diagnosis based on clinical presentation.	Generate a prioritized differential diagnosis list based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation
5	Order and interpret common diagnostic studies.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the discipline. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Correlate diagnostic findings with clinical impressions.	Preceptor Evaluation
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 in the discipline.	Preceptor Evaluation

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 in the discipline. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
8	Develop evidence-based management plans for acute conditions.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans. Propose pharmacologic treatment plans using first-line therapies. Adjust management for comorbid conditions.	Preceptor Evaluation
9	Develop evidence-based management plans for chronic conditions.	Initiate guideline-directed therapy for chronic conditions. Monitor therapeutic response using objective measures.	Preceptor Evaluation
10	Provide appropriate patient education and counseling.	Outline key components of patient education, including an explanation of common conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence. Deliver information using patient-centered language. Use the teach-back method to confirm understanding.	Preceptor Evaluation
11	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal	Preceptor Evaluation

		and nonverbal cues indicating patient emotions or concerns.	
12	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation
13	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
14	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
15	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation

16	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation
17	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation
18	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
19	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation

20	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
21	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation
22	Perform phlebotomy safely and correctly.	Review the steps to perform phlebotomy. Verify patient identity prior to procedure. Demonstrate proper infection control techniques. Follow the proper steps during the patient encounter.	Technical Skills Passport

23	Write a scholarly paper on a medical topic that is relevant to PA clinical practice.	Identify a current, novel, or controversial medical topic relevant to PA practice. Conduct a focused literature search using peer-reviewed sources published primarily within the last five years. Select and appraise at least three high-quality references appropriate to the topic. Summarize the background, controversy, and clinical significance of the topic in a clear introductory section. Synthesize findings from the literature into a logically organized review section using AMA citation format. Critically analyze strengths, limitations, and implications of the evidence presented. Formulate a concise conclusion that integrates evidence and articulates relevance to PA clinical decision-making. Produce a professionally written manuscript (2–3 pages) that meets formatting and scholarly standards.	Elective I: Elective Hot Topic Paper

24	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	Oral Case Presentation Assignment (*if assigned*)

Elective I - Surgery

Rotation Goals:

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

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

Topic List:

The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

General Surgery

Common Conditions

Appendicitis, cholecystitis, small bowel obstruction, hernias, colorectal cancer, hemorrhoids

Common Diagnostic Studies

CT abdomen/pelvis, KUB, abdominal ultrasound, CBC, CMP

Burn

Common Conditions

Burns, inhalation injury, compartment syndrome, contractures, wound infection

Common Diagnostic Studies

Carboxyhemoglobin, ABG, CMP, CBC, wound cultures

Cardiothoracic Surgery

Common Conditions

Aortic dissection, cardiac tamponade, pneumothorax, coronary artery disease, valvular disease, lung cancer, pleural effusion

Common Diagnostic Studies

Echocardiogram, chest CT/CTA, chest x-ray

Neurosurgery

Common Conditions

Traumatic brain injury, epidural/subdural hematoma, spinal cord compression, brain tumors, degenerative disc disease, spinal stenosis

Common Diagnostic Studies

CT head, MRI brain, MRI spine, CT angiography, CSF studies

Orthopedic Surgery

Common Conditions

Fractures, dislocations, septic joints, compartment syndrome, tendon rupture, osteoarthritis, rotator cuff tear, ACL injury, degenerative joint disease, chronic back pain

Common Diagnostic Studies
X-ray, MRI, CT, joint aspiration fluid analysis

Pediatric Orthopedic Surgery
Common Conditions
Fractures, developmental dysplasia of the hip, scoliosis, slipped capital femoral epiphysis, septic arthritis, Osgood-Schlatter disease
Common Diagnostic Studies
X-ray, MRI, ultrasound, joint aspiration fluid analysis, CT

Otolaryngology (ENT)
Common Conditions
Peritonsillar abscess, otitis media, airway obstruction, sinusitis, allergic rhinitis, hearing loss, head and neck cancer
Common Diagnostic Studies
CT sinus, CT head/neck, audiogram, nasal endoscopy, CBC

Plastic Surgery
Common Conditions
Complex lacerations, scar revision, breast reconstruction, chronic wounds, cosmetic procedures
Common Diagnostic Studies
CT facial bones, wound cultures, doppler ultrasound (flap viability), CBC, chest/breast MRI/MRA

Transplant Surgery
Common Conditions
Organ transplantation, liver failure, renal failure, graft dysfunction, incisional hernia, surgical site infection, vascular stenosis, opportunistic infection
Common Diagnostic Studies
Abdominal ultrasound, CT abdomen, immunosuppressive drug levels, CMP, CBC

Trauma Surgery
Common Conditions
Blunt abdominal trauma, penetrating trauma, hemorrhagic shock, fractures, dislocations
Common Diagnostic Studies
FAST exam, CT trauma protocol, CBC, lactate

Urology
Common Conditions
Nephrolithiasis, urinary retention, testicular torsion, hematuria, benign prostatic hyperplasia, prostate cancer, UTI, erectile dysfunction, urinary incontinence
Common Diagnostic Studies
Urinalysis, PSA, renal ultrasound, CT stone protocol, cystoscopy

---

Vascular Surgery
Common Conditions

Acute limb ischemia, peripheral arterial disease, carotid stenosis, chronic venous insufficiency, aortic aneurysm, varicose veins

Common Diagnostic Studies

Doppler ultrasound, CT angiography, ABI, venous duplex, MRA

Learning Outcomes:

Upon completion of the Elective I rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:

The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in the discipline.	Preceptor Evaluation
2	Obtain an appropriate history based on the patient's chief complaint.	Elicit a focused HPI emphasizing onset, progression, severity, and associated symptoms of the surgical complaint. Obtain relevant past surgical history, anesthesia history, and prior complications. In a post-operative patient, assess for symptoms of complications, including infection, bleeding, VTE, and pain.	Preceptor Evaluation
3	Perform an appropriate physical examination based on the information obtained from the patient's history.	Perform a focused exam tailored to the presenting surgical condition. Identify exam findings consistent with surgical emergencies or complications, including organ dysfunction, pain, and infection. Evaluate cardiopulmonary status for operative clearance. Correlate physical findings with anticipated surgical pathology.	Preceptor Evaluation
4	Formulate an appropriate differential diagnosis based on clinical presentation.	Generate a prioritized differential diagnosis list based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that require immediate intervention. Distinguish surgical from non-surgical etiologies. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation

5	Order and interpret common diagnostic studies.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the discipline. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Recognize abnormal findings requiring urgent intervention. Integrate diagnostic results into operative planning.	Preceptor Evaluation
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 in the discipline.	Preceptor Evaluation
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 in the discipline. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
8	Develop evidence-based management plans for common acute conditions.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for acute conditions in surgical patients. Recognize the need for acute surgical intervention.	Preceptor Evaluation
9	Develop evidence-based management plans for common chronic conditions.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for chronic conditions in surgical patients. Coordinate long-term follow-up.	Preceptor Evaluation

10	Provide appropriate patient education and counseling.	Explain the surgical diagnosis, planned procedure, and expected outcomes using patient-centered, non-technical language. Discuss risks, benefits, and alternatives of surgical and non-surgical management options appropriate to the patient's condition. Provide clear instructions regarding pre-operative preparation (e.g., NPO status, medication adjustments, bowel prep when applicable). Educate patients on post-operative wound care, activity restrictions, pain management expectations, and follow-up requirements. Counsel patients on recognition of post-operative complications and when to seek urgent or emergent care.	Preceptor Evaluation
11	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	Preceptor Evaluation
12	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation

13	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
14	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
15	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation
16	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation
17	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation

18	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
19	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation
20	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
21	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation

22	Maintain a sterile field safely and correctly.	Identify sterile versus non-sterile areas within the procedural environment. Demonstrate proper movement and positioning within the sterile field to avoid contamination. Recognize breaks in sterile technique immediately and verbalize corrective actions. Maintain sterile boundaries during draping, instrument handling, and procedural assistance. Demonstrate continuous situational awareness of sterile field integrity throughout the procedure.	Technical Skills Passport
23	Write a scholarly paper on a medical topic that is relevant to PA clinical practice.	Identify a current, novel, or controversial medical topic relevant to PA practice. Conduct a focused literature search using peer-reviewed sources published primarily within the last five years. Select and appraise at least three high-quality references appropriate to the topic. Summarize the background, controversy, and clinical significance of the topic in a clear introductory section. Synthesize findings from the literature into a logically organized review section using AMA citation format. Critically analyze strengths, limitations, and implications of the evidence presented. Formulate a concise conclusion that integrates evidence and articulates relevance to PA clinical decision-making. Produce a professionally written manuscript (2–3 pages) that meets formatting and scholarly standards.	Elective I: Elective Hot Topic Paper

24	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	Oral Case Presentation Assignment (*if assigned*)

Elective II - Medicine

Rotation Goals:

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

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

Topic List:

The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

Family Medicine

Common Conditions

Upper respiratory infection, acute otitis media, urinary tract infection, hypertension, type 2 diabetes mellitus, hyperlipidemia, depression, anxiety, osteoarthritis

Common Diagnostic Studies

CBC, CMP, lipid panel, hemoglobin A1c, urinalysis

General Internal Medicine

Common Conditions

Community-acquired pneumonia, acute kidney injury, COPD exacerbation, hypertension, type 2 diabetes mellitus, heart failure

Common Diagnostic Studies

CBC, CMP, BNP, chest x-ray

Allergy & Immunology

Common Conditions

Anaphylaxis, acute and chronic urticaria, angioedema, allergic rhinitis, asthma, atopic dermatitis

Common Diagnostic Studies

Serum IgE, skin prick testing, spirometry, CBC with differential

---

Cardiology

Common Conditions

Acute coronary syndrome, atrial fibrillation, heart failure, coronary artery disease, hypertension, valvular heart disease

Common Diagnostic Studies

EKG, troponin, echocardiogram, BNP

Dermatology

Common Conditions

Cellulitis, contact dermatitis, herpes zoster, acne vulgaris, psoriasis, atopic dermatitis, skin cancer

Common Diagnostic Studies

Skin biopsy, KOH prep, skin cultures

Endocrinology

Common Conditions

Type 2 diabetes mellitus, hypothyroidism, hyperthyroidism, osteoporosis, Cushing syndrome

Common Diagnostic Studies

Hemoglobin A1c, TSH, Free T4, serum cortisol, DEXA scan

Gastroenterology

Common Conditions

GI bleed, acute hepatitis, GERD, irritable bowel syndrome, Crohn's disease, ulcerative colitis, cirrhosis

Common Diagnostic Studies

EGD, colonoscopy, lipase, CMP, abdominal CT

Hematology/Oncology

Common Conditions

Neutropenic fever, iron deficiency anemia, bleeding and clotting disorders, lymphoma, leukemia, multiple myeloma, solid tumors (breast, lung, colon)

Common Diagnostic Studies

CBC with differential, peripheral smear, PT/INR, bone marrow biopsy, PET-CT

Infectious Diseases

Common Conditions

Sepsis, meningitis, osteomyelitis, HIV, Hepatitis B, Hepatitis C, tuberculosis

Common Diagnostic Studies

Blood cultures, HIV testing, Hepatitis panel, CSF studies, procalcitonin

---

Nephrology

Common Conditions

Acute kidney injury, hyperkalemia, hypertensive emergency, glomerulonephritis, chronic kidney disease, diabetic nephropathy, polycystic kidney disease, nephrotic syndrome

Common Diagnostic Studies

BMP, urinalysis, urine protein/creatinine ratio, renal ultrasound

---

Neurology

Common Conditions

Ischemic stroke, intracranial hemorrhage, epilepsy, multiple sclerosis, Alzheimer dementia, migraine

Common Diagnostic Studies

Brain MRI, CT head, CSF studies, carotid ultrasound

Obesity Medicine

Common Conditions
Obesity, metabolic syndrome, type 2 diabetes mellitus, metabolic dysfunction-associated steatotic liver disease (MASLD), obstructive sleep apnea
Common Diagnostic Studies
Hemoglobin A1c, lipid panel, CMP, sleep study, liver ultrasound, serum insulin

---

Palliative Care
Common Conditions
Cancer-related pain, advanced heart failure, liver failure, sepsis, respiratory failure, chronic symptom burden, failure to thrive, sickle cell disease
Common Diagnostic Studies
CMP, CBC, CT abdomen, CT chest, chest x-ray, abdominal x-ray

Pulmonology
Common Conditions
Pulmonary embolism, pneumonia, acute respiratory failure, COPD, asthma, pulmonary hypertension, OSA
Common Diagnostic Studies
Pulmonary function tests, chest x-ray, chest CT, ABG, sleep study

---

Diagnostic Radiology
Common Conditions
Pneumonia, pneumothorax, fractures, dislocations, solid tumor cancers, intracranial hemorrhage, bowel obstruction
Common Diagnostic Studies
CT, MRI, ultrasound, x-ray

Rheumatology
Common Conditions
Rheumatoid arthritis, systemic lupus erythematosus, osteoarthritis, psoriatic arthritis, ankylosing spondylitis
Common Diagnostic Studies
ESR/CRP, ANA, rheumatoid factor, anti-CCP, joint aspiration fluid analysis

---

Transplant Medicine
Common Conditions
Transplant rejection, liver failure, kidney failure, medication toxicity, opportunistic infections, hypertension
Common Diagnostic Studies
Drug levels (tacrolimus, cyclosporine), viral PCR (CMV, BK), CBC, CMP, urinalysis, CT abdomen, renal ultrasound

---

Urgent Care
Common Conditions
URI, UTI, lacerations, ankle sprain, gastroenteritis, pharyngitis, cervicitis
Common Diagnostic Studies

Rapid strep, urinalysis, COVID/Flu testing, POC glucose, gonorrhea and chlamydia testing

---

Obstetrics & Gynecology
Common Conditions
Preterm labor, gestational diabetes, ovarian torsion, postpartum hemorrhage, PCOS, endometriosis, uterine fibroids, abnormal uterine bleeding, cervical dysplasia, menopause, cervicitis, vaginitis
Common Diagnostic Studies
Pelvic ultrasound, hCG, cervical cytology, fetal monitoring, CBC, STI testing

---

Gynecology Oncology
Common Conditions
Cervical cancer, endometrial cancer, ovarian cancer, vaginal/vulvar cancer
Common Diagnostic Studies
Pelvic ultrasound, cervical cytology, CT abdomen/pelvis, MRI abdomen/pelvis, colposcopy

---

General Pediatrics
Common Conditions
Bronchiolitis, acute otitis media, viral gastroenteritis, croup, asthma, ADHD, autism spectrum disorder, atopic dermatitis, type 1 diabetes mellitus, pharyngitis, pneumonia
Common Diagnostic Studies
Rapid viral testing (influenza/COVID/RSV), CBC, spirometry, urinalysis, lead screening, hemoglobin A1c, rapid strep

---

Pediatric Cardiology
Common Conditions
Congenital heart disease, heart murmur, arrythmias, cardiomyopathy, Kawasaki disease
Common Diagnostic Studies
Echocardiogram, EKG, chest x-ray

Pediatric Endocrinology
Common Conditions
Type 1 diabetes mellitus, hypothyroidism, hyperthyroidism, growth hormone deficiency, precocious puberty, obesity
Common Diagnostic Studies
Hemoglobin A1c, blood glucose, TSH, free T4, bone age x-ray, insulin level, C-peptide, thyroid antibodies

---

Pediatric Hematology/Oncology
Common Conditions
Leukemia, lymphoma, iron deficiency anemia, sickle cell disease, hemophilia, thrombocytopenia, solid tumors (e.g. neuroblastoma, Wilms tumor)
Common Diagnostic Studies
CBC with differential, peripheral smear, bone marrow biopsy, coagulation studies, PET-CT

Pediatric Pulmonology

Common Conditions
Asthma, bronchiolitis, bronchitis, cystic fibrosis, pneumonia, OSA, foreign body aspiration
Common Diagnostic Studies
Spirometry, chest x-ray, sweat chloride test, sleep study

Physical Medicine & Rehabilitation (PM&R)
Common Conditions
Stroke rehabilitation, spinal cord injury, traumatic brain injury, acute musculoskeletal injury, chronic pain syndrome, spasticity, neuropathic pain, degenerative spine disease
Common Diagnostic Studies
MRI brain/spine, X-ray, CT

Emergency Medicine
Common Conditions
ACS, stroke, sepsis, fractures, dislocations, respiratory failure, COPD, CHF, pulmonary embolism, ectopic pregnancy, appendicitis, bowel obstruction, GI bleed, pneumonia, meningitis
Common Diagnostic Studies
Troponin, D-dimer, EKG, chest x-ray, CT head, CT abdomen, lactate, point-of-care ultrasound

---

Behavioral Health
Common Conditions
Anxiety disorders, mood disorders, ADHD, suicidal ideation, acute withdrawal, substance use disorder, acute psychosis, personality disorders
Common Diagnostic Studies
Drug screen, CBC, CMP, drug levels (lithium, valproate)

Pediatric Behavioral Health
Common Conditions
ADHD, anxiety disorders, depression, autism spectrum disorder, oppositional defiant disorder, eating disorders, PTSD
Common Diagnostic Studies
Drug screen, CBC, CMP, vitamin levels

Critical Care
Common Conditions
Sepsis, acute respiratory failure, shock, multiple organ failure, stroke
Common Diagnostic Studies
ABG, lactate, CBC with differential, CMP, blood cultures, chest x-ray

Learning Outcomes:
Upon completion of the Elective II rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:
The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in the discipline.	Preceptor Evaluation
2	Obtain an appropriate history based on the patient's chief complaint.	Elicit a focused HPI using symptom analysis (OLDCARTS or equivalent framework). Obtain relevant past medical, surgical, family, and social history tailored to the chief complaint. Perform medication reconciliation and assess adherence.	Preceptor Evaluation
3	Perform an appropriate physical examination based on the information obtained from the patient's history.	Perform a focused examination based on presentation. Demonstrate proper technique during the examination. Identify abnormal findings and correlate them with clinical history.	Preceptor Evaluation
4	Formulate an appropriate differential diagnosis based on clinical presentation.	Generate a prioritized differential diagnosis list based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that must be ruled out. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation
5	Order and interpret common diagnostic studies.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the discipline. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Correlate diagnostic findings with clinical impressions.	Preceptor Evaluation
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 in the discipline.	Preceptor Evaluation

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 in the discipline. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
8	Develop evidence-based management plans for acute conditions.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans. Propose pharmacologic treatment plans using first-line therapies. Adjust management for comorbid conditions.	Preceptor Evaluation
9	Develop evidence-based management plans for chronic conditions.	Initiate guideline-directed therapy for chronic conditions. Monitor therapeutic response using objective measures.	Preceptor Evaluation
10	Provide appropriate patient education and counseling.	Outline key components of patient education, including an explanation of common conditions, treatment options, potential side effects, preventive strategies, and the importance of treatment adherence. Deliver information using patient-centered language. Use the teach-back method to confirm understanding.	Preceptor Evaluation
11	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal	Preceptor Evaluation

		and nonverbal cues indicating patient emotions or concerns.	
12	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation
13	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
14	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
15	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation

16	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation
17	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation
18	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
19	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation

20	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
21	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation
22	Perform phlebotomy safely and correctly.	Review the steps to perform phlebotomy. Verify patient identity prior to procedure. Demonstrate proper infection control techniques. Follow the proper steps during the patient encounter.	Technical Skills Passport

23	Participate in a scholarly discussion on a published research article.	Summarize the research question, study design, and primary outcomes of the assigned article. Identify the study methodology including sample size, inclusion/exclusion criteria, and statistical analysis methods. Evaluate internal validity, bias, and limitations of the study. Interpret statistical results accurately (e.g., p-values, confidence intervals, effect sizes when applicable). Assess the clinical significance and applicability of findings to PA practice. Use a structured appraisal tool to guide evaluation of the article. Contribute meaningfully to group discussion by answering questions and offering evidence-based insights. Demonstrate professional communication and respectful scholarly dialogue during discussion.	Elective II: Journal Club Participation

24	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	Oral Case Presentation Assignment (*if assigned*)

Elective II - Surgery

Rotation Goals:

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

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

Topic List:

The student should refer to the following common conditions and common diagnostic studies when referencing the rotation learning outcomes and instructional objectives.

General Surgery

Common Conditions

Appendicitis, cholecystitis, small bowel obstruction, hernias, colorectal cancer, hemorrhoids

Common Diagnostic Studies

CT abdomen/pelvis, KUB, abdominal ultrasound, CBC, CMP

Burn

Common Conditions

Burns, inhalation injury, compartment syndrome, contractures, wound infection

Common Diagnostic Studies

Carboxyhemoglobin, ABG, CMP, CBC, wound cultures

Cardiothoracic Surgery

Common Conditions

Aortic dissection, cardiac tamponade, pneumothorax, coronary artery disease, valvular disease, lung cancer, pleural effusion

Common Diagnostic Studies

Echocardiogram, chest CT/CTA, chest x-ray

Neurosurgery

Common Conditions

Traumatic brain injury, epidural/subdural hematoma, spinal cord compression, brain tumors, degenerative disc disease, spinal stenosis

Common Diagnostic Studies

CT head, MRI brain, MRI spine, CT angiography, CSF studies

Orthopedic Surgery

Common Conditions

Fractures, dislocations, septic joints, compartment syndrome, tendon rupture, osteoarthritis, rotator cuff tear, ACL injury, degenerative joint disease, chronic back pain

Common Diagnostic Studies
X-ray, MRI, CT, joint aspiration fluid analysis

Pediatric Orthopedic Surgery
Common Conditions
Fractures, developmental dysplasia of the hip, scoliosis, slipped capital femoral epiphysis, septic arthritis, Osgood-Schlatter disease
Common Diagnostic Studies
X-ray, MRI, ultrasound, joint aspiration fluid analysis, CT

Otolaryngology (ENT)
Common Conditions
Peritonsillar abscess, otitis media, airway obstruction, sinusitis, allergic rhinitis, hearing loss, head and neck cancer
Common Diagnostic Studies
CT sinus, CT head/neck, audiogram, nasal endoscopy, CBC

Plastic Surgery
Common Conditions
Complex lacerations, scar revision, breast reconstruction, chronic wounds, cosmetic procedures
Common Diagnostic Studies
CT facial bones, wound cultures, doppler ultrasound (flap viability), CBC, chest/breast MRI/MRA

Transplant Surgery
Common Conditions
Organ transplantation, liver failure, renal failure, graft dysfunction, incisional hernia, surgical site infection, vascular stenosis, opportunistic infection
Common Diagnostic Studies
Abdominal ultrasound, CT abdomen, immunosuppressive drug levels, CMP, CBC

Trauma Surgery
Common Conditions
Blunt abdominal trauma, penetrating trauma, hemorrhagic shock, fractures, dislocations
Common Diagnostic Studies
FAST exam, CT trauma protocol, CBC, lactate

Urology
Common Conditions
Nephrolithiasis, urinary retention, testicular torsion, hematuria, benign prostatic hyperplasia, prostate cancer, UTI, erectile dysfunction, urinary incontinence
Common Diagnostic Studies
Urinalysis, PSA, renal ultrasound, CT stone protocol, cystoscopy

---

Vascular Surgery
Common Conditions

Acute limb ischemia, peripheral arterial disease, carotid stenosis, chronic venous insufficiency, aortic aneurysm, varicose veins

Common Diagnostic Studies

Doppler ultrasound, CT angiography, ABI, venous duplex, MRA

Learning Outcomes:

Upon completion of the Elective II rotation, the student will achieve the following learning outcomes in medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, clinical reasoning, and problem-solving abilities.

Instructional Objectives:

The student will review the following instructional objectives for the rotation. These instructional objectives will guide the student to achieve the learning outcomes of the rotation. The student should refer to the topic list while working through the instructional objectives. Each condition listed should be considered in the context of the instructional objectives, ensuring the student understands how it relates to the learning outcomes of the rotation. The topic list is intended to guide learning and ensure comprehensive coverage of relevant conditions.

Number	Learning Outcome	Instructional Objectives	Assessment Method
1	Demonstrate medical knowledge of common conditions.	Identify the epidemiology, pathophysiology, clinical presentation, and risk factors of common acute and chronic conditions seen in the discipline.	Preceptor Evaluation
2	Obtain an appropriate history based on the patient's chief complaint.	Elicit a focused HPI emphasizing onset, progression, severity, and associated symptoms of the surgical complaint. Obtain relevant past surgical history, anesthesia history, and prior complications. In a post-operative patient, assess for symptoms of complications, including infection, bleeding, VTE, and pain.	Preceptor Evaluation
3	Perform an appropriate physical examination based on the information obtained from the patient's history.	Perform a focused exam tailored to the presenting surgical condition. Identify exam findings consistent with surgical emergencies or complications, including organ dysfunction, pain, and infection. Evaluate cardiopulmonary status for operative clearance. Correlate physical findings with anticipated surgical pathology.	Preceptor Evaluation
4	Formulate an appropriate differential diagnosis based on clinical presentation.	Generate a prioritized differential diagnosis list based on history and physical exam findings. Distinguish between likely, less likely, and life-threatening conditions that require immediate intervention. Distinguish surgical from non-surgical etiologies. Justify inclusion or exclusion of diagnoses using clinical reasoning.	Preceptor Evaluation

5	Order and interpret common diagnostic studies.	Identify the most sensitive and specific diagnostic tests used in the evaluation of conditions in the discipline. Select appropriate laboratory and imaging studies based on clinical presentation. Differentiate between normal and abnormal findings. Recognize abnormal findings requiring urgent intervention. Integrate diagnostic results into operative planning.	Preceptor Evaluation
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 in the discipline.	Preceptor Evaluation
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 in the discipline. Apply established diagnostic criteria from evidence-based medical guidelines.	Preceptor Evaluation
8	Develop evidence-based management plans for common acute conditions.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for acute conditions in surgical patients. Recognize the need for acute surgical intervention.	Preceptor Evaluation
9	Develop evidence-based management plans for common chronic conditions.	Utilize current and relevant clinical literature to formulate evidence-based, individualized management plans for chronic conditions in surgical patients. Coordinate long-term follow-up.	Preceptor Evaluation

10	Provide appropriate patient education and counseling.	Explain the surgical diagnosis, planned procedure, and expected outcomes using patient-centered, non-technical language. Discuss risks, benefits, and alternatives of surgical and non-surgical management options appropriate to the patient's condition. Provide clear instructions regarding pre-operative preparation (e.g., NPO status, medication adjustments, bowel prep when applicable). Educate patients on post-operative wound care, activity restrictions, pain management expectations, and follow-up requirements. Counsel patients on recognition of post-operative complications and when to seek urgent or emergent care.	Preceptor Evaluation
11	Demonstrate active listening during interactions with patients and caregivers.	Maintain appropriate eye contact, attentive posture, and nonverbal cues that indicate engagement during patient and caregiver interactions. Allow patients and caregivers to complete their statements without unnecessary interruption. Use verbal acknowledgments (e.g., summarizing, paraphrasing, or clarifying questions) to confirm understanding of patient concerns. Accurately restate key patient concerns, symptoms, or questions during the clinical encounter. Identify and respond appropriately to verbal and nonverbal cues indicating patient emotions or concerns.	Preceptor Evaluation
12	Demonstrate cultural competence.	Elicit patient beliefs impacting healthcare decisions. Adapt communication to patient literacy level. Demonstrate respect for diverse backgrounds.	Preceptor Evaluation

13	Deliver oral patient presentations in a clear and concise format.	Construct an oral patient presentation that summarizes a patient's clinical presentation and diagnostic findings. Prioritize clinically relevant information. Present cases in a succinct and organized format, such as SOAP. Provide an assessment and plan with rationale.	Preceptor Evaluation
14	Communicate in a professional manner to all members of the interprofessional team.	Demonstrate professional demeanor in all interactions. Respond constructively to feedback. Use effective communication strategies, such as SBAR, when appropriate.	Preceptor Evaluation
15	Collaborate effectively with an interprofessional healthcare team.	Participate in team discussions regarding patient care. Communicate care plans to nursing and ancillary staff, as applicable. Incorporate team feedback and shared decision-making into patient management.	Preceptor Evaluation
16	Adhere to HIPAA standards at all times.	Protect patient identifiers during verbal, written, and electronic communication. Access electronic medical records only for patients involved in direct care. Conduct patient discussions in appropriate clinical settings that preserve privacy. Secure written materials and electronic devices containing patient information. Demonstrate appropriate handling of protected health information in documentation and presentations.	Preceptor Evaluation
17	Display ethical integrity.	Maintain patient confidentiality. Disclose errors appropriately to supervising clinician. Demonstrate honesty in documentation and reporting.	Preceptor Evaluation

18	Address deficits in knowledge.	Identify personal knowledge gaps during patient encounters. Utilize evidence-based resources to address identified knowledge gaps. Independently research clinical questions using evidence-based resources. Incorporate feedback into subsequent patient care.	Preceptor Evaluation
19	Recognize limitations in the clinical setting.	Acknowledge gaps in knowledge or skills identified during patient care encounters or discussions with the preceptor. Seek guidance or clarification from the preceptor when clinical uncertainty exists. Avoid performing clinical tasks or procedures beyond current level of training without supervision. Incorporate feedback from the preceptor to improve clinical performance.	Preceptor Evaluation
20	Demonstrate dependability for tasks assigned by the preceptor.	Complete assigned clinical tasks accurately and within expected timeframes. Follow through on patient care responsibilities (e.g., documentation, orders, follow-up tasks). Communicate task completion and any barriers to the preceptor in a timely manner. Prepare for clinical responsibilities by reviewing relevant patient information in advance.	Preceptor Evaluation
21	Maintain composure in challenging situations.	Demonstrate calm and professional behavior during high-stress or time-sensitive clinical situations. Respond appropriately to constructive feedback without defensiveness. Maintain respectful interactions with patients, caregivers, and team members during conflict or emotionally charged encounters. Adapt to unexpected changes in patient care or workflow without disruption to performance.	Preceptor Evaluation

22	Maintain a sterile field safely and correctly.	Identify sterile versus non-sterile areas within the procedural environment. Demonstrate proper movement and positioning within the sterile field to avoid contamination. Recognize breaks in sterile technique immediately and verbalize corrective actions. Maintain sterile boundaries during draping, instrument handling, and procedural assistance. Demonstrate continuous situational awareness of sterile field integrity throughout the procedure.	Technical Skills Passport
23	Participate in a scholarly discussion on a published research article.	Summarize the research question, study design, and primary outcomes of the assigned article. Identify the study methodology including sample size, inclusion/exclusion criteria, and statistical analysis methods. Evaluate internal validity, bias, and limitations of the study. Interpret statistical results accurately (e.g., p-values, confidence intervals, effect sizes when applicable). Assess the clinical significance and applicability of findings to PA practice. Use a structured appraisal tool to guide evaluation of the article. Contribute meaningfully to group discussion by answering questions and offering evidence-based insights. Demonstrate professional communication and respectful scholarly dialogue during discussion.	Elective II: Journal Club Participation

24	Deliver an oral case presentation to peers.	Present a clinically relevant patient case in a clear, organized format including presenting symptoms, differential diagnosis, diagnostic workup, final diagnosis, treatment, and patient updates. Develop and justify a prioritized differential diagnosis based on clinical findings and pathophysiology. Propose and interpret appropriate diagnostic studies, integrating results to refine the differential diagnosis. Articulate the clinical reasoning that led to the final diagnosis. Formulate and defend an evidence-based management plan appropriate to the patient's condition. Incorporate current scholarly references to support diagnostic and management decisions. Deliver the presentation within the assigned time frame using professional visual aids that enhance clinical understanding. Respond accurately and professionally to audience questions, demonstrating depth of knowledge regarding the case and underlying condition.	Oral Case Presentation Assignment (*if assigned*)

Appendix B - Technical Skills Passport for Second-Year PA Students

The Technical Skills Passport serves as a mechanism for which second-year PA students will demonstrate and document their competence of program-defined technical skills designated as learning outcomes for each clinical rotation.

Purpose:

The purpose of the Technical Skills Passport is to:

- Ensure students are exposed to the following 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 designated clinical rotation. It is the student's responsibility to be proactive and advocate for these opportunities on clinical rotations. Students should start this process early during each rotation to maximize success at achieving the necessary competency level in each technical skill. Students must reach out to their Course Director if they are experiencing any barriers in completing the skills by the deadline.

- **Remediation:** If a technical skill is not met at the required competency level by the end of the assigned rotation, a remediation plan will be put in place. Clinical faculty will communicate with the student within 1 week of the due date with a remediation timeline and plan.

- **Completion Deadline:** Students will not be able to progress to the third year until they have documented competence in each skill, either within the designated rotation or as outlined by a remediation plan.

- **Preceptor Attestation:** Students must perform each skill under the supervision of a qualified professional which may be designated by the preceptor of record if fully trained in the process. The preceptor of record must sign off on completion.

- **Signature:** A **l**egal signature is required whether a printed or electronic form is used. **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 the student is subject to dismissal from the program.

- **Competency Benchmark:** For a skill to be counted as meeting requirements, students must meet or exceed the minimum benchmark of "**competent**" (3) for each skill. Students who do not receive a rating of competent must elicit and apply feedback from the preceptor 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 designated clinical rotation's learning activities section in EXXAT promptly upon completion but at least by the deadline of the Sunday following the end of the rotation at 11:59pm. Students are encouraged to save a copy for their records. Failure to submit a form for any reason, including but not limited to, lost or damaged forms, will result in the skill not counting as complete. Incomplete forms will be rejected.

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

Rotations:	Technical Skills:
PHA 581 Family Medicine	Perform a point-of-care glucose test safely and correctly.
PHA 582 Internal Medicine I	Perform a dressing change on a wound safely and correctly.
PHA 583 Internal Medicine II	Perform phlebotomy safely and correctly.
PHA 584 General Surgery I	1. Perform surgical scrubbing, gowning, and gloving safely and correctly. 2. Maintain a sterile field in the operating room safely and correctly.
PHA 585 General Surgery II	Maintain a sterile field safely and correctly.
PHA 586 Obstetrics and Gynecology	Perform a pap smear safely and correctly.
PHA 587 Pediatrics	Administer an injection (immunization) safely and correctly.
PHA 589 Physical Medicine and Rehabilitation	Perform a joint injection safely and correctly.
PHA 590 Emergency Medicine	1. Perform suturing for wound closure safely and correctly. 2. Perform chest compressions safely and correctly. 3. Perform basic airway management safely and correctly. 4. Perform incision and drainage safely and correctly.
PHA 591 Elective I - Medicine	Perform phlebotomy safely and correctly.
PHA 591 Elective I - Surgery	Maintain a sterile field safely and correctly.
PHA 592 Elective II - Medicine	Perform phlebotomy safely and correctly.
PHA 592 Elective II - Surgery	Maintain a sterile field safely and correctly.

Rush University PA Program
Technical Skills Passport
2026-2027

Skill: Perform a point-of-care glucose test safely and correctly.

Student: _____

Date: _____

Rotation: Family Medicine

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Technical Skills Passport
2026-2027

Skill: Perform a dressing change on a wound safely and correctly.

Student: _____

Date: _____

Rotation: Internal Medicine I

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Rush University PA Program
Technical Skills Passport
2026-2027

Skill: Perform phlebotomy safely and correctly.

Student: _____

Date: _____

Rotation: Internal Medicine II

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Rush University PA Program
Technical Skills Passport
2026-2027

Skill: Perform surgical scrubbing, gowning, and gloving safely and correctly.

Student: _____

Date: _____

Rotation: General Surgery I

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Rush University PA Program
Technical Skills Passport
2026-2027

Skill: Maintain a sterile field in the operating room safely and correctly.

Student: _____

Date: _____

Rotation: General Surgery I

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Rush University PA Program
Technical Skills Passport
2026-2027

Skill: Maintain a sterile field safely and correctly.

Student: _____

Date: _____

Rotation: General Surgery II

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Rush University PA Program
Technical Skills Passport
2026-2027

Skill: Perform a pap smear safely and correctly.

Student: _____

Date: _____

Rotation: Obstetrics and Gynecology

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Rush University PA Program
Technical Skills Passport
2026-2027

Skill: Administer an injection (immunization) safely and correctly.

Student: _____

Date: _____

Rotation: Pediatrics

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Rush University PA Program
Technical Skills Passport
2026-2027

Skill: Perform a joint injection safely and correctly.

Student: _____

Date: _____

Rotation: Physical Medicine and Rehabilitation

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Rush University PA Program
Technical Skills Passport
2026-2027

Skill: Perform suturing for wound closure safely and correctly.

Student: _____

Date: _____

Rotation: Emergency Medicine

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Rush University PA Program
Technical Skills Passport
2026-2027

Skill: Perform chest compressions safely and correctly.

Student: _____

Date: _____

Rotation: Emergency Medicine

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Rush University PA Program
Technical Skills Passport
2026-2027

Skill: Perform basic airway management safely and correctly.

Student: _____

Date: _____

Rotation: Emergency Medicine

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Technical Skills Passport
2026-2027

Skill: Perform incision and drainage safely and correctly.

Student: _____

Date: _____

Rotation: Emergency Medicine

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Technical Skills Passport
2026-2027

Skill: Perform phlebotomy safely and correctly.

Student: _____

Date: _____

Rotation: Elective I - Medicine

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Technical Skills Passport
2026-2027

Skill: Maintain a sterile field safely and correctly.

Student: _____

Date: _____

Rotation: Elective I - Surgery

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Technical Skills Passport
2026-2027

Skill: Perform phlebotomy safely and correctly.

Student: _____

Date: _____

Rotation: Elective II - Medicine

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Technical Skills Passport
2026-2027

Skill: Maintain a sterile field safely and correctly.

Student: _____

Date: _____

Rotation: Elective II - Surgery

✓	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: _____

Preceptor of record signature: _____
(if different from above)

Appendix C - Preceptor Final Evaluation of Student Performance

Family Medicine

Student Name	
Preceptor Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	
Evaluation Type	**Clinical Preceptor Evaluation of PA Student**

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, topic list, 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 in achieving the following learning outcomes relative to their level of training. Please refer to the chart below to guide your rating.

Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

Clinical Skills: (Question 1)

	Clinical Skills	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Obtain an appropriate history for an adult based on the patient's chief complaint.	1	2	3	4	5

2	Obtain an appropriate history for an adolescent based on the patient's chief complaint.	1	2	3	4	5
3	Perform an appropriate physical examination for an adult based on the information obtained from the patient's history.	1	2	3	4	5
4	Perform an appropriate physical examination for an adolescent based on the information obtained from the patient's history.	1	2	3	4	5
5	Order and interpret common diagnostic studies.	1	2	3	4	5
6	Provide appropriate patient education and counseling for adults.	1	2	3	4	5

Clinical Skills Comments: (Question 2)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Reasoning and Problem-Solving (Question 3)

	Clinical Reasoning and Problem-Solving	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Formulate an appropriate differential diagnosis for an adult based on clinical presentation.	1	2	3	4	5
2	Formulate an appropriate differential diagnosis for an adolescent based on clinical presentation.	1	2	3	4	5
3	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
4	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
5	Develop evidence-based management plans for acute conditions in adults.	1	2	3	4	5
6	Develop evidence-based management plans for chronic	1	2	3	4	5

	conditions in adults.					
7	Develop evidence-based management plans for acute conditions in adolescents.	1	2	3	4	5
8	Develop evidence-based management plans for chronic conditions in adolescents.	1	2	3	4	5
9	Recommend appropriate health maintenance screening and interventions for adults.	1	2	3	4	5

Clinical Reasoning and Problem-Solving Comments: (Question 4)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Interpersonal Skills (Question 5)

	Interpersonal Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Demonstrate active listening during interactions with patients and caregivers.	1	2	3	4	5
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

Interpersonal Skills Comments: (Question 6)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Professional Behaviors (Question 7)

	Professional Behaviors	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Adhere to HIPAA standards at all times.	1	2	3	4	5
2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5
5	Demonstrate dependability for tasks assigned by the preceptor.	1	2	3	4	5
6	Maintain composure in challenging situations.	1	2	3	4	5

Professional Behaviors Comments: (Question 8)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Student Strengths: (Question 9)

Suggestions for Improvement: (Question 10)

Overall Impression of the PA Student (Question 11)

	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
Overall Impression of the PA Student	1	2	3	4	5

Amount of contact with student: (Question 12)

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

<u>Final Scoring:</u>

_____ total (out of 135 points maximum)

81 points – 135 = PASS

80 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Internal Medicine I

Student Name	
Preceptor Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	
Evaluation Type	**Clinical Preceptor Evaluation of PA Student**

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, topic list, 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 in achieving the following learning outcomes relative to their level of training. Please refer to the chart below to guide your rating.

Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

Medical Knowledge (Question 1)

	Medical Knowledge	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Demonstrate medical knowledge of common conditions in the internal medicine setting.	1	2	3	4	5

Medical Knowledge Comments: (Question 2)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Skills: (Question 3)

	Clinical Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Obtain an appropriate history for an adult based on the patient's chief complaint.	1	2	3	4	5
2	Obtain an appropriate history for an elderly patient based on the patient's chief complaint.	1	2	3	4	5
3	Perform an appropriate physical examination for an adult based on the information obtained from the patient's history.	1	2	3	4	5
4	Perform an appropriate physical examination for an elderly patient based on the information obtained from the patient's history.	1	2	3	4	5
5	Order and interpret common diagnostic studies.	1	2	3	4	5
6	Provide appropriate patient education and counseling for adults.	1	2	3	4	5
7	Provide appropriate patient education and counseling for elderly patients.	1	2	3	4	5

Clinical Skills Comments: (Question 4)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Reasoning and Problem-Solving (Question 5)

	Clinical Reasoning and Problem-Solving	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Formulate an appropriate differential diagnosis for an adult based on clinical presentation.	1	2	3	4	5
2	Formulate an appropriate differential diagnosis for an elderly patient based on clinical presentation.	1	2	3	4	5
3	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	1	2	3	4	5
4	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	1	2	3	4	5
5	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings in the elderly patient.	1	2	3	4	5
6	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings in the elderly patient.	1	2	3	4	5
7	Develop evidenced-based management plans for acute conditions in adults.	1	2	3	4	5
8	Develop evidenced-based management plans for chronic conditions in adults.	1	2	3	4	5
9	Develop evidenced-based management plans for acute conditions in elderly patients.	1	2	3	4	5
10	Develop evidenced-based management plans for chronic conditions in elderly patients.	1	2	3	4	5
11	Recommend appropriate health maintenance screenings and interventions for adults.	1	2	3	4	5
12	Recommend appropriate health maintenance screenings and interventions for elderly patients.	1	2	3	4	5

Clinical Reasoning and Problem-Solving Comments: (Question 6)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Interpersonal Skills (Question 7)

	Interpersonal Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Demonstrate active listening during interactions with patients and caregivers.	1	2	3	4	5
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

Interpersonal Skills Comments: (Question 8)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Professional Behaviors (Question 9)

	Professional Behaviors	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Adhere to HIPAA standards at all times.	1	2	3	4	5
2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5
5	Demonstrate dependability for	1	2	3	4	5

	tasks assigned by the preceptor.					
6	Maintain composure in challenging situations.	1	2	3	4	5

Professional Behaviors Comments: (Question 10)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Student Strengths: (Question 11)

Suggestions for Improvement: (Question 12)

Overall Impression of the PA Student (Question 13)

	Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Overall Impression of the PA Student	1	2	3	4	5

Amount of contact with student: (Question 14)

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

<u>Final Scoring:</u>

_____ total (out of 160 points maximum)
96 points – 160 = PASS
95 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Internal Medicine II

Student Name	
Preceptor Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	
Evaluation Type	**Clinical Preceptor Evaluation of PA Student**

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, topic list, 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 in achieving the following learning outcomes relative to their level of training. Please refer to the chart below to guide your rating.

Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

Clinical Skills: (Question 1)

	Clinical Skills	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Obtain an appropriate history for an adult based on the patient's chief complaint.	1	2	3	4	5
2	Perform an appropriate physical examination for an adult based on the information obtained from the patient's history.	1	2	3	4	5

3	Order and interpret common diagnostic studies.	1	2	3	4	5
4	Provide appropriate patient education and counseling for adults.	1	2	3	4	5

Clinical Skills Comments: (Question 2)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Reasoning and Problem-Solving (Question 3)

	Clinical Reasoning and Problem-Solving	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Formulate an appropriate differential diagnosis for an adult based on clinical presentation.	1	2	3	4	5
2	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	1	2	3	4	5
3	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings in the adult patient.	1	2	3	4	5
4	Develop evidence-based management plans for acute conditions in adults.	1	2	3	4	5
5	Develop evidence-based management plans for chronic conditions in adults.	1	2	3	4	5

Clinical Reasoning and Problem-Solving Comments: (Question 4)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Interpersonal Skills (Question 5)

	Interpersonal Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Demonstrate active listening during interactions with patients and caregivers.	1	2	3	4	5
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

Interpersonal Skills Comments: (Question 6)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Professional Behaviors (Question 7)

	Professional Behaviors	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Adhere to HIPAA standards at all times.	1	2	3	4	5
2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5
5	Demonstrate dependability for tasks assigned by the preceptor.	1	2	3	4	5
6	Maintain composure in challenging situations.	1	2	3	4	5

Professional Behaviors Comments: (Question 8)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Student Strengths: (Question 9)

Suggestions for Improvement: (Question 10)

Overall Impression of the PA Student (Question 11)

	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
Overall Impression of the PA Student	1	2	3	4	5

Amount of contact with student: (Question 12)

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

<u>Final Scoring:</u>

_____ total (out of 105 points maximum)
63 points – 105 = PASS
62 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

General Surgery I

Student Name	
Preceptor Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	
Evaluation Type	**Clinical Preceptor Evaluation of PA Student**

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, topic list, 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 in achieving the following learning outcomes relative to their level of training. Please refer to the chart below to guide your rating.

Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

Medical Knowledge (Question 1)

	Medical Knowledge	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Demonstrate medical knowledge of common conditions in the surgical setting.	1	2	3	4	5

2	Identify the basic surgical instruments utilized in the operating room.	1	2	3	4	5
3	Demonstrate knowledge of relevant anatomy as it relates to intra-operative care.	1	2	3	4	5

Medical Knowledge Comments: (Question 2)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Skills: (Question 3)

	Clinical Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Obtain an appropriate pre-operative history based on the surgical patient's chief complaint.	1	2	3	4	5
2	Perform an appropriate focused physical examination based on the information obtained from the surgical patient's history.	1	2	3	4	5
3	Order and interpret common pre-operative diagnostic studies relevant to surgical conditions.	1	2	3	4	5
4	Provide appropriate patient education and counseling for post-operative care.	1	2	3	4	5

Clinical Skills Comments: (Question 4)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Reasoning and Problem-Solving (Question 5)

	Clinical Reasoning and Problem-Solving	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Formulate an appropriate differential diagnosis based on the clinical presentation of a surgical patient.	1	2	3	4	5
2	Diagnose common acute surgical conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
3	Develop evidence-based post-operative management plans in the surgical patient.	1	2	3	4	5
4	Diagnose post-operative complications.	1	2	3	4	5

Clinical Reasoning and Problem-Solving Comments: (Question 6)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Interpersonal Skills (Question 7)

	Interpersonal Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Demonstrate active listening during interactions with patients and caregivers.	1	2	3	4	5
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

Interpersonal Skills Comments: (Question 8)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Professional Behaviors (Question 9)

	Professional Behaviors	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Adhere to HIPAA standards at all times.	1	2	3	4	5
2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5
5	Demonstrate dependability for tasks assigned by the preceptor.	1	2	3	4	5
6	Maintain composure in challenging situations.	1	2	3	4	5

Professional Behaviors Comments: (Question 10)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Student Strengths: (Question 11)

Suggestions for Improvement: (Question 12)

Overall Impression of the PA Student (Question 13)

	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
Overall Impression of the PA Student	1	2	3	4	5

Amount of contact with student: (Question 14)

How many weeks did you work with this student?	
How many hours per week did you work with this student?	

Final Scoring:

_____ total (out of 115 points maximum)
69 points – 115 = PASS
68 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

General Surgery II

Student Name	
Preceptor Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	
Evaluation Type	**Clinical Preceptor Evaluation of PA Student**

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals topic list,, 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 in achieving the following learning outcomes relative to their level of training. Please refer to the chart below to guide your rating.

Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

Clinical Skills: (Question 1)

	Clinical Skills	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Obtain an appropriate history based on the patient's chief complaint.	1	2	3	4	5
2	Perform an appropriate physical examination based on the information obtained from the patient's history.	1	2	3	4	5

3	Order and interpret common diagnostic studies.	1	2	3	4	5
4	Provide appropriate patient education and counseling.	1	2	3	4	5

Clinical Skills Comments: (Question 2)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Reasoning and Problem-Solving (Question 3)

	Clinical Reasoning and Problem-Solving	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Formulate an appropriate differential diagnosis based on clinical presentation.	1	2	3	4	5
2	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
3	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
4	Develop evidence-based management plans.	1	2	3	4	5

Clinical Reasoning and Problem-Solving Comments: (Question 4)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Interpersonal Skills (Question 5)

	Interpersonal Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Demonstrate active listening during interactions with patients	1	2	3	4	5

	and caregivers.					
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

Interpersonal Skills Comments: (Question 6)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Professional Behaviors (Question 7)

	Professional Behaviors	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Adhere to HIPAA standards at all times.	1	2	3	4	5
2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5
5	Demonstrate dependability for tasks assigned by the preceptor.	1	2	3	4	5
6	Maintain composure in challenging situations.	1	2	3	4	5

Professional Behaviors Comments: (Question 8)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Student Strengths: (Question 9)

Suggestions for Improvement: (Question 10)

Overall Impression of the PA Student (Question 11)

	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
Overall Impression of the PA Student	1	2	3	4	5

Amount of contact with student: (Question 12)

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

<u>Final Scoring:</u>

_____ total (out of 100 points maximum)
60 points – 100 = PASS
59 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Obstetrics and Gynecology

Student Name	
Preceptor Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	
Evaluation Type	**Clinical Preceptor Evaluation of PA Student**

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, topic list, 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 in achieving the following learning outcomes relative to their level of training. Please refer to the chart below to guide your rating.

Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

Clinical Skills: (Question 1)

	Clinical Skills	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Obtain an appropriate gynecologic history.	1	2	3	4	5
2	Obtain an appropriate obstetric history.	1	2	3	4	5
3	Perform an appropriate physical examination based on the	1	2	3	4	5

	information obtained from the patient's history.					
4	Order and interpret common diagnostic studies for gynecologic care.	1	2	3	4	5
5	Order and interpret common diagnostic studies for prenatal care.	1	2	3	4	5
6	Provide appropriate patient education and counseling for gynecologic care.	1	2	3	4	5
7	Provide appropriate patient education and counseling for prenatal care.	1	2	3	4	5

Clinical Skills Comments: (Question 2)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Reasoning and Problem-Solving (Question 3)

	Clinical Reasoning and Problem-Solving	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Formulate an appropriate differential diagnosis for gynecologic patients based on clinical presentation.	1	2	3	4	5
2	Formulate an appropriate differential diagnosis for obstetric patients based on clinical presentation.	1	2	3	4	5
3	Diagnose common acute gynecologic conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
4	Diagnose common chronic gynecologic conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
5	Diagnose common acute obstetric conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
6	Develop evidence-based management plans for gynecologic care.	1	2	3	4	5

7	Develop evidence-based management plans for prenatal care.	1	2	3	4	5

Clinical Reasoning and Problem-Solving Comments: (Question 4)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Interpersonal Skills (Question 5)

	Interpersonal Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Demonstrate active listening during interactions with patients and caregivers.	1	2	3	4	5
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

Interpersonal Skills Comments: (Question 6)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Professional Behaviors (Question 7)

	Professional Behaviors	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Adhere to HIPAA standards at all times.	1	2	3	4	5

2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5
5	Demonstrate dependability for tasks assigned by the preceptor.	1	2	3	4	5
6	Maintain composure in challenging situations.	1	2	3	4	5

Professional Behaviors Comments: (Question 8)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Student Strengths: (Question 9)

Suggestions for Improvement: (Question 10)

Overall Impression of the PA Student (Question 11)

	Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Overall Impression of the PA Student	1	2	3	4	5

Amount of contact with student: (Question 12)

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)

78 points – 130 = PASS

77 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Pediatrics

Student Name	
Preceptor Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	
Evaluation Type	**Clinical Preceptor Evaluation of PA Student**

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, topic list, 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 in achieving the following learning outcomes relative to their level of training. Please refer to the chart below to guide your rating.

Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

Clinical Skills: (Question 1)

	Clinical Skills	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Obtain an appropriate history for an infant based on the patient's chief complaint.	1	2	3	4	5
2	Obtain an appropriate history for a child based on the patient's chief complaint.	1	2	3	4	5

3	Perform an appropriate physical exam for an infant based on the information obtained from the patient's history.	1	2	3	4	5
4	Perform an appropriate physical exam for a child based on the information obtained from the patient's history.	1	2	3	4	5
5	Conduct a developmental screen for an infant.	1	2	3	4	5
6	Conduct a developmental screen for a child.	1	2	3	4	5
7	Conduct a developmental screen for an adolescent.	1	2	3	4	5
8	Order and interpret common diagnostic studies.	1	2	3	4	5
9	Calculate weight-based dosing for medications.	1	2	3	4	5
10	Provide appropriate education and counseling to the patient and/or guardian.	1	2	3	4	5
11	Counsel the patient and/or guardian on immunizations.	1	2	3	4	5

Clinical Skills Comments: (Question 2)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Reasoning and Problem-Solving (Question 3)

	Clinical Reasoning and Problem-Solving	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Formulate an appropriate differential diagnosis for an infant based on clinical presentation.	1	2	3	4	5
2	Formulate an appropriate differential diagnosis for a child based on clinical presentation.	1	2	3	4	5
3	Diagnose common acute conditions for infants based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
4	Diagnose common acute conditions for children based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5

5	Diagnose common chronic conditions for children based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
6	Diagnose common chronic conditions for adolescents based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
7	Develop evidence-based management plans for acute conditions in infants.	1	2	3	4	5
8	Develop evidence-based management plans for acute conditions in children.	1	2	3	4	5
9	Develop evidence-based management plans for chronic conditions in children.	1	2	3	4	5
10	Develop evidence-based management plans for chronic conditions in adolescents.	1	2	3	4	5

Clinical Reasoning and Problem-Solving Comments: (Question 4)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Interpersonal Skills (Question 5)

	Interpersonal Skills	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Demonstrate active listening during interactions with patients and caregivers.	1	2	3	4	5
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

Interpersonal Skills Comments: (Question 6)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Professional Behaviors (Question 7)

	Professional Behaviors	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Adhere to HIPAA standards at all times.	1	2	3	4	5
2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5
5	Demonstrate dependability for tasks assigned by the preceptor.	1	2	3	4	5
6	Maintain composure in challenging situations.	1	2	3	4	5

Professional Behaviors Comments: (Question 8)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Student Strengths: (Question 9)

Suggestions for Improvement: (Question 10)

Overall Impression of the PA Student (Question 11)

	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
Overall Impression of the PA Student	1	2	3	4	5

Amount of contact with student: (Question 12)

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

<u>Final Scoring:</u>

_____ total (out of 165 points maximum)

99 points – 165 = PASS

98 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Behavioral Health

Student Name	
Preceptor Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	
Evaluation Type	**Clinical Preceptor Evaluation of PA Student**

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, topic list, 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 in achieving the following learning outcomes relative to their level of training. Please refer to the chart below to guide your rating.

Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

Clinical Skills: (Question 1)

	Clinical Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Obtain an appropriate behavioral health history based on the patient's chief complaint.	1	2	3	4	5
2	Perform a mental status examination.	1	2	3	4	5
3	Select an appropriate screening inventory based on patient	1	2	3	4	5

	presentation in the behavioral health setting.					
4	Provide appropriate patient education and counseling.	1	2	3	4	5

Clinical Skills Comments: (Question 2)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Reasoning and Problem-Solving (Question 3)

	Clinical Reasoning and Problem-Solving	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Formulate an appropriate differential diagnosis based on clinical presentation.	1	2	3	4	5
2	Recognize the indications for obtaining diagnostic studies in the behavioral health setting.	1	2	3	4	5
3	Diagnose acute behavioral and mental health conditions based on DSM criteria.	1	2	3	4	5
4	Diagnose chronic behavioral and mental health conditions based on DSM criteria.	1	2	3	4	5
5	Identify the signs and symptoms of substance use disorder.	1	2	3	4	5
6	Recognize common behavioral and mental health emergencies.	1	2	3	4	5
7	Develop evidence-based management plans for acute behavioral and mental health conditions.	1	2	3	4	5
8	Develop evidence-based management plans for chronic behavioral and mental health conditions.	1	2	3	4	5

Clinical Reasoning and Problem-Solving Comments: (Question 4)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Interpersonal Skills (Question 5)

	Interpersonal Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Demonstrate active listening during interactions with patients and caregivers.	1	2	3	4	5
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

Interpersonal Skills Comments: (Question 6)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Professional Behaviors (Question 7)

	Professional Behaviors	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Adhere to HIPAA standards at all times.	1	2	3	4	5
2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5

5	Demonstrate dependability for tasks assigned by the preceptor.	1	2	3	4	5
6	Maintain composure in challenging situations.	1	2	3	4	5

Professional Behaviors Comments: (Question 8)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Student Strengths: (Question 9)

Suggestions for Improvement: (Question 10)

Overall Impression of the PA Student (Question 11)

	Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Overall Impression of the PA Student	1	2	3	4	5

Amount of contact with student: (Question 12)

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

<u>Final Scoring:</u>

_____ total (out of 120 points maximum)

72 points – 120 = PASS

71 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Physical Medicine and Rehabilitation

Student Name	
Preceptor Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	
Evaluation Type	**Clinical Preceptor Evaluation of PA Student**

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, topic list, 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 in achieving the following learning outcomes relative to their level of training. Please refer to the chart below to guide your rating.

Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

Medical Knowledge (Question 1)

	Medical Knowledge	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Demonstrate medical knowledge of common conditions in the physical medicine and rehabilitation setting.	1	2	3	4	5

Medical Knowledge Comments: (Question 2)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Skills: (Question 3)

	Clinical Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Obtain an appropriate history based on the patient's chief complaint.	1	2	3	4	5
2	Perform an appropriate physical examination based on the information obtained from the patient's history.	1	2	3	4	5
3	Perform an assessment of functional status in the physical medicine and rehabilitation setting.	1	2	3	4	5
4	Order and interpret common diagnostic studies.	1	2	3	4	5
5	Provide appropriate patient education and counseling.	1	2	3	4	5

Clinical Skills Comments: (Question 4)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Reasoning and Problem-Solving (Question 5)

	Clinical Reasoning and Problem-Solving	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Formulate an appropriate differential diagnosis based on clinical presentation.	1	2	3	4	5

2	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
3	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
4	Develop evidence-based management plans for acute conditions.	1	2	3	4	5
5	Develop evidence-based management plans for chronic conditions.	1	2	3	4	5

Clinical Reasoning and Problem-Solving Comments: (Question 6)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Interpersonal Skills (Question 7)

	Interpersonal Skills	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Demonstrate active listening during interactions with patients and caregivers.	1	2	3	4	5
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

Interpersonal Skills Comments: (Question 8)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Professional Behaviors (Question 9)

	Professional Behaviors	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Adhere to HIPAA standards at all times.	1	2	3	4	5
2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5
5	Demonstrate dependability for tasks assigned by the preceptor.	1	2	3	4	5
6	Maintain composure in challenging situations.	1	2	3	4	5

Professional Behaviors Comments: (Question 10)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Student Strengths: (Question 11)

Suggestions for Improvement: (Question 12)

Overall Impression of the PA Student (Question 13)

	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
Overall Impression of the PA Student	1	2	3	4	5

Amount of contact with student: (Question 14)

How many weeks did you work with this student?	
How many hours per week did you work with this student?	

Final Scoring:

_____ total (out of 115 points maximum)
69 points – 115 = PASS
68 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Emergency Medicine

Student Name	
Preceptor Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	
Evaluation Type	**Clinical Preceptor Evaluation of PA Student**

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, topic list, 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 in achieving the following learning outcomes relative to their level of training. Please refer to the chart below to guide your rating.

Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

Clinical Skills: (Question 1)

	Clinical Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Obtain an appropriate problem-focused history based on the patient's chief complaint.	1	2	3	4	5
2	Perform an appropriate focused physical examination based on the information obtained from the patient's history.	1	2	3	4	5

3	Order and interpret common diagnostic studies for emergent care.	1	2	3	4	5
4	Distinguish between urgent and non-urgent diagnostic results.	1	2	3	4	5
5	Accurately interpret a 12-lead electrocardiogram.	1	2	3	4	5
6	Accurately interpret a chest radiograph.	1	2	3	4	5
7	Provide appropriate patient education and counseling.	1	2	3	4	5

Clinical Skills Comments: (Question 2)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Reasoning and Problem-Solving (Question 3)

	Clinical Reasoning and Problem-Solving	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Formulate an appropriate differential diagnosis based on clinical presentation.	1	2	3	4	5
2	Diagnose common emergent conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
3	Recognize the need for emergent consultations.	1	2	3	4	5
4	Develop evidence-based management plans for emergent care.	1	2	3	4	5
5	Determine appropriate dispositions for patients based on diagnosis and acuity level.	1	2	3	4	5

Clinical Reasoning and Problem-Solving Comments: (Question 4)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Interpersonal Skills (Question 5)

	Interpersonal Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Demonstrate active listening during interactions with patients and caregivers.	1	2	3	4	5
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

Interpersonal Skills Comments: (Question 6)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Professional Behaviors (Question 7)

	Professional Behaviors	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Adhere to HIPAA standards at all times.	1	2	3	4	5
2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5
5	Demonstrate dependability for tasks assigned by the preceptor.	1	2	3	4	5
6	Maintain composure in challenging situations.	1	2	3	4	5

Professional Behaviors Comments: (Question 8)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Student Strengths: (Question 9)

Suggestions for Improvement: (Question 10)

Overall Impression of the PA Student (Question 11)

	Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Overall Impression of the PA Student	1	2	3	4	5

Amount of contact with student: (Question 12)

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

<u>Final Scoring:</u>

_____ total (out of 120 points maximum)

72 points – 120 = PASS

71 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Elective I and II

Student Name	
Preceptor Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	
Evaluation Type	**Clinical Preceptor Evaluation of PA Student**

☐ I have reviewed the Rush PA Program Preceptor Handbook, including the rotation goals, topic list, 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 in achieving the following learning outcomes relative to their level of training. Please refer to the chart below to guide your rating.

Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

Medical Knowledge (Question 1)

	Medical Knowledge	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Demonstrate medical knowledge of common conditions.	1	2	3	4	5

Medical Knowledge Comments: (Question 2)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Skills: (Question 3)

	Clinical Skills	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Obtain an appropriate history based on the patient's chief complaint.	1	2	3	4	5
2	Perform an appropriate physical examination based on the information obtained from the patient's history.	1	2	3	4	5
3	Order and interpret common diagnostic studies.	1	2	3	4	5
4	Provide appropriate patient education and counseling.	1	2	3	4	5

Clinical Skills Comments: (Question 4)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Clinical Reasoning and Problem-Solving (Question 5)

	Clinical Reasoning and Problem-Solving	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Formulate an appropriate differential diagnosis based on clinical presentation.	1	2	3	4	5
2	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
3	Diagnose common chronic conditions based on clinical presentation and applicable	1	2	3	4	5

	diagnostic findings.					
4	Develop evidence-based management plans for acute conditions.	1	2	3	4	5
5	Develop evidence-based management plans for chronic conditions.	1	2	3	4	5

Clinical Reasoning and Problem-Solving Comments: (Question 6)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Interpersonal Skills (Question 7)

	Interpersonal Skills	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Demonstrate active listening during interactions with patients and caregivers.	1	2	3	4	5
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

Interpersonal Skills Comments: (Question 8)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Professional Behaviors (Question 9)

	Professional Behaviors	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
1	Adhere to HIPAA standards at all times.	1	2	3	4	5
2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5
5	Demonstrate dependability for tasks assigned by the preceptor.	1	2	3	4	5
6	Maintain composure in challenging situations.	1	2	3	4	5

Professional Behaviors Comments: (Question 10)

If the student scored a "2" or less on any of the above evaluation items or did not meet expectations for something specific within an evaluation item, please comment:

Student Strengths: (Question 11)

Suggestions for Improvement: (Question 12)

Overall Impression of the PA Student (Question 13)

	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Exceeds Expectations
Overall Impression of the PA Student	1	2	3	4	5

Amount of contact with student: (Question 14)

How many weeks did you work with this student?	
How many hours per week did you work with this student?	

Final Scoring:

_____ total (out of 110 points maximum)
66 points – 110 = PASS
65 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Appendix D - Mid-Rotation Self-Evaluation of Second Year Student

Student Name	
Preceptor Name	
Rotation Site	
Dates of Rotation	
Evaluation Type	Mid-Rotation Self-Evaluation of Student

Student Instructions: You ***must*** complete this self-evaluation during the midpoint of your rotation. Please set up a time to review this with your preceptor. Initial the learning outcome attestation and sign the bottom (script font not accepted). Submit it in 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 (script font not accepted). You may edit rankings as you see appropriate based on your observations, but please do not complete this on the student's behalf. Initial the learning outcome attestation.

Unsatisfactory	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
Performance below minimum standard Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Performs at the expected level for current rotation Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning Anticipates next steps in patient care No concerns for safety, interpersonal skills, or professionalism

	Medical Knowledge	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Demonstrate medical knowledge of common conditions.	1	2	3	4	5

	Clinical Skills	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Obtain an appropriate history based on the patient's chief complaint.	1	2	3	4	5
2	Perform an appropriate physical examination based on the information obtained from the patient's history.	1	2	3	4	5

3	Order and interpret common diagnostic studies.	1	2	3	4	5
4	Provide appropriate patient education and counseling.	1	2	3	4	5

	Clinical Reasoning and Problem-Solving	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Formulate an appropriate differential diagnosis based on clinical presentation.	1	2	3	4	5
2	Diagnose common acute conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
3	Diagnose common chronic conditions based on clinical presentation and applicable diagnostic findings.	1	2	3	4	5
4	Develop evidence-based management plans for acute conditions.	1	2	3	4	5
5	Develop evidence-based management plans for chronic conditions.	1	2	3	4	5

	Interpersonal Skills	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Demonstrate active listening during interactions with patients and caregivers.	1	2	3	4	5
2	Demonstrate cultural competence.	1	2	3	4	5
3	Deliver oral patient presentations in a clear and concise format.	1	2	3	4	5
4	Communicate in a professional manner to all members of the interprofessional team.	1	2	3	4	5
5	Collaborate effectively with an interprofessional healthcare team.	1	2	3	4	5

	Professional Behaviors	**Unsatisfactory**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceeds Expectations**
1	Adhere to HIPAA standards at all times.	1	2	3	4	5
2	Display ethical integrity.	1	2	3	4	5
3	Address deficits in knowledge.	1	2	3	4	5
4	Recognize limitations in the clinical setting.	1	2	3	4	5

5	Demonstrate dependability for tasks assigned by the preceptor.	1	2	3	4	5
6	Maintain composure in challenging situations.	1	2	3	4	5

	Technical Skill(s)	**Incomplete**	**Complete (at "Competent" level or above)**	**N/A (only for Behavioral Health rotations)**
1	Perform assigned skill(s) safely and correctly.	0	5	5

	Learning Outcome Attestation	**Initials**
Student	*I can meet the learning outcomes defined for this rotation as outlined in the syllabus.*	
Preceptor	*The student can meet the learning outcomes defined for this rotation as outlined in the syllabus.*	

**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 2 or lower, outline your plan for improvement; if you have not yet met the technical skill(s) at the "competent" level, include your plan to meet by the end of the rotation:

Preceptor – Comments (Optional):

Date evaluation completed: _____

Student Signature: _____

Preceptor Signature: _____

Appendix E - 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

		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

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	I had access to continuous supervision by the preceptor(s) or other designated licensed healthcare provider 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
List the strong points of the preceptor(s):

Question 4
List any suggestions for improvement of the preceptor(s):

Question 5
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 F - 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

		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

If any strongly disagree or disagree, please explain:

Question 2

1	The site provided in-person, direct patient care experience.	Yes	No
If no, please explain:			
2	The rotation schedule was sufficient to meet the duty hour requirements of the program.	Yes	No
If no, please explain:			
3	The site allowed me to have sufficient patient encounters with the patient populations required of the discipline as outlined in the rotation goals, learning outcomes, and objectives.	Yes	No
If no, please explain:			

4	The site allowed me to have sufficient patient encounters with the acuity required of the rotation as outlined in the rotation goals, learning outcomes, and objectives.	Yes	No
If no, please explain:			
5	The site allowed me to have sufficient patient encounters with the conditions required of the discipline as outlined in the rotation goals, learning outcomes, and objectives.	Yes	No
If no, please explain:			
6	The site provided opportunities to complete the required technical skill(s) of the rotation.	Yes	No
If no, please explain:			
7	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:			
8	Appropriate security measures were in place at this site.	Yes	No
If no, please explain:			
9	Appropriate personal safety measures were in place at this site.	Yes	No
If no, please explain:			
10	I was not subjected to any bullying, harassment, or inappropriate behavior at this site.	Yes	No
If no, please explain:			
11	I was not asked to substitute for a staff member at this site.	Yes	No
If no, please explain:			
12	I had telemedicine encounters at this site.	Yes	No
If yes, what is the approximate percentage of time spent on telemedicine during the whole rotation:			
13	The site provided opportunities for collaboration with an interprofessional healthcare team.	Yes	No

Question 3

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:				

Question 4

List the strong points of this rotation site:

Question 5

List any suggestions for improvement of this rotation site:

Question 6

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 the required 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 required 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 G - EOR Exam Grading Rubric

Psychiatry/Behavioral Health EOR Exam
National mean: 413

Scale Score	Final Grade
390 and above	Pass
379 - 389	Marginal pass
378 and below	No pass

Emergency Medicine EOR Exam
National mean: 414

Scale Score	Final Grade
390 and above	Pass
378 - 389	Marginal pass
377 and below	No pass

Family Medicine EOR Exam
National mean: 411

Scale Score	Final Grade
384 and above	Pass
371 - 383	Marginal pass
370 and below	No pass

Women's Health EOR Exam
National mean: 408

Scale Score	Final Grade
386 and above	Pass
375 - 385	Marginal pass
374 and below	No pass

Pediatrics EOR Exam
National mean: 417

Scale Score	Final Grade
391 and above	Pass
378 - 390	Marginal pass
377 and below	No pass

Internal Medicine EOR Exam
National mean: 414

Scale Score	Final Grade
389 and above	Pass
377 - 388	Marginal pass
376 and below	No pass

Surgery EOR Exam
National mean: 411

Scale Score	Final Grade
392 and above	Pass
383 - 391	Marginal pass
382 and below	No pass

Appendix H - Clinical Rotation Assignment Requirements and Guidelines

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 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 I - Second Year Rotation Graded 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.

Course	**EOR Exam**	**Assignment**	**Preceptor Evaluation of Student Performance**	**Administrative Components** ***(see chart for items included)***
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- Physical Medicine and Rehabilitation		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 J - Second Year Rotation Administrative Components Checklist

Course	Rotation Paperwork *(if applicable)*	Mid-Rotation Self-Evaluation	EXXAT Patient Logging	EXXAT Timesheet	EXXAT Time Off	Evaluation of Preceptor	Evaluation of Site	RTC Survey
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-Physical Medicine and Rehabilitation								
PHA 590-Emergency Medicine								
PHA 591-Elective I								
PHA 592-Elective II								

Appendix K - TERMINAL PROGRAM COMPETENCIES

This document outlines the terminal program competencies that all students in the Rush University PA Program must achieve to graduate. The didactic and clinical curriculum prepares students to attain entry-level knowledge, skills, and professional behaviors across five core domains: medical knowledge, interpersonal skills, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving.

Program learning outcomes support the development and assessment of these competencies. Students must demonstrate attainment of all competencies during the final four months of the program through the summative evaluation process. Refer to the Summative Evaluation section of the PA Program Handbook for detailed performance expectations. Students should refer to the End of Curriculum Content Area List and the NCCPA PANCE Blueprint for the comprehensive list of common conditions and be familiar with the laboratory and diagnostic studies associated with each.

1. **Medical Knowledge**
   - 1.1 Demonstrate knowledge of scientific concepts in medicine.
   - 1.2 Identify the signs, symptoms, and physical examination findings for common conditions.
   - 1.3 Recognize the indications, contraindications, complications, normal and abnormal findings for laboratory and diagnostic studies.

2. **Clinical Reasoning and Problem-Solving Abilities**
   - 2.1 Devise a differential and identify the most likely diagnosis based on age, clinical presentation, laboratory, and diagnostic studies.
   - 2.2 Develop management plans for common conditions, incorporating appropriate:
     a. Clinical interventions
     b. Clinical therapeutics
   - 2.3 Determine appropriate preventative health care plans.
   - 2.4 Apply evidence-based knowledge in the delivery of patient care.

3. **Clinical and Technical Skills**
   - 3.1 Obtain an appropriate history based on age and clinical presentation.
   - 3.2 Perform an appropriate physical examination based on age and clinical presentation.
   - 3.3 Order and interpret laboratory and diagnostic studies.
   - 3.4 Document patient encounters in the medical record.
   - 3.5 Provide pertinent patient education and counseling.
   - 3.6 Demonstrate effective interpersonal and communication skills during patient interactions.
   - 3.7 Perform the designated technical skills accurately and safely.
     a. Chest compressions
     b. Basic airway management
     c. Basic suturing
     d. Injections
     e. Incision and drainage

4. **Professional Behaviors and Interpersonal Skills**
   - 4.1 Exhibit professional behaviors and interpersonal skills across the following areas:
     a. Communication
     b. Appearance and Demeanor
     c. Dependability and Engagement
     d. Self-Awareness and Accountability
     e. Honesty and Ethics
     f. Teamwork and Collaboration
   - 4.2 Demonstrate knowledge of professional and legal responsibilities in PA practice.

Appendix L-1 - Professionalism Assessment - Formative

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 part of the summative evaluation process. An evaluation may occur at other times if an issue regarding a student's professional behavior arises, per the PA Program Handbook.

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

Directions: For each, please check the box corresponding to the most appropriate rating for the student's professional behavior.

Communication (TPC 4.1a)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
Displays a respectful and positive attitude towards others.	1	2	3	4	5
Demonstrates clear and professional verbal communication.	1	2	3	4	5
Demonstrates clear and professional written communication.	1	2	3	4	5
Responds to emails within 48 hours when a response is requested.	1	2	3	4	5
Passing Benchmark (Average Score): *4.0*		***Average Score:***			
Comments (if any score less than "4" is chosen, please include specific comments):					

Appearance and Demeanor (TPC 4.1b)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
Maintains a neat and professional appearance consistent with the program dress code.	1	2	3	4	5
Displays professional body language and facial expressions.	1	2	3	4	5
Maintains composure under pressure or in challenging situations.	1	2	3	4	5
Passing Benchmark (Average Score): *4.0*			***Average Score:***		
Comments (if any score less than "4" is chosen, please include specific comments):					

Dependability and Engagement (TPC 4.1c)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
Completes assigned tasks and responsibilities according to deadlines without prompting.	1	2	3	4	5
Attends required classes and activities.	1	2	3	4	5
Follows absence 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 commitments.	1	2	3	4	5
Passing Benchmark (Average Score): *4.0*			***Average Score:***		
Comments (if any score less than "4" is chosen, please include specific comments):					

Self-Awareness and Accountability (TPC 4.1d)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
Recognizes their own limitations as a student without overstepping boundaries.	1	2	3	4	5
Accepts feedback in a professional and receptive manner	1	2	3	4	5
Takes responsibility for their own actions without making excuses or blaming others	1	2	3	4	5
Acknowledges and learns from mistakes, taking steps to prevent recurrence.	1	2	3	4	5
Demonstrates cultural competence.	1	2	3	4	5
Passing Benchmark (Average Score): *4.0*			***Average Score:***		
Comments (if any score less than "4" is chosen, please include specific comments):					

Honesty and Ethics (TPC 4.1e)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
Conducts themselves in an ethical 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
Passing Benchmark (Average Score): 4.0			***Average Score:***		
Comments (if any score less than "4" is chosen, please include specific comments):					

Teamwork and Collaboration (TPC 4.1f)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
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
Passing Benchmark (Average Score): *4.0*			***Average Score:***		
Comments (if any score less than "4" is chosen, please include specific comments):					

If any section falls below the passing score, a remediation plan culminating in a reassessment is indicated per the PA Program Handbook. Upon the re-evaluation, students are expected to meet the passing score as listed.

Student's signature: Date:

Appendix L-2 - Professionalism Assessment – Professionalism Violation

A Professionalism Assessment is indicated as part of the professionalism remediation process for Professionalism Violation #2.

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

Directions: For each, please check the box corresponding to the most appropriate rating for the student's professional behavior.

Communication (TPC 4.1a)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
Displays a respectful and positive attitude towards others.	1	2	3	4	5
Demonstrates clear and professional verbal communication.	1	2	3	4	5
Demonstrates clear and professional written communication.	1	2	3	4	5
Responds to emails within 48 hours when a response is requested.	1	2	3	4	5
Comments:				**Score:**	

Appearance and Demeanor (TPC 4.1b)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
Maintains a neat and professional appearance consistent with the program dress code.	1	2	3	4	5
Displays professional body language and facial expressions.	1	2	3	4	5

Maintains composure under pressure or in challenging situations.	1	2	3	4	5

Comments: **Score:**

Dependability and Engagement (TPC 4.1c)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
Completes assigned tasks and responsibilities according to deadlines without prompting.	1	2	3	4	5
Attends required classes and activities.	1	2	3	4	5
Follows absence 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 commitments.	1	2	3	4	5

Comments: **Score:**

Self-Awareness and Accountability (TPC 4.1d)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
Recognizes their own limitations as a student without overstepping boundaries.	1	2	3	4	5
Accepts feedback in a professional and receptive manner	1	2	3	4	5
Takes responsibility for their own actions without making excuses or blaming others	1	2	3	4	5
Acknowledges and learns from mistakes, taking steps to prevent recurrence.	1	2	3	4	5
Demonstrates cultural competence.	1	2	3	4	5
Comments:					**Score:**

Honesty and Ethics (TPC 4.1e)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
Conducts themselves in an ethical 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:					**Score:**

Teamwork and Collaboration (TPC 4.1f)					
Behaviors	***Never***	***Rarely***	***Sometimes***	***Often***	***Always***
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
Comments:					**Score:**

Professionalism Remediation need(s):
Expected Behaviors:
Benchmark(s) for Reassessment:
Student Action Plan:

Upon the reassessment, students are expected to meet the passing score as listed above.

Student's signature: Date:

Appendix M - 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 medical knowledge, clinical and technical skills, professional behaviors, interpersonal skills, and clinical reasoning and problem-solving essential for clinical practice. By aligning assessment tools with the program's defined competencies, this evaluation serves as a checkpoint to identify areas of strength and opportunities for growth prior to students entering their third-year rotations. Students will undergo a summative evaluation in the last 4 months prior to graduating.

Academic and Professionalism Components:					
Assessment	**Assessment Benchmark**	**Meets / Does Not Meet Benchmark**	**Completed Remediation(s)**	**Terminal Program Competencies**	**Competencies in Need of Improvement**
All Final Preceptor Evaluations	Passing Score; varies by evaluation			1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1.A-F	
All End of Rotation Examinations	Passing Score Equal to or higher than 1.5 SD below the national mean for exam			1.1, 1.2, 1.3	
All Patient Notes	Passing Score ≥ 25/35 points			3.4	
All Journal Club Discussions	Passing Score ≥ 14/20 points			4.1.C	
All Hot Topic Papers	Passing Score ≥ 18/25 points			4.1.A, 4.2	
Oral Case Presentation	Passing Score ≥ 18/25 points			4.1.A	

Technical Skills Passport	Competent level or above for each skill			3.7.A-E	
End of Second Year OSCE	Passing Score ≥ 80% overall and ≥ 80% aggregate domains			2.1, 2.2, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1.A-B	
End of Second Year PACKRAT	Completion; Goal: equal to or higher than 1 SD below the national mean			1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 3.3, 4.2	
Professionalism Assessment	Passing Score Average of 4 or above in each section			4.1.A-F	

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

Administrative Components:		
	Meets / Does Not Meet	**Comments**
Has completed all administrative requirements of each rotation		
Has completed program-defined patient encounter minimums		

Has completed medical simulation curriculum		
Has completed all second-year service hours		
Has completed review of the second year professionalism assessment		
Has returned all program equipment		
Has completed all third year onboarding requirements		

Decision:		
☐ Progress to third year	☐ Progress to third year and will remain on probation	☐ Ineligible to progress to third year
Comments/recommendations for student:		

Appendix N – Program Policy Reminder

The following additional program policies relevant to evaluating performance, assessment, and progression through the program are located in the PA Student Handbook – Class of 2027:

Rush University Statement of Academic Honesty

Technical Standards for PA Students

PA Program Professionalism Policy