RUSH UNIVERSITY

COLLEGE OF HEALTH SCIENCES

PA PROGRAM

SECOND YEAR

CLINICAL HANDBOOK

2026-2027

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Introduction

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

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

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

Rush PA Program Mission, Vision, and Goals Statements

PA Program Mission

The Rush University PA Program mission is to prepare qualified PAs to practice 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 **March 2024** meeting, the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) placed the **Rush University Physician Assistant Program** sponsored by **Rush University** on **Accreditation-Probation** status until its next review in **March 2026**.

Probation accreditation is a temporary accreditation status initially of not less than two years. However, that period may be extended by the ARC-PA for up to an additional two years if the ARC-PA finds that the program is making substantial progress toward meeting all applicable standards but requires additional time to come into full compliance. Probation accreditation status is granted, at the sole discretion of the ARC-PA, when a program holding an accreditation status of Accreditation - Provisional or Accreditation - Continued does not, in the judgment of the ARC-PA, meet the Standards or when the capability of the program to provide an acceptable educational experience for its students is threatened.
Once placed on probation, a program that fails to comply with accreditation requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and is subject to having its accreditation withdrawn.

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

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

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

Rush University Accreditation

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

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

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

PA Program Faculty and Staff Contact Information

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Clinical Rotation Preceptor Contact Information

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

Clinical Year Rotation Calendar 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

Rush University
PA Program Policies

Professionalism and Professional Behavior

Professionalism relates to the expected intellectual, ethical, behavioral, and attitudinal attributes necessary to perform as a health care provider. Students in the PA program are expected to behave ethically and professionally, and in a manner appropriate to a clinician-in-training through all phases of the program. All students in the PA Program are expected to adhere to the ethical codes set forth in the following Professionalism Policy. Additional professionalism policies as stated in either program courses or the clinical entity may also apply. All students at RUSH are also expected to adhere to the RUSH University Statement on Academic Honesty and the CHS Guide for Professional Conduct (See **PA Program Handbook**). Additionally, PA students are required to behave according to the Guidelines for Ethical Conduct for the PA Profession, published by the American Academy of Physician Associates, available here. (See **PA Program Handbook**).

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

Professionalism Policy for All PA Program Activities

The PA Program believes that professionalism is an important quality of being a PA student and future practicing clinician. The lecturers, faculty, and staff of the program evaluate student professionalism at all times throughout the program on a pass-fail basis.
Criteria to be evaluated in the professionalism component will include, but not be limited to, the following areas:

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

Professionalism Policy Violations

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

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

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

- At the first occurrence of a professionalism issue, the student will be notified and informed that subsequent issues will constitute a professionalism violation. Repeated violations to our professionalism policy will be addressed in the following sequence:
    1. If a student commits a professionalism violation, they will be notified by program faculty in writing. Further actions will be determined on a case-by-case basis depending on the nature of the violation. Students may be required to meet with faculty to discuss a plan for remediation.
    2. If a student commits a second professionalism violation, they will be required to meet with the Director of Clinical Education and they will receive a written Professionalism Assessment that will become a part of their program record.
    3. If a student commits a third professionalism violation, they will be placed on probation immediately and will be required to meet with the Director of Clinical Education and/or the Program Director to discuss further steps and remediation. The Progress and Promotions Committee will be notified. The same terms as listed in this handbook for probation apply to a student who is placed on probation for professionalism reasons.
- If a student commits an egregious professionalism violation, they may be placed immediately on probation and bypass the stepwise process as listed above, at the discretion of the faculty and the Progress and Promotions Committee.
- At the end of the second year, a Professionalism Assessment will be completed as part of the Formative Evaluation and may reference professionalism warnings and violations from the entire year.
- If a student is on Probation due to the inability to adhere to the professionalism policy, their probation status may continue into the third year of the program.

SECOND YEAR GENERAL POLICIES

Second Year Academic Standing and Performance Requirements

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

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

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

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

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

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

Academic Honesty and Ethical Behavior on Rotations

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

It is considered academic dishonesty to represent another's work as one's own, or to collaborate in such falsification in others. Activities such as plagiarizing, cheating, inappropriate testing behavior, unauthorized use of Rush computer hard- or software or permitting others to use your work for such ends, are all forms of academic dishonesty. Any academic work submitted to the program – including but not limited to, assignments, patient case presentations, and the master's research project – must be the students' own, original work. It is the student's responsibility to be familiar with all forms of plagiarism. Any submission that is found to be falsified, fabricated, or plagiarized upon investigation will receive a zero, and be returned for revision and resubmission. Plagiarism is considered an egregious lapse in academic honesty. The Progress and Promotions Committee will

be notified, and the student may be subject to placement on Probation or dismissal. If a student is permitted to continue in the program, all future submissions will be closely monitored. Subsequent occurrences will not be tolerated. If a student submits non-original work a second time, the faculty will conduct another investigation, and the Progress and Promotions Committee will be convened a second time to determine further action, which again may include placement on Probation or dismissal. The faculty will utilize Turnitin to verify the originality of all student submissions.

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

All 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.

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 review 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.

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

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

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

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

Copyright and Use of Materials

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

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

Attendance and Tardiness Policy

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

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

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

Mandatory Program Events

Return-to-Campus

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

SIM Lab

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

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

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

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

Lecture Recording

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

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

Personal Days

During the second year, students are allowed to take up to 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.

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

Religious Holiday Time Off

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

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

Attendance at State and National Conferences

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

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

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

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

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

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

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

Advising

Students are required to meet with their advisor for routine advising once per term 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.

Grievances, Complaints, and Student Appeals

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

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

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

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

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

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

Communication Policy

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

Criminal Background Checks and Drug Screen Requirements

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

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

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

Students in the PA Program are expected to maintain the highest standards of professional and ethical conduct; any behavior that would constitute a positive criminal and drug use record will not be tolerated. The program reserves the right to conduct random criminal background checks or drug screening at any time during the student's training if reasonable cause exists. Additionally, some clinical rotation sites may require recent criminal background or drug testing (or both) prior to the student coming on rotation. If additional testing is required, the student may not refuse and must comply in a timely manner. The student will bear the expense of any required additional assessment.

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

Dress Code and Student Identification Policy

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

Hazardous Exposure Incident Policy

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

Procedure for Hazardous Exposure Event at Rush University Medical Center

1. Wash injured area with soap and water. If eyes, nose, or mouth, use water only.
2. Immediately report the incident to your preceptor / course instructor.
3. Contact the Course Director as soon as feasible to report the incident.
4. **Report to Employee and Corporate Health Services (ECHS), 4th floor Atrium, 312-942-5878, as soon as possible for further evaluation. If after hours, leave a message reporting the incident.**
    a. Bring your student ID and indicate that you are a student in the PA Program and not an employee.
5. You MUST ensure ECHS is notified of the exposure incident in as timely a manner as possible.
    a. Confirmation from ECHS that the incident is reported is essential to ensure payment for services is covered. Failure to report to ECHS in a timely manner may result in erroneous out-of-pocket expenses.
    b. If you leave a message with ECHS and do not hear back from them, continue to contact the office until you receive confirmation from their staff that the incident has been received.
6. If ECHS is closed, immediately report to the Rush Emergency Room (ER), Tower, 1st floor, 312-947-0100.
7. If a student is seen in the ER, the student must report to ECHS on the next business day.
8. Students will be counseled or treated as deemed appropriate by ECHS or ER personnel.
9. Return to ECHS or to consultants as directed for follow-up lab work and treatment as indicated.

Procedure for Hazardous Exposure Event if Off Campus

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

Non-Hazardous Exposure Incidents Policy

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

Student Incident and Emergency Policy

Any incident that affects a student's well-being must be reported immediately to both the rotation preceptor and course director. This includes, but is not limited to, illness or injury, accidents, falls, and potential violent or non-violent events and encounters. If a student feels they are in immediate danger while on rotation, the student should calmly remove 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 course director regarding the incident. Be cautious and aware of your surroundings when traveling around the Rush campus. Please note the following security recommendations:

- Always travel in groups in well-lit areas or use the Rush shuttles to get to places around the campus. If off campus, have someone accompany you to your car or to public transportation.
- Refrain from using cell phones or other listening devices when you are walking on the street or in public areas such as CTA trains, as you appear as a distracted, potential victim to criminals.
- Please contact Rush security at (312-942-5678) if you are traveling alone, even to the garage. A security officer will walk with you to your destination.
- If you need help immediately, call Security or use one of the new security call boxes around campus along Paulina Street and in the "mall" area south of Armour Academic Center. If you are off-campus and need help immediately, then you should dial 911.
- Please don't fight to retain your property. It's not worth getting hurt.

IMPORTANT PHONE NUMBERS:

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

CRISIS LINES:

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

On-Call Responsibilities and Duty Hours

Duty Hours and Work Schedules on Rotation:

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

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

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

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

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

Students Substituted as Employees

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

rooming/transporting patients, taking vital signs, processing lab/urine specimens, and giving patients discharge instructions.

Health Insurance Portability and Accountability Act (HIPAA)

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

Documentation and Charting

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

Registration

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

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

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

Global Health Trips

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

Community Service

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

The PA Program requires that each student completes at least twelve (12) hours per academic year of approved community and/or professional service – eight (8) of which must be service to the community. Service hours must be completed two weeks before the end of the academic year. Students are not permitted to miss clinical rotations in order to participate in community service activities. For consideration of an exception, students can email the Faculty Service Liaison in advance of the activity. Students may be permitted to miss rotation due to program service activities such as Program Interviews but the student must still meet overall minimum rotation hours. Students must attend their rotation after the event if the rotation schedule allows. Once a student commits to an activity, they should honor that commitment and attend except in cases of acute illness. If a student signs up for a program service event and later realizes that volunteering for the event would drop them below minimum rotation hours, they should notify the course director and activity lead immediately so that arrangements may be made to either make up the hours or find a replacement, which will be decided by the PA program faculty/staff. Any rotation time missed for service activities must be logged as Time Off in EXXAT.

Rotation Scheduling Policy

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 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 submit the following at least 90 days in advance of the planned rotation:

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

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

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

Students are responsible for all travel arrangements, housing, and costs such as additional onboarding requirements for any external rotation that they request. Students are also responsible for ensuring that they are present for all exams and return-to-campus activities as required for each rotation and throughout the clinical year. Students may be required at any time to return to the Rush campus at the discretion of the Director of

Clinical Education for activities such as SIM lab, PACKRAT exam, OSCE, or any other required clinical activity. The student is responsible for all travel arrangements and fees that may be associated with the travel.

Student Health Compliance Requirements

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

Required	Recommended	Not Required	
Influenza, inactivated (yearly) Tdap (every 10 years) MMR Varicella Hep B MenACWY	COVID-19* **Not required by Rush University but required by some of the PA Program's clinical rotation sites.*	Influenza, live attenuated RSV RZV HPV Pneumococcal	Hep A Men B Hib Mpox IPV

The program requires students have documented immunity to each of the following:

- Measles, Mumps, Rubella
- Tetanus, Diphtheria, and Pertussis
- Hepatitis B via the three-vaccination series (must document both having undergone the vaccination series and immunity)
- Varicella (Chicken Pox, either by occurrence or vaccination)

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

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

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

Rush University has the sole discretion to review and approve medical or 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.

During the clinical years, it is required to provide updated health records. Additionally, certain rotation sites may specify that students must be in compliance with other requirements such as additional drug screens or vaccinations. Students may be asked to provide proof of COVID vaccination and/or a negative COVID test prior to starting a rotation. If any of these are required, they are an out-of-pocket expense for the student. The program will inform students of any necessary procedures to meet such requirements in advance of the start of clinical rotations. Students must comply with all clinical rotation site health maintenance requirements to remain in good standing in the program. The program is not required to provide alternate rotation assignments based on personal preferences, and this may result in delays in a student's ability to complete the program. Expenses related to an external compliance verification system will not be reimbursed for elective rotations.

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

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

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

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

Health Insurance

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

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

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

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 can be found here.

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

Time Management

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

CLINICAL ROTATION PERFORMANCE AND GRADING POLICIES

Second Year Rotation Administrative Components

Each rotation has administrative components that must be completed (See **Appendix 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. 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 find areas/ways to improve their clinical performance. Students must also attest, and have their preceptor attest, that they are on track to meet the learning outcomes of the rotation. Failure to abide by these guidelines will be considered as an incomplete submission. It is the student's responsibility to notify the course director immediately if they are not on track to meet the learning outcomes of the rotation. Failure to do so is subject to a professionalism violation. Though it may be difficult to find time for students and preceptors to meet formally, it is imperative that this happens so that students may receive constructive feedback and improve performance. After the discussion, the preceptor should make any changes to the evaluation, add their own comments (if applicable), and sign the form. Only legal signatures are considered valid.

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

Clinical Rotation Management System – EXXAT

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

Documentation of Timesheet and Time Off in EXXAT

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

Documentation of Clinical Encounters and Procedures in EXXAT

Students are required to maintain a log of patient encounters during their clinical rotation via EXXAT. It is strongly recommended that students log into EXXAT every day to record their patient encounters. Patient logging should include patient's age, sex, encounter type, and diagnosis. Students are also encouraged to log all procedures performed. A minimum of 15 patient logs must be completed for each rotation; however, adhering to only this minimum may not satisfy the required patient minimums (see below). Patient logging must be completed in EXXAT by 11:59pm on the Sunday night at the end of the rotation. Late submissions will

result in 0 points for that requirement of the administrative components of the rotation. Students must complete all administrative components in order to receive the final clinical rotation grade.

Completing Site and Preceptor Evaluations in EXXAT

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

Clinical Year Patient Minimum Requirements

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

Clinical Year Patient Minimums

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

Clinical Rotation Grading Criteria Policies

Final Course Grade

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

Second Year Course Grading Components

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

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

- **End of Rotation Exams**: required at the end of Family Medicine, Internal Medicine II, General Surgery II, Obstetrics and Gynecology, Pediatrics, Behavioral Health, and Emergency Medicine
- **Patient Notes**: required on Family Medicine, Internal Medicine I, General Surgery I, Obstetrics and Gynecology, Pediatrics, Behavioral Health, and Emergency Medicine
- **Hot Topic Papers**: required 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 Grading 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. Students must sit for the End of Rotation exam as scheduled, except in the case of illness during the exam. If a student is ill for an exam, they must email the course director immediately and will need to send a provider note. An alternate day/time for the exam will be scheduled at the earliest availability when the student is no longer ill and may occur outside of business hours or over the weekend. Makeup exams for excused absences 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 exams may be scheduled outside of regular business hours, including evenings or weekends.

For all exams, students are expected to arrive 15 minutes prior to the scheduled start time and should be seated and ready to begin 5 minutes before the start time. Tardiness to an exam will result in a professionalism violation, and a trend of tardiness will result in the student being placed on probation. If a student is running late for an exam, they must notify the course director as soon as possible. If a student is late and has not notified the course director, it will be considered an egregious violation. Students who arrive late should be as quiet and undisruptive as possible. If a student arrives more than 5 minutes but fewer than 15 minutes past the exam start time, they will be permitted to take the exam; however, they must forgo their break, if applicable. If a student arrives more than 15 minutes past the start time for an exam, the student will not be permitted to sit for the exam, 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.

If a student fails an end of rotation exam, they will be placed on Warning and will be given a single opportunity to complete another end of rotation exam as reassessment for a passing score. The student will complete a remediation assignment on the missed exam content which must be submitted prior to the reassessment exam. Late remediation assignment submissions will result in a professionalism violation. The reassessment exam must occur within two weeks of the original exam date. If the student then fails the reassessment exam or a second exam, the student will be immediately placed on Probation, and the Progress and Promotion committee will be convened to determine further action.

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

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 last day of the rotation. One point will be deducted per day for any late submission. Any assignment submitted later than Sunday at 11:59pm will result in a 0, as well as a professionalism violation. The student will still be required to complete the assignment for a passing grade and may be prohibited from continuing on their next rotation if this requirement is not completed. 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. 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. Any assignment that does not receive a passing score will need to undergo remediation and resubmission for a passing score, in order to successfully pass the course. The original grade will remain a part of the student's record. Any assignment that receives a Marginal Pass will not need to be remediated but may require a discussion with faculty. If a student is absent from journal club, a make-up assignment will be required.

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

Please review Rush's policy for Photo, Video, and Sound Recording here.

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 Note: 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.

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. 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.

If a student fails a preceptor evaluation, the student will be immediately placed on Probation and may be subject to deceleration or dismissal from the program, pending further examination of the situation. Possible outcomes of a failed clinical evaluation include but are not limited to repeating a portion or the entirety of the affected rotation. This may result in a delayed start to their next rotation, the loss of an elective rotation, or the request to complete the remediation during scheduled academic breaks. The program reserves the right to determine the most appropriate course of action based on the severity and nature of the failure. This may result in a delay in the student's progress through the program, including a delay in progression to the third year of the program, and a delay in graduation, which may result in additional tuition expenses.

TERMINAL PROGRAM COMPETENCY ASSESSMENT

Program Formative and Summative Evaluations

At the end of each year, all students are evaluated on their cumulative performance to determine their eligibility to progress to the next phase of the program. These assessments are called formative and summative evaluations. The formative evaluation process determines students' eligibility to progress through each year of the program. The summative evaluation process determines students' eligibility to graduate from the program. Both formative and summative evaluations are conducted by the PA faculty and reviewed by the Progress and Promotions Committee.

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

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

In addition to all academic and/or clinical assessments throughout the year, other standardized assessment activities are used to assess competency and skill acquisition. Examples of other assessment methods include but are not limited to, OSCE assessments, standardized examinations, and standardized clinical skills

assessments. All assessments related to the Summative Evaluation occur during the final four months leading up to graduation.

A copy of the form used to conduct the Second Year Formative evaluation is attached as **Appendix M**.

Objective Structured Clinical Examinations (OSCEs)

All students are required to pass the second year Objective Structured Clinical Exam (OSCE) in order to progress to the third year of the program. The OSCE is scheduled at the discretion of the Rush PA faculty and the student will be given at least 6 weeks' notice of the date in order to prepare for the exam. Faculty will create the OSCE schedule, and students are not permitted to request a change in the start time of their OSCE. Students are excused from the entire day of rotation to take the OSCE. Students should be preparing for the OSCE throughout their entire clinical year. Second year students should be familiar with completing an accurate and efficient problem-focused patient history and physical. Students should be able to order and interpret common laboratory results and radiology studies, as well formulate a differential diagnosis, assessment, and comprehensive patient plan. Students should also be able to provide appropriate and thorough patient education and counseling. Some assessments, such as OSCEs, are designed to mimic time-sensitive patient care and therefore components of these activities may not be eligible for time-based accommodations. Students with time-based accommodations should discuss the details of these accommodations with the Office of Student Accessibility Services as well as the course director.

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

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

OSCE Grading Criteria

In order to pass the OSCE, students must:

- Obtain an **overall score of 80% or higher**
  - *Any overall score below 80% constitutes failing the OSCE and will require remediation at the discretion of the faculty.*

- Obtain a **cumulative score of 80% or higher** on each individual case
  - *Any total case score below 80% constitutes failing the case and will require remediation at the discretion of the faculty.*

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

The Formative Evaluation

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

- Eligible to progress to third year
- Eligible to progress to third year on probation
- Ineligible to progress to the third year

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

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

Performance Standards and Progress

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

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

Final Rotation Grade:

PASS or NO PASS

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

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

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

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

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

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

Unsatisfactory performance is defined as meeting any of the following criteria during the second year clinical rotations:

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

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

Remediation, Warning, and Probation

Remediation activities, Warning and Probation status are internal to the program and do not appear on student transcripts. The following is an outline of actions taken if a student encounters academic performance issues during the second year of the program:

Remediation

Remediation is the program's process to help students improve their performance. Remediation can occur for either academic or professionalism issues. The process of remediation involves providing students with additional assistance and resources to acquire expected knowledge and/or skills related to expected program learning outcomes and the program's professionalism standard. Remediation also requires students to demonstrate acquisition of knowledge and/or skills by re-evaluation or re-testing for a passing score. Remediation in the program can take many forms, depending on the student's needs, and is determined according to the discretion of the faculty. Due to the fast-paced nature of clinical rotations, performance issues in the clinical setting may require that the student completes additional rotation hours, which may prolong the duration of the rotation. This may delay the student's progress through the program and may delay graduation. Students may elect to use scheduled vacation and break time to complete the required remediation and avoid delays or deceleration, if possible.

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

The process for remediation and retesting is as follows:

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

- If a student fails a final preceptor evaluation, they will need to remediate the rotation, which may include any of the above activities and additional clinical time at another site in a similar setting. These make-up hours may occur on weekends or over break, may result in forfeiting an elective rotation, or may result in deceleration. Please refer to the section below on **Deceleration**.
- If the student passes the remediation, they are permitted to progress in the program. The original assessment score will stand and be factored into the final course grade.
- If the student does not pass the remediation, they will be placed immediately on Probation and will be required to meet with faculty to discuss further remediation plans. Please refer to the section below on **Probation**.

Warning

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

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

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

The student will remain on Warning for the duration of the clinical year, and if there are no further performance issues, they will be removed from Warning at the end of the year.

If a student is placed on Warning and has a subsequent failure of either another assessment or a preceptor evaluation, they will progress to Probation, as described below.

Probation

Probation indicates that a student is unable to meet expected performance standards and that continued remediation and monitoring are required to help the student meet the expected level of performance.
In the clinical year, the following common situations will result in the student being placed on probation:

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

A written letter outlining the terms of probation will be sent to a student for their signature indicating receipt of a written description of the probation, an understanding of the terms of probation, and agreement to the terms of probation. The terms of probation as determined by the Progress and Promotions (P&P) Committee are non-negotiable and students are expected to abide by the terms. If a student refuses to sign the letter with the terms

of probation, they will not be permitted to progress in the program.

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

- Content discussions with faculty
- Additional clinical rotation hours
- Assigning an additional mentor
- Tutorial activities with topic-appropriate assignments
- Timed multiple-choice-question assessments
- Oral presentation(s) to the faculty
- Submission of a written paper
- Written or oral examination (topical or comprehensive)
- OSCE
- Other remedial activities as deemed appropriate by the Progress and Promotions Committee

If the student successfully completes the remediation and continues to abide by the requirements outlined in the remediation plan, they will remain on Probation for the remainder of the clinical year in order to allow them the ability to demonstrate that they have corrected any deficiencies or behavioral misconduct issues. If they have no subsequent performance issues and meet satisfactory academic performance at the end of the year, the Progress and Promotions Committee will discuss whether the student may be removed from probation and progress to the third year of the program.

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

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

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

If a student's performance issues are ongoing and unresolved despite remediation efforts, the student will remain on Probation, will be denied permission to progress, and may be subject to dismissal from the program. Refer to the section below on **Expectations on Probation**. The faculty will convene the Progress and Promotions Committee to determine further action.
It is important to note that in some cases, students may not receive a letter of Warning before being placed on Probation.

Expectations on Probation

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

and will be subject to dismissal from the program.

- If a student is on Probation due to academic deficiencies, such as failure of two end-of-rotation examinations, and receives a professionalism violation, they will follow the same three-step process as described above in the section on **Professionalism Violations**. If a student on Probation receives three professionalism violations, they will be referred to the Progress and Promotions Committee and will be subject to dismissal from the program.
- If a student is on Probation due to professionalism deficiencies and fails an end-of-rotation examination, they will have one opportunity to successfully remediate the examination. If they do not pass the examination or have a second end-of-rotation examination failure, they will be referred to the Progress and Promotions Committee and will be subject to dismissal from the program.
- If a student has an egregious lapse in either academic performance or professionalism, they may be placed immediately on Probation without prior notice of Warning, regardless of prior academic performance or cumulative GPA. If the lapse in academic or professional performance is egregious, as determined at the discretion of the faculty, a student may be denied permission to progress and may be subject to dismissal from the program, without opportunity for remediation, regardless of prior academic performance or cumulative GPA. The Progress and Promotions Committee will evaluate such incidents on a case-by-case basis.

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

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

Program Dismissal

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

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

A recommendation for dismissal from the program may be made if a student consistently fails to demonstrate the ability to sustain the academic and/or professional performance standards of the program. This determination is made in accordance with our obligation to maintain the standards of the profession and the public's safety. Specifically, a recommendation for dismissal from the program may be made under the following circumstances:

- If a student is unable to maintain expected academic performance despite reasonable remediation and counseling, including, but not limited to, failing multiple examinations or courses, failing a remediation activity, failing a preceptor evaluation, or failing to comply with professionalism standards
- If a student continues to have performance issues while on probation
- If the student has an egregious lapse in either academic or professional performance, or violates Rush policy regarding conduct and behavior
- If a student violates any of the following: the PA Program's Professionalism and Professional Behavior Policy; the Rush academic honesty policy; the Rush University Student Honor Code: or the Rush University Drug and Alcohol-Free Campus policy.

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

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

The process is described as follows:

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

Withdrawal

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

Deceleration

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

Decelerations are initiated by either:

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

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

During the clinical year, deceleration typically results in a delay of one to two terms and requires either a leave of absence or continuous enrollment to complete remediation activities. This is determined on a case-by-case

basis by the Progress and Promotions Committee and the program director depending on the needs of the student.

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

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

Leave of Absence

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

Students must adhere to the following process:

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

7. Students must adhere to the program completion deadline of 42 months total, as described in the **Program Completion** section.
8. If a leave of absence is granted, it may hinder a student's progress through the program, leading to a deceleration from the program's proscribed course of study and a delay in their graduation date (see section on **Deceleration**).

A student is no longer considered to be enrolled in the program if:

- They do not register for courses at the end of an approved period of a leave of absence
- They fail to apply for a leave of absence and they do not register for courses
- Their request for a leave of absence has been denied and they do not register for courses

Readmission after a Leave of Absence

When a student on an official leave of absence is ready to return to the program, the student must give the program director advanced notice in writing to initiate the re-entry process. Students must re-enter the program at the start of a term. Students must submit a letter of intent to return to the program director at least 30 business days prior to their expected return or as outlined in the original approval letter. Students must also complete the Return from Leave of Absence form through the Registrar's Office. Failure to follow this process may result in the student's delay in expected progression through the program.

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

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

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

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

Readmission without a Leave of Absence

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

Program Completion Deadline

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

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

Third Year Advanced Clinical Rotation Assignment Policy

Third Year Advanced Rotation Definition

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

General Information

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

(Appendix A)

Rush University PA Program
Second-Year Clinical Rotations
Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives

Appendix A (1) – Family Medicine
Appendix A (2) – Internal Medicine I
Appendix A (3) – Internal Medicine II
Appendix A (4) – General Surgery I
Appendix A (5) – General Surgery II
Appendix A (6) – Obstetrics and Gynecology
Appendix A (7) – Pediatrics
Appendix A (8) – Behavioral Health
Appendix A (9) – Physical Medicine and Rehabilitation
Appendix A (10) – Emergency Medicine
Appendix A (11) – Elective I - Medicine
Appendix A (12) – Elective I - Surgery
Appendix A (13) – Elective II - Medicine
Appendix A (14) – Elective II - Surgery

Rush University PA Program
Second-Year Clinical Rotations: 2026-2027
Rotation Goals, Topic List, Learning Outcomes, and 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*)

Rush University PA Program
Second-Year Clinical Rotations: 2026-2027
Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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	Preceptor Evaluation

		format, such as SOAP. Provide an assessment and plan with rationale.	
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. 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

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.	Oral Case Presentation Assignment (*if assigned*)

		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.	

Rush University PA Program
Second-Year Clinical Rotations: 2026-2027
Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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

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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

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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

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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

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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

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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

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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	Preceptor Evaluation

		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.	
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.	

Rush University PA Program
Second-Year Clinical Rotations: 2026-2027
Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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.	

Rush University PA Program
Second-Year Clinical Rotations: 2026-2027
Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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

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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*)

Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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*)

Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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*)

Rush University PA Program
Second-Year Clinical Rotations: 2026-2027
Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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*)

Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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.	

Rush University PA Program
Second-Year Clinical Rotations: 2026-2027
Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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. 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 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 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.	Oral Case Presentation Assignment (*if assigned*)

		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.	

Rush University PA Program
Second-Year Clinical Rotations: 2026-2027
Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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*)

Second-Year Clinical Rotations: 2026-2027
Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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

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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	Preceptor Evaluation

		without supervision. Incorporate feedback from the preceptor to improve clinical performance.	
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	Technical Skills Passport

		awareness of sterile field integrity throughout the procedure.	
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*)

Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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 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	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*)

Rotation Goals, Topic List, Learning Outcomes, and Instructional Objectives
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

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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	Preceptor Evaluation

		without supervision. Incorporate feedback from the preceptor to improve clinical performance.	
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	Technical Skills Passport

		awareness of sterile field integrity throughout the procedure.	
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)

Rush University PA Program
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)

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)

Rush University PA Program
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)

Rush University PA Program
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)

Rush University PA Program
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)

Rush University PA Program
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)

Rush University PA Program
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)

Rush University PA Program

Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations

Appendix C (1) – Family Medicine Evaluation
Appendix C (2) – Internal Medicine I Evaluation
Appendix C (3) – Internal Medicine II Evaluation
Appendix C (4) – General Surgery I Evaluation
Appendix C (5) – General Surgery II Evaluation
Appendix C (6) – Obstetrics and Gynecology Evaluation
Appendix C (7) – Pediatrics Evaluation
Appendix C (8) – Behavioral Health Evaluation

Appendix C (9) – Physical Medicine and Rehabilitation Evaluation
Appendix C (10) – Emergency Medicine Evaluation
Appendix C (9) – Elective Evaluation

Rush University PA Program
Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations: 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	1	2	3	4	5

	obtained from the patient's history.					
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 conditions in adults.	1	2	3	4	5
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 hours per week did you work with this student?	

Final Scoring:

_____ total (out of 135 points maximum)

81 points – 135 = PASS

80 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Rush University PA Program
Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations: 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	1	2	3	4	5

	presentation and applicable diagnostic findings in the adult patient.					
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	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 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 <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	

Rush University PA Program
Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations: 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	Inconsistent performance	Performs at the expected level for current rotation	Performs at or above expected level	Consistently performs above expected level

Requires consistent prompting Significant deficits in knowledge, clinical skills, or reasoning Unsafe practice or serious concerns for interpersonal skills or professionalism	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	Requires some prompting appropriate for level of training Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning No concerns for safety, interpersonal skills, or professionalism	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	

Rush University PA Program
Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations: 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 <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 115 points maximum)
69 points – 115 = PASS
68 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Rush University PA Program
Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations: 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 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 100 points maximum)
60 points – 100 = PASS
59 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Rush University PA Program
Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations: 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 information obtained from the patient's history.	1	2	3	4	5
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	1	2	3	4	5

	challenging situations.					

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

Rush University PA Program
Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations: 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	1	2	3	4	5

	applicable diagnostic findings.					
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	

Rush University PA Program
Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations: 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 presentation in the behavioral health setting.	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	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	1	2	3	4	5

	manner to all members of the interprofessional team.					
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	

Rush University PA Program
Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations: 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	Inconsistent performance Requires frequent prompting Gaps in knowledge, clinical skills, or reasoning	Performs at the expected level for current rotation Requires some prompting appropriate for level of training	Performs at or above expected level Requires only occasional prompting Demonstrates a solid foundation of knowledge, clinical skills, and reasoning	Consistently performs above expected level Requires minimal or no prompting Demonstrates advanced knowledge, clinical skills, and reasoning

Unsafe practice or serious concerns for interpersonal skills or professionalism	Needs improvement to meet rotation standards May have some concerns for interpersonal skills or professionalism	Demonstrates adequate knowledge, clinical skills, and reasoning No significant concerns for safety, interpersonal skills, or professionalism	No concerns for safety, interpersonal skills, or professionalism	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 <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 115 points maximum)
69 points – 115 = PASS
68 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Rush University PA Program
Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations: 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	1	2	3	4	5

	diagnosis and acuity level.					

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

Final Scoring:

_____ total (out of 120 points maximum)
72 points – 120 = PASS
71 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

Rush University PA Program
Preceptor Final Evaluation of Student Performance
Second Year Clinical Rotations: 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 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 110 points maximum)
66 points – 110 = PASS
65 and below = NO PASS

Preceptor Name	
Preceptor Signature	
Date	

(Appendix D)
Rush University PA Program
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)
Rush University PA Program
Student Evaluation of Preceptor

Student Name	
Preceptor of Record Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	

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

Question 1

		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)
Rush University PA Program
Student Evaluation of Rotation Site

Student Name	
Preceptor of Record Name	
Rotation Name	
Rotation Site Name	
Dates of Rotation	

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

Question 1

		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)
Rush University
PA Program
EOR Exam Grading Rubric 2026-2027
Updated March 2026

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

Pediatrics EOR Exam
National mean: 417

Scale Score	Final Grade
391 and above	Pass
378 - 390	Marginal pass
377 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

Internal Medicine EOR Exam
National mean: 414

Scale Score	Final Grade
389 and above	Pass
377 - 388	Marginal pass
376 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

Surgery EOR Exam
National mean: 411

Scale Score	Final Grade
392 and above	Pass
383 - 391	Marginal pass
382 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

(Appendix H)
Clinical Rotation Assignment Requirements and Guidelines
Second Year Rotations

General Assignment Requirements:

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

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

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)

Rush University
College of Health Sciences
PA Program

TERMINAL PROGRAM COMPETENCIES
ARC-PA Standards A2.05, B1.01, B4.03
2026-2027

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)
Rush University PA Program
Professionalism Assessment
2026-2027

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 M)
Rush University PA Program
Second Year Formative Evaluation

Student Name:
Evaluation Date:

This formative evaluation is conducted by PA program faculty at the conclusion of the second year to assess PA student progress towards achieving terminal program competencies. The evaluation is designed to provide both students and faculty with critical feedback on 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 $\geq$ 25/35 points			3.4	
All Journal Club Discussions	Passing Score $\geq$ 14/20 points			4.1.C	
All Hot Topic Papers	Passing Score $\geq$ 18/25 points			4.1.A, 4.2	
Oral Case Presentation	Passing Score $\geq$ 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)

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

AAPA Guidelines for Ethical Conduct for the PA Profession

NCCPA Competencies for the PA Profession