Rush University Medical Center

College of Health Sciences

Department of Physician Assistant Studies

Class of 2020
Student Handbook

2018-2019

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Introduction

Welcome to the Rush University Physician Assistant (PA) Program. Our program is designed to offer you a high-quality education, and to provide you with the skills and knowledge necessary to become a clinically excellent PA with leadership capacity in clinical practice.

PAs are key members of the healthcare team. PAs demonstrate excellent problem-solving ability, communication skills, and clinical judgment at all times. Becoming a successful PA requires tremendous dedication, intellectual curiosity, and hard work. The program faculty and staff are committed to helping guide your studies and to motivate you throughout your training to be the best PA practitioner possible. While the work required to become a PA is intense, the rewards are even greater, and we hope the skills you gain from training at Rush provide you with a lifetime of professional fulfillment and personal satisfaction.

This handbook describes the policies and procedures specific to the PA Program, and is a supplement to other Rush University and College of Health Sciences (CHS) catalogs. The information contained in this handbook does not supplant or replace any other University or CHS policies. Additional policies related to specific courses or clinical rotations may also exist, and are described as appropriate in related course materials.

Background on the PA Profession

PAs are licensed health care professionals trained in the medical model to provide care to patients. PAs work with physicians and other healthcare providers in the clinical setting, in accordance with an individual state's medical licensing and regulatory laws. PAs are utilized in any healthcare setting and clinical area where physicians practice. PAs currently provide care to millions of people in all types of health care settings: offices, clinics, hospitals, nursing homes, and long-term care facilities. In addition to private practice settings, PAs are also heavily utilized in public sector healthcare areas, such as in the prison system and in the military.

Rush Mission, Vision, and Goals Statements

Physician Assistant Program Mission

The mission of the Rush University PA Program is to educate advanced practice PAs to practice medicine with competence, professionalism and compassion driven by academic excellence and a spirit of service to the community.

Physician Assistant Program Vision

The Rush University PA Program strives to be a nationally recognized leader in educating advanced practice PAs to assume leadership roles in clinical and professional practice.

Physician Assistant Program Goals:

- Prepare highly qualified PAs to take leadership roles in clinical practice, collaborative patient-centered care, and service to the community and to the profession.
- Provide enhanced training opportunities to students in various areas of clinical practice.
- Prepare PAs who use best practice methods to plan, develop, and deliver high quality, cost-effective health care services.
- Promote evidence-based practice as an integral part of effective medical practice.
- Provide a learning environment which is committed to promoting diversity and cultural humility.

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

Rush University Medical Center Mission

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

Rush University Medical Center Vision

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

Rush University Medical Center Values

Rush University Medical Center's core values — innovation, collaboration, accountability, respect and excellence — are the roadmap to our mission and vision.

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

Rush University Mission

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

Rush University Vision

The Rush learning community will be the leading health sciences university committed to transforming health care through innovative research and education.

College of Health Sciences Mission

The Mission of the College of Health Sciences is to advance the quality and availability of health care through excellence in education, research and scholarship, service and patient care. The college promotes the values of diversity, access and inclusion in all of its endeavors.

College of Health Sciences Vision

The College of Health Sciences at Rush University will be a world-class school of allied health sciences whose programs are recognized as among the best in the United States.

Institutional and Program Accreditation

The PA Program Accreditation Process

PA programs are accredited through the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

The initial process for accreditation is the granting of provisional accreditation status by the ARC-PA. Provisionally accredited programs are allowed to enroll and train PAs for practice, and graduates of provisionally accredited programs are eligible to take the Physician Assistant National Certification Examination offered by the National Commission on Certification of Physician Assistants (NCCPA) and to attain state licensure. Successful completion of the NCCPA certification examination is required for state licensing and to practice as a certified physician assistant.

Full accreditation status is only granted upon follow-up review by ARC-PA after the graduation of the first class. Accreditation is maintained through regular program self-assessment and review by the ARC-PA.

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 PA Program Accreditation Status

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted Accreditation-Continued status to the Physician Assistant Studies Program sponsored by Rush University. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA Standards.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards. The approximate date for the next validation review of the program by the ARC-PA will be March 2024. The review date is contingent upon continued compliance with the Accreditation Standards and ARC-PA policy.

Rush University Accreditation

Rush University has been accredited by the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools (formerly the North Central Association of Colleges and Schools, Commission on Institutions of Higher Education) since 1974. The commission completed its most recent accreditation review in 2008, which granted the University continuing accreditation for 10 years. The next comprehensive HLC evaluation will occur in 2018-2019. Additionally, all training programs at Rush University that offer degrees in health care practice and/or administration are accredited by their respective governing body.

General Program Information

Program Curriculum

The PA Program offers a 30-month, entry-level, graduate curriculum, leading to a Master of Science (MS) in Physician Assistant Studies. The curriculum is divided into three components. Phase I of the program involves 12 months of didactic course work comprised of lectures, seminars, student laboratory, hands-on clinical learning experiences, and independent study.

Phase II is the initial clinical portion of the program, consisting of: two, consecutive four-week rotations in Internal Medicine and General Surgery, one four-week rotation in Family Practice, Emergency Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Long Term Care medicine; and two, four-week elective rotations in an area of medical practice of the student's choice. Rotations are intensive, hands-on learning experiences where students apply the knowledge gained in the didactic year towards actual patient care. Clinical rotations may be at inpatient, outpatient, or a combination of clinical settings. While on rotation, students are expected to work a minimum of 40-hours per week and will participate in all assigned patient care activities, which may include taking call, admitting patients, managing patients in the hospital or clinic setting, and participating all scheduled learning activities, such as Grand Rounds.

Phase III is the final portion of clinical training. It consists of six months of rotations in an advanced clinical setting, which will allow students to enhance their medical knowledge and patient care skills. Opportunities for advanced clinical rotations are continuously expanding; we currently offer rotations in a variety of areas in both medical and surgical practices. Similar to second year rotations, students are expected to work a minimum of 40 hours per week in various patient care activities as assigned and depending on the service, and to participate in all scheduled student learning activities.

The sequencing and site placement of rotations is made at the sole discretion of the PA faculty. Faculty will try to accommodate requests for specific a specific rotation site or sequence, however, these are not guaranteed. We consider a 90-mile or 90-minute drive, without traffic, reasonable boundaries for site placement. More information regarding rotations is provided throughout the program.

As part of the master's component of the curriculum, students are expected to become proficient in reviewing, analyzing, and applying current research literature towards effective clinical decision-making. Students are introduced to research and statistical methods in the first year of the program and research analysis skills are reinforced throughout the program. To document research competency, students develop a Master's Research Project, which reflects different aspects of research, and demonstrates competency in meeting various research benchmarks. For this project, students work with a faculty mentor to identify an issue of clinical interest, and create a research study proposal. Students conduct a literature review, formulate a research question, and create study methodology and assessment tools, including analysis of population database information, to investigate their research question. For the final component of the research project, students create and present their research proposal to members of the faculty. The primary goal of this project is to help students understand the components of research through the creation of their own unique research project. A secondary goal is to help students lay the groundwork for future research through the activities associated with the capstone project.

PA Curriculum Sequence

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

PHASE I – Core Didactic Courses

Term I – Summer Semester
Semester Hours (14)

PHA 511	Human Anatomy	5
PHA 512	History & Physical Examination	2
PHA 513	PA Professionalism and Practice I	2
PHA 514	Clinical Medicine I	4
PHA 515	Diagnostic Methods	1

Term II – Fall Semester
Semester Hours (19)

CHS 620	Healthcare in America	2
PHA 520	Principles of Clinical Pharmacology I	3
PHA 521	Research & Statistics	2
PHA 522	Diagnostic Reasoning I	2
PHA 523	PA Professionalism and Practice II	2
PHA 524	Clinical Medicine II	6
PHA 525	Principles of Advanced Practice I	2

Term III – Winter Semester
Semester Hours (19)

CHS 605	Interprofessional Ethics	2
PHA 530	Principles of Clinical Pharmacology II	3
PHA 532	Diagnostic Reasoning II	2
PHA 533	PA Professionalism and Practice III	2
PHA 534	Clinical Medicine III	6
PHA 535	Principles of Advanced Practice II	2
PHA 536	Emergency and Surgical Medicine	2

Total Credit Hours for Phase I: **52-Total Credit Hours**

PA Curriculum Sequence

Clinical Curriculum

PHASE II – Core Clinical Rotations   Sample rotation sequence, individual schedules will vary.

Summer Term	Semester Hours
PHA 581 Family Medicine	4
PHA 582 Internal Medicine I	4
PHA 583 Internal Medicine II	4
PHA 584 General Surgery I	4

Fall Term	Semester Hours
PHA 585 General Surgery II	
PHA 586 Women's Health	4
PHA 587 Pediatrics	4
PHA 588 Behavioral Health	4

Spring Term	Semester Hours
PHA 589 Long Term Care/Geriatrics	4
PHA 590 Emergency Medicine	4
PHA 591 Elective I	4
PHA 592 Elective II	4

2nd Year: Total Semester Credits	**48**

Phase III – Advanced Practice Rotations

Summer Semester	Duration	Semester Hours
PHA 593—Advanced PA Practice I	(15 weeks)	15
PHA 595 – Master's Research Project I		1

Fall Semester	Duration	Semester Hours
PHA 594—Advanced PA Practice II	(15 weeks)	15
PHA 596 – Master's Research Project II		1

3rd Year: Total Semester Credits		**30**

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

Course Descriptions

Phase I Course Descriptions

SUMMER

PHA 511 – Human Anatomy (5 semester credits)

This course provides students with a thorough understanding of the principles of functional and applied human anatomy necessary for the practice of clinical medicine. The course is driven primarily by the laboratory (small group) sessions with lectures given to prepare students for the lab and provide supplementary information.

Prerequisite for PHA 511: Successful completion, with a grade of 'C' or higher, of prerequisite undergraduate courses in human anatomy and human physiology.

PHA 512 – History & Physical Examination (2 semester credits)

This course is designed to teach PA students the proper techniques for patient assessment. This course covers how to conduct an effective medical interview, how to document clinical findings in the medical record, and how to perform a physical exam. Both the comprehensive and problem focused medical history formats will be discussed and students will practice proper MR documentation using the SOAP note format. Students will learn how to perform a comprehensive physical examination and to recognize the normal examination findings associated with each organ system. The course will also introduce students to common pathological PE findings, and to interpret the significance of these findings to diagnosing disorders. Finally, students will learn to accurately record PE findings as part of a patient medical record. The course material will be presented sequentially in an organ-system basis.

The course will present techniques to facilitate accurate and efficient data collection, to foster effective patient communication, and to develop appropriate patient centered responses to different patients in the clinical setting. Developing skills to effectively educate, counsel, and influence patient behaviors will also be discussed.

Prerequisites for PHA 512: Successful completion, with a grade of 'C' or higher, of prerequisite undergraduate courses in human anatomy, human physiology, and psychology or equivalent social or behavioral science. Also requires concurrent enrollment in PHA 510 and PHA 514.

PHA 513 – PA Professionalism and Practice I (2 semester credits)

This is the first of a three-part course series designed to introduce and familiarize students with the professional and practice issues of importance to the PA profession.

PA Professionalism and Practice I is designed to introduce and familiarize the student with the major professional issues and communication skills important to a practicing PA working on a medical team. Topics include the history and development of the PA profession, the physician-PA relationship, PA scope of practice and professional regulations, licensure, certification, recertification, PA program accreditation, and PA professional organizations. The course also covers legal issues in health care related to PA practice, including the Healthcare Information Portability and Accountability Act (HIPAA), professional liability, laws and regulations, billing and reimbursement, quality assurance, and risk management. This course includes basic training in verbal and non-verbal communication skills needed for successful clinical practice.

Prerequisites for PHA 513: Successful completion, with a grade of 'C' or higher, of prerequisite undergraduate courses in psychology or equivalent social or behavioral science.

PHA 514 – Clinical Medicine I (4 semester credits)

This is the first in a three-part course series that provide an intensive study of the principles essential to the practice of primary care medicine.

Lectures will discuss the etiology, pathophysiology, clinical presentation, diagnostic evaluation, and the management principles of various diseases in the following topic categories: introduction to pharmacology; genetics; nutrition; general pediatrics; infectious diseases; psychiatry; neurology; hematology; and, immunology. Lectures, readings, case study analysis, and discussion of specific disorders in each category will provide an understanding of the key clinical concepts relevant to disease diagnosis and patient care.

Prerequisites for PHA 514: Successful completion, with a grade of 'C' or higher, of prerequisite undergraduate courses in human anatomy and human physiology. Also requires concurrent enrollment in PHA 510 and PHA 512.

PHA 515 – Diagnostic Methods (1 semester credit)

This course will introduce PA students to the various diagnostic studies used in the screening, diagnosis, and management of disease. This course will focus on the common diagnostic tools of laboratory medicine that are available to the clinician. Many of the factors influencing the test selection process and the role of laboratory test findings in clinical decision making will be discussed. Topics will include clinical laboratory procedures, interpreting specificity and sensitivity data, hematology, chemistry, microbiology, urinalysis, coagulation studies, and special testing.

Prerequisite for PHA 515: Successful completion, with a grade of 'C' or higher, of prerequisite undergraduate courses in human anatomy and human physiology. Also requires concurrent enrollment in PHA 510 and PHA 514.

FALL

CHS 620 – Health Care in America: An Overview for Health Professions (2 semester credits)

Health Care in America is designed to provide students entering the health professions an interdisciplinary overview of the health care system. Contemporary issues in America's health care system are addressed, including: the organization, delivery, economics and financing of health care; the nation's health care workforce; major public health issues, including acute and chronic disease management; health care disparity issues, cultural competency and diversity; biomedical ethics; health policy; global health and future directions of the health care system. The course is offered as an online course.

Prerequisite for CHS 620: None

PHA 520 – Principles of Clinical Pharmacology I (3 semester credits)

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

This course is organ system-based; the topics discussed will mirror the major organ systems covered in Clinical Medicine II. Pharmacological principles discussed in this course include: principles of pharmacology and drug action; pharmacokinetics and dynamics; drug dosage calculation; the usage profile for major classes of clinically important drugs, including indications, contraindications and side effects, and dosing and administration; principles of drug selection, and assessment of therapeutic efficacy and outcome.

Prerequisite for PHA 520: Successful completion of PHA 514. Also requires successful completion, with a grade of 'C' or higher, of prerequisite undergraduate courses in human physiology and biochemistry. Requires concurrent enrollment in PHA 522, PHA 524, and PHA 525.

PHA 521 – Research and Statistics (2 semester credits)

This online course is designed to discuss the different components and terminology of research as well as various research models ranging from the highly quantitative to broad qualitative methods. The course will provide a practical approach to research planning through the logical sequence of developing a research proposal pertaining to the research interests of individual students. Formulation of research questions, hypotheses, literature search techniques, ethical issues, and the writing of the research proposal/final research report and the dissemination of research findings will be discussed. This course is designed to provide the first-time researcher with the skills to undertake research and to write up proposals and final reports in areas of their choice.

Prerequisites for PHA 521: Successful completion, with a grade of 'C' or higher, of prerequisite undergraduate courses in statistics. Also requires concurrent enrollment in PHA 522, PHA 524, and PHA 525.

PHA 522 – Diagnostic Reasoning I (2 semester credits)

This is the first in a two-part course series designed to develop students' skills in clinical problem solving and promote application of knowledge gained throughout PA school for use in patient assessment and management, and formulating patient care plans. In class, students will be presented with clinical case scenarios, which they must analyze and make decisions relevant to patient evaluation and management. Students are encouraged to apply their medical knowledge and to utilize sound, clinically based texts and online references to derive clinical assessment plans and facilitate case analysis.

The goal of this course is to develop students' clinical critical thinking and problem-solving skills, including utilizing previously learned information and recognition of how to find necessary information to fill knowledge gaps.

Prerequisite for PHA 522: Successful completion of PHA 514 and PHA 512. Also requires concurrent enrollment in PHA 532, PHA 535, and PHA 536.

PHA 523 – PA Professionalism and Practice II (2 semester credits)

This is the second of a three-part course series designed to introduce and familiarize students with the professional and practice issues of importance to the PA profession.

This second course is an introduction to principles and practices of population health in the U.S. healthcare system, focusing on the Chicago metropolitan area and Chicago Medical District as an exemplar microcosm to represent the larger health system paradigm. The

course will discuss issues related to healthcare access, population health trends, and current topics in public health policy and healthcare reform. Additionally, the role of social determinants of health on disease management is explored as a tool for reviewing health outcomes in the U.S. Course discussions will explore the influence of race, class, gender, immigration, and social status on health care policy. These discussions are designed to provide students with various lenses through which to analyze current and emerging public health policies, practices, and healthcare outcomes.

Prerequisite for PHA 523: Successful completion of PHA 513 and PHA 514.

PHA 524-Clinical Medicine II (6 semester credits)

This is the second in a three-part course series designed provide students with an intensive study of the principles essential to the practice of primary care medicine.

Lectures will discuss the etiology, pathophysiology, clinical presentation, diagnostic evaluation, and management principles of various diseases in the following topic categories: dermatology; otolaryngology; ophthalmology; cardiology; pulmonology; nephrology, including fluid and electrolyte, and acid-base maintenance; and, urology. Lectures, readings, case study analysis, and discussion of specific disorders in each category will provide an understanding of the key clinical concepts relevant to disease diagnosis and patient care.

Prerequisite for PHA 524: Successful completion of PHA 514.

PHA 525 – Principles of Advanced Practice I (2 semester credits)

This is the first of a 2-part companion course to PHA 524- Clinical Medicine II. This course will course discuss the essentials of ordering, interpreting, and performing clinical studies used in the screening, diagnosis, management, and monitoring of disease. The course will mirror the organ systems scheduled in clinical medicine. Topics include the interpretation of rhythm strips and 12 lead electrocardiograms (EKGs), basic and advanced imaging techniques including: radiography, CT, MRI, PET scan, cardiac imaging and V/Q scan. Emerging diagnostic technology and the use of diagnostic testing in disease assessment and management, including decision making regarding ordering radiologic testing, will also be included.

Prerequisite for PHA 525: Successful completion of PHA 514. Also requires concurrent enrollment in PHA 524.

SPRING

CHS 605 – Interprofessional Ethics

This interdisciplinary course will introduce students to foundational theories of health care ethics, ethical decision-making frameworks, legal and professional standards in health care ethics, institutional and interprofessional ethical constraints, and major ethical issues facing health care professionals. Students will have the opportunity for case analysis and discussion with students from other professions with which they will someday be practicing. Course content will include lecture, on-line content, case analysis, and discussion.

PHA 530 – Principles of Clinical Pharmacology II (3 semester credits)

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

This course is organ system-based; the topics discussed will mirror the major organ systems covered in the Clinical Medicine III. Pharmacological principles discussed in this course include: principles of pharmacology and drug action; pharmacokinetics and dynamics; drug dosage calculation; the usage profile for major classes of clinically important drugs, including indications, contraindications and side effects, and dosing and administration; principles of drug selection, and assessment of therapeutic efficacy and outcome.

Prerequisite for PHA 530: Successful completion of PHA 520. Also requires concurrent enrollment in PHA 534 and PHA 535.

PHA 532 – Diagnostic Reasoning II (2 semester credits)

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

The goal of this course is to further develop students' clinical critical thinking and problem-solving skills, including utilizing previously learned information and recognition of how to find necessary information to fill knowledge gaps.

Prerequisite for PHA 532: Successful completion of PHA 522. Also requires concurrent enrollment in PHA 534 and PHA 535.

PHA 533 – PA Professionalism and Practice III (2 semester credits)

This is the third of a three-part course series designed to introduce and familiarize students with the professional and practice issues of importance to the PA profession.

This course will explore the psychosocial aspects of patient care to help students develop their understanding of the dynamic between one's own and patient's attitudes, biases, and values, and the impact they have on medical practice and patient relationships and communication. Discussions and presentations will cover the basic counseling and patient education skills necessary to help patients and families cope with illness and injury, and to modify behaviors as needed to adhere to therapeutic management plans and improve outcomes. Discussions include issues of culture, faith, religion and sexuality, and the impact these forces have on attitudes towards health and patient counseling.

Prerequisite for PHA 533: Successful completion of PHA 513 and PHA 523.

PHA 534 – Clinical Medicine III (6 semester credits)

This is the third in a three-part course series designed provide students with an intensive study of the principles essential to the practice of primary care medicine.

Lectures will discuss the etiology, pathophysiology, clinical presentation, diagnostic evaluation, and management principles of various diseases in the following topic categories: gastroenterology; endocrinology; women's health; rheumatology; orthopedics; geriatrics; and wellness and prevention medicine. Lectures, readings, case study analysis, and discussion of

specific disorders in each category will provide an understanding of the key clinical concepts relevant to disease diagnosis and patient care.

Prerequisite for PHA 533: Successful completion of PHA 514 and PHA 524.

PHA 535 – Principles of Advanced Practice II (2 semester credits)

This is the second of a 2-part companion course to PHA 534- Clinical Medicine III. This course will discuss the essentials of ordering, interpreting, and performing clinical studies used in the screening, diagnosis, management, and monitoring of disease. The course will mirror the organ systems scheduled in clinical medicine. Topics include the interpretation of abdominal imaging, gastrointestinal testing, renal and bladder imaging, hormone assays, breast imaging, cervical cancer screening, bone testing, fracture imaging, and preventative and geriatric testing. Emerging diagnostic technology and the use of diagnostic testing in disease assessment and management, including decision making regarding ordering radiologic testing, will also be included. There will also be several written short answer case assignments, done in class, that will encompass knowledge students have gained in Diagnostic Methods, as well as Principles of Advanced Practice I.

Prerequisite for PHA 535: Successful completion of PHA 525. Also requires concurrent enrollment in PHA 534.

PHA 536 – Emergency and Surgical Medicine (2 semester credits)

This 2-credit course will provide students with an introduction to the diagnosis and treatment of disease states and conditions encountered in emergency and urgent care settings. Students will also be introduced to surgical concepts needed to assess patients and provide care in surgical settings. Emergency Medicine lectures will discuss the role of triage, assessment, and the management of commonly encountered medical, surgical, environmental, and psychiatric emergencies as they present in the adult and pediatric populations. Surgical lectures will discuss general surgical concepts. Pre- and post-operative patient assessment and care management will be emphasized.

Prerequisite for PHA 536: Successful completion of PHA 514, PHA 524, and PHA 525.

Phase II Courses - Core Clinical Rotations Descriptions

Individual rotation schedules will vary

PHA 581 – Family Medicine (4 semester credits)

During this clinical experience in family medicine, students see patients, perform assessments and formulate care plans under the supervision of a physician, PA or advanced practice nurse. Comprehensive, longitudinal care is stressed. Common problems are reviewed and the responsibilities of a primary care PA are observed and taught. Principles of health, wellness, prevention, recognition and treatment of substance abuse, and chronic disease management and chronic care are introduced in the clinical setting. Patient assessment and management are reviewed to include the generation of a differential diagnosis, and oral presentation of patient data to the supervising physician and appropriate referral of patients.

Prerequisite for PHA 581: Successful completion of all first-year PA program courses and evaluations.

PHA 582 – Internal Medicine I (4 semester credits)

This is the first of a two-part clinical experience designed to introduce students to the practice of internal medicine. Through participating directly in-patient care, students will learn to evaluate and manage a variety of clinical problems. Students further develop their skills in history taking and physical examination and review pathophysiologic principles as a guide to caring for patients. Students will develop an understanding of relationships between disease states and the patient from the medical, social, and emotional points of view. The team approach allows students the opportunity to actively work toward the goals of quality patient care while reinforcing medical principles. Patient assessment and management are reviewed to include the generation of a differential diagnosis, oral presentation of patient data to the supervising physician and appropriate referral of patients.

Prerequisite for PHA 582: Successful completion of all first-year PA program courses and evaluations.

PHA 583 – Internal Medicine II (4 semester credits)

This second clinical practice rotation is designed to immediately follow Internal Medicine I. The rotation will reinforce student's understanding of internal medicine concepts through practice in an internal medicine subspecialty. Students will further develop their clinical diagnostic and patient management skills through direct participation in obtaining patient histories and performing physical examinations, developing and implementing patient care plans, and engaging with other members of the clinical team in a variety of patient care activities.

Prerequisite for PHA 583: Successful completion of all first-year PA program courses and evaluations.

PHA 584 – General Surgery I (4 semester credits)

This is the first of a two-part clinical experience designed introduce students to the principles of preoperative, operative and postoperative care, diagnosis of surgical disease, indications for surgery, recognition and response to surgical emergencies, and the physiological principles of surgery are presented. Technical experience is provided in the operating rooms. Lectures and/or conferences provide additional direct contact with other members of the interprofessional healthcare team.

Prerequisite for PHA 584: Successful completion of all first-year PA program courses and evaluations.

PHA 585 – General Surgery II (4 semester credits)

This second clinical practice rotation is designed to immediately follow General Surgery I and reinforce general surgery concepts through the practice of a surgical subspecialty. Students will continue their exposure to the principles of preoperative, operative and postoperative care, diagnosis of surgical disease, indications for surgery, recognition and response to surgical emergencies, and the physiological principles of surgery are presented. Technical experience is provided in the operating rooms. Lectures and/or conferences provide additional direct contact with other members of the interprofessional healthcare team.

Prerequisite for PHA 585: Successful completion of all first-year PA program courses and evaluations.

PHA 586 – Women's Health (4 semester credits)

This clinical rotation experience will introduce students to patient health maintenance and education needs in the obstetrics and gynecological setting. Students will learn the identification and management principles of conditions unique to women, including normal psychological changes across the lifespan, pregnancy, infertility, gynecologic oncology, family planning, and psychosomatic disorders. Basic, common procedures in obstetrics and gynecology will also be covered.

Prerequisite for PHA 586: Successful completion of all first-year PA program courses and evaluations.

PHA 587 – Pediatrics (4 semester credits)
This clinical rotation experience will allow students to learn the principles and practice patient care from birth to adolescence through direct patient care. Students will learn basic pediatric assessment, diagnosis, treatment, and appropriate referral. The rotation will also provide exposure to developmental milestones, routine immunizations, common childhood illnesses, infant/child safety, and patient/parent education. Seminars, conferences, lectures, and case presentations provide additional learning experiences.

Prerequisite for PHA 587: Successful completion of all first-year PA program courses and evaluations.

PHA 588 Behavioral Health (4 semester credits)
This clinical rotation provides students with experience in the diagnosis and management of patients with psychiatric disorders. Emphasis is on the primary care approach to behavioral health management, including recognition of the biological, psychological, and social/environmental factors that impact patient care, and pharmacologic and behavioral therapy approaches to disorder management.

Prerequisite for PHA 588: Successful completion of all first-year PA program courses and evaluations.

PHA 589 – Long Term Care/Geriatrics (4 semester credits)
This clinical rotation provides students with experience in long term care/geriatrics, with a focus on rehabilitative medicine, geriatric medicine and the care of patients with chronic and/or terminal disease. The rotation also introduces students to physical therapy, occupational therapy, and rehabilitation of patients with physical, psychological and social disabilities.

Prerequisite for PHA 589: Successful completion of all first-year PA program courses and evaluations.

PHA 590 – Emergency Medicine (4 semester credits)
This clinical rotation provides students with experience in all areas of the emergency department under supervision of attending physicians, PHA or advanced practice nurses. Students will perform histories and physical examinations, record their findings and discuss patients with assigned preceptors. Students will learn the assessment, diagnosis, and treatment of common emergency room disorders, and will formulate diagnoses and treatment plans while considering specific factors pertinent to the setting, such as time, patient risk and cost.

Prerequisite for PHA 590: Successful completion of all first-year PA program courses and evaluations.

PHA 591 – Elective Rotation I (4 semester credits)

The Elective I rotation will provide students with the opportunity for in-depth study in a clinical practice area of their interest. Rotations may take place in various medical or surgical practice areas, as approved by the Director of Clinical Education. Students are expected to provide patient care under the supervision of the preceptor. Learning experiences should include taking histories and performing physical exams, formulating a differential diagnosis, assessment, and treatment plan. Experiences may also include performing common procedures in the specific area of practice or going to the operating room (if applicable).

Prerequisite for PHA 591: Successful completion of all first year PA program courses and evaluations.

PHA 592 – Elective Rotation II (4 semester credits)

The Elective II rotation will provide students with a second opportunity for in-depth study in a clinical practice area of their interest. Rotations may take place in various medical or surgical practice areas, as approved by the Director of Clinical Education. Students are expected to provide patient care under the supervision of the preceptor. Learning experiences should include taking histories and performing physical exams, formulating a differential diagnosis, assessment, and treatment plan. Experiences may also include performing common procedures in the specific area of practice or going to the operating room (if applicable).

Prerequisite for PHA 592: Successful completion of all first year PA program courses and evaluations.

Phase III Course Description – Advanced Clinical Rotations

SUMMER

PHA 593 – Advanced Clinical Practice I (15 semester credits)

This course is the first part of a two-course series in an advanced area of PA practice. This course consists of a 15-week rotation in a single, focused area of advanced PA clinical practice. Students will select from several areas of medicine or surgery as they are available. Availability of advanced practice clinical areas and locations are determined by the Director of Clinical Education. Advanced clinical rotations will generally require a minimum of 40 contact hours per week.

Advanced clinical practice students will acquire an in-depth knowledge of the care and treatment of patients with in a single focused area while maintaining their study in general, primary care medicine. Students are expected to work with all members of the healthcare team and will be supervised by physicians, PA, or nurse practitioner preceptors at all times. Students may work in an outpatient setting, inpatient setting, emergency room, or operating room. Students are required to attend various clinical education conferences as determined by the clinical preceptor. Educational goals include mastering of history and exam skills, cost-effective and safe laboratory and radiology choices, detailed differential diagnosis', and independent formulation of assessments and plans. Student may be expected to work days, nights, and/or weekends. Call may be required.

Prerequisite for PHA 593: Successful completion of second year PA rotations.

PHA 595 – Master's Research Project I (1 Semester Credit)

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

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

Prerequisite for PHA 595: Successful completion of PHA 521 – Research and Statistics

FALL

PHA 594 – Advanced Clinical Practice II (15 semester credits)

This course is the second of a two-part course series and consists of a 15-week rotation in a single, focused area of advanced PA clinical practice. Students will select from several areas of medicine or surgery as they are available. Availability of advanced practice clinical areas and locations are determined by the Director of Clinical Education. Advanced clinical rotations will generally require a minimum of 40 contact hours per week.

Advanced clinical practice students will acquire an in-depth knowledge of the care and treatment of patients with in a single focused area while maintaining their study in general, primary care medicine. Students are expected to work with all members of the healthcare team and will be supervised by physicians, PHA, or nurse practitioner preceptors at all times. Students may work in an outpatient setting, inpatient setting, emergency room, or operating room. Students are required to attend various clinical education conferences as determined by the clinical preceptor. Educational goals include mastering of history and exam skills, cost-effective and safe laboratory and radiology choices, detailed differential diagnosis', and independent formulation of assessments and plans. Student may be expected to work days, nights, and/or weekends. Call may be required.

Prerequisite for PHA 594: Successful completion of PHA 593 – Advanced Clinical Practice I.

PHA596 – Master's Research Project II (1 Semester Credit)

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

Prerequisite for PHA 596: Successful completion of PHA 595 – Master's Research Project I.

Graduation Requirements

In order to receive the degree of Master of Science in Physician Assistant Studies, students must satisfactorily complete all required course and assessment activities of the curriculum in its entirety, maintain the program's performance standards, and must demonstrate competencies appropriate for a new graduate PA (see Appendices J, K, and L in this handbook). This includes adhering to the program's ethical behavior and professionalism standard at all times during the program. Additionally, students must meet all of the following requirements:

- Maintain a 3.0 or higher GPA consistently and at all times throughout the curriculum
- Demonstrate proficiency in all required clinical skills
- Pass all global, formative, and summative assessment activities
- Successfully complete an approved program research project
- Discharge all financial commitments, including medical equipment costs as necessary.
- Return in good working order all borrowed and loaned materials, such as library books, Rush equipment, and PA Program books and equipment.

Estimate of Program Costs

The PA Program charges a flat tuition fee, by term, based on the 30-month curriculum. There are no additional fees associated with attending Rush. The tuition amount is evenly divided across each term of the program at a cost of $12,420 per term.

Estimated cost information is provided for planning purposes only. Projection of individual financial need is based on personal preferences and circumstances, including cost of living expenses. To determine your specific financial aid needs, speak with a representative in the Office of Financial Aid at: (312) 942-6256, or email them at: financial_aid@rush.edu.

Estimated Costs	First Year	Second Year	Third Year
Books, Equipment, and Supplies	$2,200.00	$250.00	$250.00
Student Memberships	$110.00	$50.00	$50.00
Miscellaneous Expenses	$300.00	$300.00	$300.00
Tuition:	$37,260.00	$37,260.00	$24,840.00
ESTIMATED TOTALS:	$39,870.00	$37,860.00	$25,440.00

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

PA Program Scholarships

Scholarship funds are available to entering PA students through Rush University and the College of Health Sciences. Awards apply to tuition costs only and cannot be used towards living expenses. Scholarships are awarded based on need and representing a minority group in health care. These criteria are established by Rush University.

Award amounts vary annually. In 2017, the College of Health Sciences awarded over $171,000 in scholarships to incoming PA students, benefiting thirty percent of the class.

For more information regarding scholarships, contact the College of Health Sciences Admissions Office at chs_admissions@rush.edu. Additionally, there are several financial aid options available for students in the program. For more information, contact the Office of Financial Affairs at: financial_aid@rush.edu or (312) 942-6256.

Rush PA Program Performance on the NCCPA Certification Examination

Class of 2013	Class of 2014	Class of 2015	Class of 2016	Class 2017-1	Class 2017-2
Number of 1st Time Takers: 18 Pass Rate: 100%	Number of 1st Time Takers: 21 Pass Rate 100%	Number of 1st Time Takers: 27 Pass Rate 100%	Number of 1st Time Takers: 28 Pass Rate 100%	Number of 1st Time Takers: 32 Pass Rate 94%	Number of 1st Time Takers: 30 Pass Rate 100%
National 1st Time Taker Pass Rate: 94%	National 1st Time Taker Pass Rate: 95%	National 1st Time Taker Pass Rate: 96%	National 1st Time Taker Pass Rate: 96%	National 1st Time Taker Pass Rate: 97%	National 1st Time Taker Pass Rate: 97%

Click here to view: Rush University 5-Year PANCE Performance Data

PA Program Performance on Goals

Updated 2017

The Rush University PA Program uses its Mission as the foundation for its goals. In turn, these goals serve as the basis upon which we assess our program's performance.

Mission Statement

The mission of the Rush University PA Program is to educate advanced practice PAs to practice medicine with competence, professionalism and compassion driven by academic excellence and a spirit of service to the community.

PA Program Goals

The goals of the program are to:
- Prepare highly qualified physician assistants to take leadership roles in clinical practice, research, and service to the community and to the profession.
- Provide enhanced training opportunities to students in various areas of clinical practice.
- Prepare physician assistants who use best practice methods to plan, develop, and deliver high quality, cost-effective health care services.
- Promote research and scholarly activities as an integral part of effective medical practice.

The following is a list of the program's goals, the mechanism of assessment used to assess the program's achievement in attaining its goals, and performance outcome data to support our program's success at attaining its goals, to the graduating Class of 2017-1:

Goal 1 – Prepare highly qualified physician assistants to take leadership roles in clinical practice, research, and service to the community and to the profession

    Mechanism of Assessment: Evaluation of student performance in program courses and rotations, research activities, and community service and professional activities

    Performance Outcomes for the previous five classes:

1) Students consistently meet program performance requirements and demonstrate acquisition of increasing skills and knowledge as they progress through the program.
2) Preceptor consistently provide positive feedback regarding students' knowledge, preparedness, and performance.
3) Students participate in medical center research activities and complete a research capstone project.
4) Students engage in an average of 1025 hours of community service activities per class and volunteer in numerous Rush University student-based community service and medical mission projects.
5) Students are members of both state and national PA professional associations and actively participate in legislative decision-making and professional promotion activities.
6) Graduates are employed throughout the country in various professional settings and have emerging leadership roles in the profession.

Will continue to monitor graduate performance on leadership and service activities

Goal 2 – Provide enhanced training opportunities to students in various areas of clinical practice.

Mechanism of Assessment: Performance evaluation of the 3rd year rotation activities, review of preceptor feedback on knowledge, skills, and leadership; acquisition of new 3rd year rotations;

Performance Outcomes for the previous five classes:
1) Students are consistently placed in their top choices for advanced rotations.
2) Increased advanced rotation options in both medicine and surgical practice.
3) Excellent feedback from preceptors regarding student performance on advanced rotations.
4) Excellent feedback from students regarding the learning opportunity and benefits of advanced rotations.
5) 100% of all graduates to date are employed in the profession. An aggregate of 12% of all graduates were employed by Rush at graduation.

Will continue to the program's enhanced training activities.

Goal 3 – Prepare physician assistants who use best practice methods to plan, develop, and deliver high quality, cost-effective health care services

Mechanism of Assessment: Performance evaluation of clinical rotation feedback regarding practice methods and quality of care

Performance Outcomes for the previous five classes:
1) Students are trained by clinicians, using best practice methods, and include considerations of both quality and cost of care.
2) Positive feedback on preceptor evaluations during advanced rotations regarding the student's ability to use best practice methods to deliver high quality, cost-effective health care service.

Will continue to monitor graduates and employers on practice effectiveness and quality of care activities.

Goal 4 – Promote research and scholarly activities as an integral part of effective medical practice

Mechanism of Assessment: Evaluation of student performance in scholarly activities

Performance Outcomes for the previous five classes:
1) Student work on masters' research projects includes submission for presentation to peer-reviewed forums.
2) Students have participated in research projects and presented work outside of program curriculum.
3) Students have participated in the National PA Student Challenge Bowl competition in annually since 2013.
4) Student led research projects have been presented at national PA conference.
5) Faculty continue to build their scholarship profile and provide scholarly mentoring to students.

Will continue to monitor program activities in research and scholarship.

PA Program Faculty and Staff

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

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PA Program Policies

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

Academic Calendar

Classes and activities during the first year of the program are scheduled in accordance with the Rush academic calendar. During the second and third years of the program, required rotation activities may not adhere to the posted academic calendar, so as to not disrupt clinical training. Regardless of year of the program, students must register for courses according to the posted Rush academic calendar.

Students are expected to adhere to their appropriate schedule as assigned by the program. The program will provide the didactic and clinical year schedules to students as far in advance as possible. The University calendar is available here: [Rush Office of the Registrar Academic Calendars](#)

Academic Performance – Standards and Progression in the Program

The PA Program is committed to providing its students a high-quality education that produces exceptional clinicians. In order to maintain our high educational standards, we adhere to the following standards of academic performance throughout all phases of the curriculum:

Grading Scale:

    89.5 – 100 = A
    79.5 – 89.4 = B
    70 – 79.4 = C
    Below 70 = F

Satisfactory Academic Performance

Satisfactory performance is defined as passing each course and maintaining a cumulative grade point average (GPA) of 3.0 or better at all times throughout the program. As a Master's level program, attaining grades of "B" or above in all courses is considered passing and maintaining satisfactory performance.

Obtaining a final course grade of "B" or above in the following didactic courses is required without exception, and regardless of your overall GPA, in order to remain in satisfactory academic standing in the program:

Required "B" Grade Courses:
- PHA 511 – Human Anatomy
- PHA 512 – History and Physical Examination
- PHA 514, PHA 524, and PHA 534 – Clinical Medicine I-III (respectively)
- PHA 522 and PHA 532 – Clinical Diagnostic Reasoning I & II (respectively)

- PHA 520 and PHA 530 – Principle of Clinical Pharmacology I & II (respectively)

During clinical years, student must obtain a passing grade in all rotation activities in order to remain in satisfactory academic standing in the program.

Satisfactory academic performance also includes demonstration of ethical and professional behavior at all times. Students are expected to comply with the program's professionalism policy as set forth in this handbook (see PA Professionalism and Professional Behavior Policy, Page 53). Students are also expected to adhere to the student conduct standards and maintain academic honesty as set forth in the Rush University Student Honor Code (see Appendix B), the Rush Statement on Academic Honesty (see Appendix C), and the CHS Guide for Professional Conduct (see Appendix D). Students may progress through the program only if they maintain satisfactory professional conduct and academic performance at all times.

Assessment of academic performance is done continuously throughout the program. Satisfactory academic progress is assessed through the successful completion of all course related work, curricular activities, and clinical rotations. In addition to all ongoing student assessment processes, at the end of each phase of the curriculum, there is a formal evaluation process to determine the student's eligibility to progress through the program, as well as to graduate at the end of 30 months. This process is known as the Formative Evaluation at the end of the first two phases, and the Summative Evaluation at the end of the third phase. (See Cumulative Competency Assessment, page 34, for more information.)

<u>Unsatisfactory Academic Performance</u>

Unsatisfactory performance is defined as meeting any of the following criteria:
- Failing to obtain a final grade of a "B" in required didactic courses
- Failing to obtain a "pass" grade assessment in any clinical rotation activity
- Failing to attain a cumulative GPA of 3.0 at the end of each term throughout the program
- Failing to maintain an overall cumulative 3.0 GPA
- Failing to satisfactorily pass any component of any cumulative competency assessment activity
- Failing to comply with either the Program's or the University's professionalism and ethical conduct standards.

The following is an outline of actions taken if a student fails to make satisfactory academic progress during the program:
1. At the initial indication of a performance issue, the student will receive a notice of academic concern (see Academic Concern and Probation, page 29). This indicates that the student has performance concerns requiring additional evaluation, intervention, and monitoring. The program faculty will convene its Progress and Promotions Committee (see Progress and Promotions Committee, page 46) to determine appropriate action. If the performance issue resolves without incidence, no further action is taken.
2. If a student has ongoing performance issues or fails to maintain satisfactory academic performance, they will be placed on academic probation, and the faculty will convene its Progress and Promotion Committee to determine further action. Academic probation means the student has a significant, serious, and ongoing issue related to maintaining the program's expected performance standards, and ongoing remediation (see Remediation, page 47) efforts are necessary to help the student meet the expected level of performance. If a student is placed on probation, they must demonstrate the capacity to consistently meet program performance standards in order to be removed from academic probation and progress through the program.

3. If a student is on academic probation and their performance issue(s) is ongoing and unresolved despite reasonable remediation efforts, the student may be denied permission to progress, and may be subject to dismissal from the program.

4. If a student has an egregious lapse in academic or professional performance, they may be placed immediately on probation for remediation, regardless of prior academic performance or cumulative GPA. If severe, 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 faculty and program Progress and Promotion Committee will evaluate these on a case-by-case basis.

For more information regarding University and CHS dismissal policies, refer to the Student Academic Appeal and Grievance Procedures policies in the 2017-2018 Rush University Catalog, available at the Office of the Registrar Website.

The following are additional definitions and criteria regarding unsatisfactory academic performance:

- If the faculty determines that a student has failed to maintain satisfactory academic performance at any point during the curriculum, the student will receive a notice of academic concern and the Progress and Promotions Committee will be convened to determine further action.
- Any student at risk for receiving a final grade of below a "B" in any course or clinical rotation will receive a notice of academic warning, and may receive a notice of academic concern pending successful passing performance in all courses.
- A student is at risk for dismissal from the program, regardless of their prior performance evaluation and/or cumulative GPA, if any of the following occurs:
  o Their term GPA falls below a 3.0
  o They receive a final course grade of "F" in any course
  o They receive a final course grade below a "B" in Anatomy, Clinical Medicine, History and Physical Examination, Pharmacology, Diagnostic Reasoning, or any clinical rotation.
  o They fail to receive a passing grade in any clinical rotation activity
- A student is at risk for dismissal from the program, regardless of their prior performance evaluation and/or cumulative GPA, if they violate any of the following: the PA Program's Professionalism and Professional Behavior Policy; the Rush academic honesty policy; the Rush Student Honor Code: or the Rush drug free school and workplace policy.
- If a student has an overall GPA above a 3.0, and receives a final course grade of "C" in a course other than the required "B" grade courses, at the first occurrence, they will receive a notice of academic concern regarding unsatisfactory academic performance. If a student has an overall GPA above a 3.0 and receives a second final course grade of "C" at any time during the program, they are subject to dismissal from the program, regardless of their prior performance evaluation and/or cumulative GPA in the program.
- If a student receives a final course grade below a "B" in Anatomy, Clinical Medicine, History and Physical Examination, Pharmacology, Diagnostic Reasoning, or fails to receive a passing evaluation any clinical rotation activity, they will be placed directly on academic probation, regardless of their prior performance evaluation and/or cumulative GPA. The student must remediate the course for a final grade of "B" or higher before progressing in the program. Failure to successfully remediate the course places the student at jeopardy for dismissal from the program.
- Failing more than one examination in a given course, or failing examinations in more than one course per term, constitutes unsatisfactory performance and the student will receive a

notice of academic concern, and may be directly placed on academic probation regardless of their prior academic performance, final course grade, or cumulative GPA.

- If a student fails an end-of-rotation exam, the student will be remediated and allowed to re-take the exam for a passing exam grade. If the student fails the re-take examination, or if a student fails more than two end-of-rotation examinations during either clinical phase of the program, they may be placed on academic probation, and may denied permission to continue through clinical rotations. Refer to the Clinical Year Handbooks for more information regarding grading and performance standards in Clinical Phases I & II of the program.

If any of the above conditions occur, the Progress and Promotions Committee will be convened to determine further action.

PA students are expected to maintain all academic and professional performance standards at all times. The faculty will make every effort to identify, assist, and remediate students who demonstrate difficulties in attaining expected performance standards. If all usual and reasonable remediation efforts, as outlined in this handbook, 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.

Students are continuously evaluated regarding their professionalism and ethical conduct by the PA faculty and staff on a pass/fail basis. Students are advised if lapses in professionalism occur, and recommendations will be made to help the student meet the expectations of PA professionalism. For more information regarding the process of professionalism evaluation, refer to the sections Professionalism and Professional Behavior, page 45, the PA Professionalism and Professional Behavior Policy, page 53, and the Professionalism Assessment form (Appendix G, page 68) in this handbook.

Failure to conduct oneself in a consistently professional manner, despite remediation and counseling, or having a single, egregious lapse of professionalism, constitutes unsatisfactory academic progress, regardless of the student's course grades or grade point average. The student will receive a notice of academic concern, and may be placed directly on academic probation, and subject to dismissal from the program. Placement on academic probation for professional and/or ethical misconduct will result in convening the Progress and Promotions Committee to determine further action. For more information regarding University policies on academic honesty and student conduct, refer to Appendix C, and the Academic Resources and Polices in the University Student Handbook.

Program Dismissal

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 taken very seriously and is done 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, training, and counseling, including, but is not limited to, failing multiple examinations, failing a remediation activity, failing a preceptor evaluation, or failing to comply with professionalism standards.
- If a student fails other coursework while on academic probation

- If the student has an egregious lapse in either academic or professional performance, or violates Rush policy regarding conduct and behavior

Additionally, if a student who was on academic probation successfully remediates and is removed from probation has a subsequent incident of unsatisfactory academic performance, a recommendation for dismissal from the program may be made without further opportunity for remediation.

For more information regarding University dismissal policies, refer to the Academic Appeals and Rules of Governance policies provided in the Rush University Catalog, available at the Office of the Registrar Website.

Academic Concern and Probation

Receiving a notification of academic concern indicates that the student did not meet a standard of satisfactory academic performance (see Satisfactory Academic Performance, page 25) and requires supplemental training and evaluation, referred to in the program as remediation, to assure proficiency in attaining the program's expected standard of satisfactory performance. If the student is successful in their remediation efforts, no further action is taken.

If a student repeatedly fails to meet the standards for satisfactory academic performance, they will be placed on academic probation. A student may also be placed directly on academic probation for an egregious lapse in academic or professional performance. Being placed on academic probation indicates that the student requires remediation in order to meet and sustain the program's expected standard of satisfactory performance. Probation will be removed, at a time deemed appropriate by the faculty, once the student demonstrates the ability to consistently meet the program's expected performance standards. Failure to improve performance, despite remediation, supplemental training, and counseling, or failure to sustain satisfactory academic performance while on or once off probation, constitutes unsatisfactory program performance, and may result in a recommendation for dismissal from the program.

A student will receive written notification of their status of either academic concern or academic probation, which is part of the student's program record. Receiving a program notice of either academic concern 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 possible remediation solutions to the performance challenge. The faculty will convene the PA Progress and Promotions Committee to consider a plan of remediation. At this meeting, the student's faculty advisor serves as their advocate. The Committee may request to meet with the student as well, at the committee member's discretion, to discuss and identify an appropriate plan for remediation.

Recommendations for remediation are at the discretion of the Progress and Promotions Committee, and may include, but is not limited to, additional course material review assignments, additional testing of course material, recommendation to student counseling, or referral to a student testing center for further evaluation. Remediation must be completed within the time frame designated by the Progress and Promotions Committee. Depending on the situation, remediation may not be offered, and at the sole discretion of the Progress and Promotions Committee.

If a student is on probation, a successful remediation effort will result in the student being taken off academic probation (at a time deemed appropriate by the faculty) and written notification of the change in academic standing placed in the student's program record. A student cannot progress from the academic to the clinical year while on probation.

If the student fails a remediation or is unable to maintain expected academic performance despite additional training and counseling, or if the student fails other coursework while on academic probation, a recommendation for dismissal from the program will be made to the Program Director. If a student successfully remediates and is removed from probation, then has a subsequent incident of unsatisfactory academic performance, a recommendation for dismissal from the program will be made, without further opportunity for remediation.

Reversal of the status of academic probation is at the discretion of the PA Program and the Progress and Promotion Committee. Academic probation remains in effect until the student receives official notification in writing from the Program Director of a change to student in good academic standing in the program. Students may not progress through the program while on academic probation.

Advanced Academic Standing

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

Advising

Each student is assigned a PA faculty advisor. During the first year of the program, students are expected to meet with their advisor for routine advising once each term. During the clinical phases of the program, students meet with their advisor at minimum once a term. Students may request to meet with their advisors as often as needed.

Routine advising discussions focuses 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. Either the student or the faculty advisor may initiate advising sessions. Students must comply with faculty requests to meet with their advisor in a timely manner.

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.

Attendance

Attendance and punctuality to all program related activities is expected of all students. Class attendance and punctuality are criteria within the standards of professional behavior (see PA Professional Behavior Policy, page 53). Both the volume and the pace of instruction in the program require attendance in all classes for academic success. Students are expected to arrive on time for all class activities. If lateness is unavoidable, enter the room quietly. Disruptions to class due to late arrival will not be tolerated and is considered a violation of professionalism.

During the academic year, if a student must miss class due to illness or other unexpected event, the absence will be excused if reasonable effort is made to notify the program in an appropriate manner prior to the absence. If the absence involves only one class, the student should notify the appropriate Course Director before the beginning of class. If the student must miss more

than one class in a given day, the student should notify the Director of Academic Education before the start of the class day. Notification may either be by phone or email, and should include the nature of the problem and the expected number of classes to be missed. The Director of Academic Education will notify the rest of the faculty of the student's absence and accommodations may be made to provide the student with lecture information. If the absence is due to an unavoidable prescheduled event, the student is to notify the faculty as far in advance of the event as possible. If a student requires more than one day's absence due to illness or other unexpected event, they must contact the Program Director at the first possible opportunity to determine reasonable arrangements for missed classes. Documentation of cause requiring time-off is required for all extended absences, or absences occurring during examinations.

Repeated absence and/or late arrival to class is unacceptable. In addition to violating the PA program's professionalism policy, each course has specific attendance requirements. Failure to adhere to the attendance policies of a course will result in percentage point deductions from the course grade, regardless of any other performance indicators in the course.

For rotations, students should adhere to the policies presented in the appropriate clinical year handbook. In general, there are no excused absences from clinical practice. Each clinical rotation has a requisite number of mandatory clinical hours, as determined by the preceptor and/or the PA Program faculty. Students are required to adhere to their rotation start and end dates, and complete all required clinical hours during their assigned rotation block. Any student not completing the required clinical hours during a given rotation will not receive a passing grade for that rotation. If a student must take time off during a clinical rotation, the student must notify both the program and the preceptor, and that time must be made up within a reasonable timeframe, at the discretion of the clinical preceptor, and according to the protocol described in the clinical handbook. Clinical preceptors are not required to allow a student to make up missed days, and may do so at their discretion. If clinical absences are not made up, the student is subject to failing that rotation and being placed on academic probation.

Students are expected to be prompt and arrive on time to all clinical rotations. Tardiness to rotation hampers all student assignments made for that clinical day. If assignments cannot be arranged because of lateness, the student may be required to make-up his/her tardiness with a full clinical day. Any student exceeding two (2) late arrivals or absences from any one rotation is subject to failing the rotation, regardless of other rotation performance, and may be subject to dismissal from the program.

Religious Holiday Time Off

Students requesting time off from the proscribed attendance schedule for religious holidays should inform the Program Director of the need as soon as possible upon admission to the program, and provide a schedule of religious holiday time off needs at the beginning of each academic year.

Class and Clinical Hours

The faculty consider 8:00 AM – 5:00 PM, Monday through Friday as available class time. Students should plan their schedule accordingly. Making personal appoints during normal class hours is strongly discouraged. Students who must miss class for any reason must obtain approval in advance (see Attendance, page 30)

The faculty make every to provide students with an accurate schedule of classes, however, changes occur frequently in the schedule. Many of the lecturers are clinicians with busy practices. Occasionally, the responsibilities of patient care take precedence over lecturing,

necessitating changes to the lecture schedule. Rescheduling lectures may require adding classes to empty times in the schedule; therefore, not all unscheduled time is "free time". While every effort will be made to minimize schedule changes, the program requests that students BE FLEXIBLE regarding the class schedule! Refer to Attendance section above (page 30) regarding requests for time off before scheduling any other activities during scheduled class time.

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

If a student has a schedule conflict with any course activity, they must notify the appropriate Director of Academic or Clinical Education as soon as possible to request an excused absence and arrange a makeup session. However, not all academic activities can be made up. **As a PA student, attendance at course activities has priority over personal activities.**

During the clinical portions of the curriculum, there are no set rotation hours. Students are expected to adhere to the clinical schedule set forth by their preceptor and to participate in all required clinical activities, which may include working nights, weekends, holidays, and during breaks. Students are expected to provide their own transportation to all clinical training sites.

Class Officers

The Class Officers for each class take on addition roles and responsibilities among the class group, between classes in the PA Program, and in interactions with the larger community both at Rush and beyond. The members of the class elect their Class Officers annually during the summer term. Most officer roles continue through the duration of the program. A full list of the Class Officers, their roles and responsibilities, and the terms of participation are discussed each Summer term in PHA 513 – PA Professionalism and Practice I.

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

Clinical Rotation Assignments

All clinical rotations will be assigned based on clinician availability and the student's academic performance. Details regarding clinical rotation assignments will be discussed by the Director of Clinical Education and are in the Clinical Handbook.

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 University and throughout the Chicago area.

The College of Health Science requires all students **document completion of at least eight (8) contact hours per year** of approved community and/or professional service activities.

Examples of activities that may be used to meet this requirement include, but are not limited to: participation in community health fairs or other community screening, and/or service events; participation in approved professional service and/or continuing education activities; participation in PA Program admissions recruitment or other promotional activities; assistance with the delivery of seminars, lectures, workshops and related community or professional education activities. In addition to Rush and PA Program sponsored service activities, students may participate in various medically oriented events in the Chicagoland area. Note the following criteria regarding participation in service activities:

- Participation in any service activity must not conflict with class or other program related activities. Requests for time off from class or rotation to participate in service activities are not permitted.
- For all activities not sponsored by Rush or the PA Program, students should notify the program and obtain approval to participate from the Faculty Advisor for Student Activities, prior to attending the event itself.
- For every service event, students should complete and submit a **PA Program Professional and Service Documentation Log** (see Appendix E, page 64) form. **This form must be submitted within 2 weeks of completion of the service activity**. Students will not receive credit for their service activity if the forms are not submitted in a timely manner.
- The Service Documentation Log requires two signatures. The approval signature is by the Faculty Advisor for Student Activities. This signature can be obtained at any time. The verification of participation is signed by either the Faculty Advisor for Student Activities, for Rush related activities, or the person supervising the student at a non-Rush related event. This signature should be obtained at the time of the activity itself.

All questions regarding the service requirement should be directed to the Faculty Advisor for Student Activities.

Copyright and Use of Materials

Educational materials are distributed by the PA Program on a regular basis. These materials include, but are not limited to, course syllabi and other informational materials, lecture handouts, readings, examination materials, and learning assignments. All 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 on to websites. Students who fail to comply with this standard are liable for copyright infringement and subject to disciplinary action.

Course Evaluation Procedures

Evaluations for each course take place at the end of every term or rotation. Additionally, students are asked to evaluate individual guest speakers throughout all phases of the program. Student evaluations provide the program with valuable information regarding its performance, and help the faculty improve the program. Course evaluations are administered through the CHS Dean's Office using the IDEA Survey tool. Individual speaker evaluations may be administered through various platforms of the faculty choosing. Preceptor evaluations are done through the program's clinical rotation management system.

Participation in evaluation activities is part of professionalism and completion of course evaluations is an expected requirement of all students. In order to meet course and clinical rotation requirements, students are expected to complete all course, instructor, and preceptor evaluations, in a timely manner and as directed, in a professional, honest, and constructive manner.

All students will be evaluated on an ongoing basis for compliance with the course evaluation requirement. An evaluation compliance report will be generated every six months to evaluate student compliance with this requirement. Compliance reports to faculty will only identify student response rates and will not contain information regarding the content of student evaluations.

Students who do not complete at least 80% of their evaluations will be asked to complete all outstanding evaluations. Failure to meet the 80% compliance standard more than once constitutes a violation of professionalism and the student will be referred to the program's P&P Committee for further action. Repeated non-compliance with this standard constitutes an egregious lapse of professionalism, regardless of the student's overall GPA or standing in the program.

Course Sequencing and Deceleration

Students in the PA program are required to register for and complete all courses in the PA curriculum as posted and must take them as a cohort in the prescribed sequence. There is no mechanism for part-time attendance in the program. Failure to comply is cause for dismissal from the PA Program.

During clinical years of the program, although rotations do not follow the academic calendar, student must still register according to the Rush academic calendar schedule. Information regarding course registration deadlines is sent via e-mail from the Office of the Registrar. Failure to register in a timely manner may result in additional registration costs, and may hinder a student's ability to progress through rotations. Students must attend clinical rotations as assigned, and must complete all clinical work within the program's proscribed rotation schedule.

Under extraordinary circumstances, a student may require deviation from the proscribed course sequence, while still remaining in good standing in the program. This is known as deceleration. Requests for deceleration are considered on a case-by-case basis and are granted at the sole discretion of the Program Director.

Course Syllabus and Other Learning Materials

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

Cumulative Competency Assessment

At the end of each year, students are cumulatively evaluated for their eligibility to progress to the next stage of the program.

Assessment Process Overview

The Formative Evaluation process determines the students' eligibility to progress through each phase of the program. The Summative Evaluation process determines the students' eligibility to graduate from the program. The PA faculty conducts both the Formative and Summative evaluations. Both evaluations assess the following areas of student competency:

- Academic performance
- Clinical skills development – e.g., physical examination skills, clinical procedures, etc.
- Knowledge and skills integration
- Research activities
- Community service participation
- Professionalism

The competencies and skills students are expected to acquire during their training at Rush are identified in the Terminal PA Program Learning Competencies (Appendix J, page 77) and PA Program Graduate Functions and Tasks (Appendix K, page 78).

In both the Formative and Summative Evaluations, the student's advisor serves as the primary attester to the student's progress through the program, although all interactions between the student with the faculty and/or the administration are considered in the process.

Only students in satisfactory academic standing are evaluated for progression. Any student on Academic Probation at the end of the academic year is not eligible for progression until remediation is successfully completed. If the student is successful in the remediation, he/she is evaluated as outlined in this section.

In addition to all curricular academic and/or clinical assessment activities, additional, standardized assessment activities will be used to assess cumulative competency and acquisition of required patient management skills. Examples of additional assessment methods includes, but are not limited to, standardized patient management testing, such as objective structured clinical examination (see OSCE, below), standardized assessment examinations, and standardized clinical skills assessments. A copy of the forms used to conduct the Formative and Summative evaluations is attached as Appendix F (page 65).

The Formative Evaluation

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

1) Eligible to progress to clinical rotations without reservation;
2) Eligible to progress to clinical rotations with areas of concern, or for improvement;
3) Ineligible to progress to clinical rotations.

The second formative evaluation takes place at the end of the second phase of training, to determine a student's eligibility to progress to the advanced training portion of the curriculum. Assessment of student eligibility to progress to Phase III training is based on 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:

1) Eligible to progress to advanced clinical rotations without reservation;
2) Eligible to progress to advanced clinical rotations with areas of concern, or for improvement;
3) Ineligible to progress to advanced clinical training.

All students are counseled regarding the findings of the evaluation. If areas for improvement are identified, the student will be advised of the recommendations prior to starting rotations and monitored for progress throughout the clinical year. If the student is judged to be ineligible for progress, the Progress and Promotions Committee will be convened for further evaluation and remediation recommendation.

The Summative Evaluation

The summative evaluation for eligibility to graduate takes place at the end of the advanced clinical year (Phase III). Eligibility is based on performance on a global evaluation of the student's skills and knowledge at the end of the program, as well as review of the direct, observed, or reported interactions of the student with the core faculty, preceptors, and their staff. For the clinical year summation, students are considered eligible for graduation only if the faculty recommendation is without reservation.

Objective Structured Clinical Examination (OSCE)

Evaluating the student's clinical knowledge base, skills integration, and patient assessment and management capacity is a critical component of the formative evaluation process. The program uses a standardized patient evaluation format known as Objective Structured Clinical Examination (OSCE) to assess competence in these areas. The OSCE evaluates the student's competency in the following: communication skills, history and physical assessment, diagnostic evaluation capacity, and therapeutic management development. The OSCE requires the student demonstrate his/her global mastery and synthesis of materials in each year of the program.

The OSCE will be administered at the end of the didactic year and during the Phase II and III clinical rotations. **Students are expected to score above the minimal proficiency cut score established by the program for the exam. Failure to score above the minimal score set for the exam indicates the student has a serious deficit of required patient management capacity and clinical knowledge.** If a student does not pass the exam, he/she will have an opportunity to remediate and re-take the exam for a satisfactory performance score. Failure to successfully attain the minimal proficiency OSCE constitutes grossly unsatisfactory academic performance and the student may be recommended for dismissal from the program, regardless of their previous performance evaluations or cumulative GPA in the program.

OSCE Remediation

The OSCE is a high-stakes examination in the program, passing performance is required to progress through the curriculum, and to progress to the next phase of the program. Students must successfully pass the OSCE evaluation in order to demonstrate they have sufficient skills to practice professionally and to care for patients. Failure to demonstrate sufficient knowledge and skills to pass the OSCE evaluation constitutes gross deficit in ability to effectively care of patients, regardless of previous examination performance, preceptor feedback, or cumulative GPA.

If a student fails the OSCE evaluation, they must remediate the exam in order to progress to the next phase of the program. Due to the methods required of an OSCE evaluation, remediation may entail additional monetary costs, which students are responsible to cover. In addition to the cost of the retesting itself, the students requiring remediation will also be responsible to conduct themselves to the examination site. Additionally, students requiring remediation may be required to forfeit their scheduled break or vacation to accommodate remediation activities. Details regarding the timing and cost of remediation will be discussed on an as needed basis.

Discrimination and/or Harassment of Students

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

The Rush policies include protections for, and prohibit retaliation against, an individual making a complaint or supplying information about a complaint. They also incorporate protections for a person who considers him- or her-self accused in bad faith. Any concerns, inquiries, or complaints of harassment from students, residents, or faculty members should be reported to the PA program faculty. Students may also contact the Office for Equal Opportunity directly at: (312) 942-7093. Per University policy, all complaints will be handled through the Office for Equal Opportunity, available at: http://www.rushu.rush.edu/equal-opportunity-disability-rights-and-accessibility/office-equal-opportunity.

The Rush policy on harassment and/or discrimination, and is located here:
https://www.rushu.rush.edu/sites/default/files/_Rush%20PDFs%20and%20Files/sexual-harassment-policy-2014.pdf

Electronic Devices in Class

While students typically carry mobile phones and other electronic communications devices, use of such devices must not interfere with class activity. All mobile phones, pagers, iPads, etc., must be either shut off or the ringer silenced during class. Disruption to class activity due to these devices is not tolerated. Students may not disrupt class to respond to messages except during emergencies. Disrupting class for personal communications is considered a violation of professionalism.

The use of portable computers in the classroom should be for note taking related to the current course topic only. Students should ensure their note taking activities are not disruptive to their classmates. Students should refrain from web surfing, texting, instant messaging, or emailing during class. Students who use computers during class for any purpose other than the course work being given may be asked to discontinue his/her computer connection. Recurrent violation of this policy constitutes a violation of professionalism.

Emergency Communication

In an emergency, if anyone outside the University needs to reach a student, they should call the program administrator, Anthony Coleman, at (312) 942-1857. The program staff will attempt to forward a message to the student. The program does not give out student contact or location information to anyone, regardless of circumstances, without prior written permission from the student.

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

End of Rotation Examinations

The PA Program utilizes the end-of-rotation examinations provided by the Physician Assistant Education Association (PAEA). These exams are validated test instruments and are regularly updated for currency and accuracy. Many programs throughout the nation utilize this resource to assess student knowledge at the end of rotation evaluations.

The exam is only available on an electronic platform. Students are expected to adhere to all program examination procedures and policies when taking this exam. Details regarding clinical examinations and other performance assessment tools during rotations is available in the program's respective year Clinical Handbook.

Examination Procedures and Policies

The primary mechanism of student assessment throughout the program is written testing of course material. Note the following policies regarding the program's testing procedures:

Taking Exams:
- For paper exams, only pencils are allowed at the desk. The program will provide calculators if needed. Students may not have food or drink at their work area during exams.
- For electronic exams, only a pen or pencil is allowed. The program will provide scratch paper and calculators if needed. Food or drink is not allowed during exams. You must leave your scratch paper with the exam proctor prior to exiting the exam.
- The use of programmable calculators, cell phone calculators, or any other electronic device is prohibited during an exam.
- All books and notes must be secured and be placed away from the student at either at the front or rear of the examination room for the duration of the exam.
- Students are expected to work without taking breaks during exams. Except in cases of emergency, only one student at a time is allowed, with the exam proctor's permission, to leave the room for any reason during an exam. If you need to leave the room during an exam, indicate so quietly to the proctor and wait to be acknowledged before leaving the room.
- Proctors will not answer questions related to understanding or interpreting exam material. Questions regarding the meaning or wording of questions will be disregarded.
- Proctors will address technical issues with exam. Students should notify the proctor if there is a problem with the exam, such as missing pages, item numbers out of sequence, or illegibility.

- Upon completing an exam, unless otherwise instructed, students must exit the exam room quietly and with minimal disruption to the remaining test takers.

Scoring Exams:
- Paper exams are computer-scored, unless otherwise indicated, using Scantron forms. Students should ensure the correct and accurate completion of the Scantron form before submitting their exams for scoring.
- Paper exams, the only responses accepted for test scoring are those indicated on the Scantron form. Responses indicated in the test sheet/booklet are not acceptable.
- If a student neglects to, or incorrectly fills in, an answer on Scantron form, it will be marked as incorrect and no credit given, even if it is correctly recorded in the test booklet.
- Electronic exams are scored via the test platform. As with paper exams, the exam is scored based on the student's entered responses. If a student neglects to, or incorrectly fills in, an answer on the exam, it will be marked as entered, even if the student completed the response in error.

Multiple Component Exams:
- Due to the pace of instruction and the amount of material covered in a given subject, a single exam may cover multiple topics.
- For those examinations whose content reflects material related to more than one distinct unit, students must pass the exam with an overall grade of 70% or above, **AND** must pass each component separately with a grade of 70% or above, in order to pass the exam.
- The grade for the exam is based on the performance on the test as a whole.
- If the student fails to pass a topic within the exam, regardless of the total exam score, they must remediate the topic material in order to continue in the course. See Failed Exams, below, for procedures regarding remediation.

Missed Exams:
- Except in cases of illness or emergency, the student must provide the Course Director at least one-week advance notice if requesting to take an exam at a date other than as scheduled. Requests to defer exams are granted at the sole discretion of the Course Director.
- If a student must miss an exam due to illness or other unforeseen catastrophic event, they must notify either the Course Director and the Director of Academic Education of the absence at the earliest possible time in advance of the exam start time. The student will be asked to provide documentation for the absence, in the form of a clinical evaluation note for illness, or other paperwork as indicated.
- Students may notify the program of absence from an exam either by phone or email. If the Course Director or Director of Academic Education is not available by phone, the student should leave a voice mail message outlining the nature of the emergency and the best way to contact the student.
- Make-up exams are approved and given at the sole discretion of the Course Director. Students must take make-up examinations as scheduled, or risk a zero grade for the missed exam.
- If a student misses an exam due to illness or other unforeseen event, they are required to make up the exam at the earliest reasonable time upon returning to class, at the discretion of the Course Director.
- Except under extraordinary circumstances, it is not acceptable to notify the Course Director or program faculty of a missed exam after the scheduled start time.
- Failure to notify the Course Director and Director of Academic Education of a missed exam in a timely and appropriate manner will result in a score of zero on the exam.

Late Arrival to Exams:
- If a student arrives late to an exam, they may be allowed to take the exam, at the discretion of the proctor. Late arriving students will not be given additional time to complete the exam.
- Students should notify the program by phone or email if they know they will be late to an exam.
- Late arriving student should be as quiet and undisruptive as possible taking their place in an exam.

Reviewing Exams:
- Exams and/or computer-scored answer sheets will be returned to the students for review as soon as possible after all students have completed an exam and the faculty have completed their validation review of the scores.

- Note the following procedures during an exam review:
  - No one is allowed to leave the room with an exam or computer scored answer sheet.
  - Students must return both the exam and the computer scored answer sheet as distributed.
  - Students are not allowed to copy or reproduce exam materials in any manner. Personal notes may not be taken regarding exam content.
  - Students are only allowed access to their own test scores and answer sheets.

Exam Review and Rescoring:
- Exam reviews are provided to give students the opportunity to learn from questions they may have answered incorrectly and gain further understanding of the material. Exam reviews are not opportunities for students to debate exam content or the wording of questions.
- Challenges to exam questions are not allowed during the review.
- For each exam, the Course Director reviews all questions prior to posting the exam scores. Questions answered incorrectly by 60% or more of the class are reviewed for accuracy, and may be reviewed with the class as well. Exam rescoring may occur based on this review, at the discretion of the Course Director.

Exam Score Posting:
- Posted exam scores are final. Scores are posted on Blackboard.
- Cumulative course grade information is posted on Blackboard.

Failed Exams and Exam Remediation:
- Any student who receives an exam score of less than 70.0% on any exam must arrange for remediation with the Course Director within one week of the score posting. The timing, content, and methods of the exam remediation are at the sole discretion of the Course Director.
- Only one remediation attempt is allowed per exam. If a student fails to successfully remediate an exam, they will fail with the original exam score and will be placed on Academic Probation for further action as described in this Handbook.
- Successful remediation does not change the original exam score, but will allow the student to continue with the course. Students must successfully remediate a failed exam in order to continue in the course.
- Any failed examination must be remediated within the time frame designated by the Course Director in order to continue in the course. Failure to remediate an exam in a timely manner constitutes unprofessional behavior and may result in the student being placed on academic probation.
- If a student fails a final examination, they may be required to forfeit scheduled breaks or vacation to accommodate remediation activities.
- Exam remediation is intended to allow students who fail an exam to demonstrate their understanding of course materials in order to successfully continue in the program. However, students are expected to learn material sufficiently and develop their test taking skills such that they can pass all exams when they are given. Failing more than one exam in any class in a term constitutes unsatisfactory academic performance, which places the student on academic probation. Refer to the Academic Standards section regarding probation.

Exam Procedure Violations:
- Failure to adhere to the examination procedure policies, inappropriate behavior or cheating during on an exam, or discussing and revealing exam content to current or future students constitutes a violation of the program policy on professionalism.
- Cheating during examinations is not tolerated. If a student is suspected of inappropriate behavior or cheating during an exam, she/he will be asked to forfeit their exam, regardless of time remaining, and leave the room quietly. The incident will be referred to the Progress and Promotions Committee for review and further action.
- Violators are subject to placement on Academic Probation and possible dismissal from the program. The exam proctor and/or Course Director is the final arbiter of inappropriate behavior during an exam or exam review session. The assessment of the exam proctor and/or Course Director regarding a student's testing behavior is final.

Grade Assignments

All course and rotations grades will be assigned according to the policies set forth in each course syllabus.

Under extraordinary circumstances, if a student is unable to complete the required course or rotation work within the designated time frame, they may be granted an extension to complete all assigned work and duties. Extensions will result in the granting of a course grade of incomplete, or "I". An incomplete grade is given solely at the discretion of the Course Director or Directors of Academic or Clinical Education (as appropriate) upon careful consideration of the circumstances affecting the student's ability to complete assigned tasks on a timely basis. If an incomplete grade is given, it must be remediated within a pre-determined time frame, which is agreed upon by both the student and the PA Faculty. If the student successfully completes all required tasks and assignments, the incomplete grade will be converted to a final course grade according to the grading criteria for that subject. Failure on the part of the student to complete the required work on time, or in a satisfactorily passing manner will result in the incomplete grade converting to an "F" and the student is subject to academic probation and possible dismissal from 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 their designee in the faculty. If a student 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.

In the event that 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 2017-2018 Rush University Catalog, available at the Office of the Registrar Website.

Non-academic issues or concerns, regardless if they concern the PA Program, 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's 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/non-academic-complaint-procedures.

Incidents in the Clinical Setting

Any incident that affects patient or staff well-being, or a patient's prescribed care, must be reported to the preceptor and the Director of Clinical Education immediately. Filing a hospital incident report may also be required, depending on the policy of the particular institution involved. 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 may constitute grounds for dismissal from the program.

Incoming Student Screening

On admission to the program, students are required to obtain and document health and background status clearance in order to attend classes and care for patients. Health screening entails documentation of immunity to major communicable diseases, for personal and public health safety. The program adheres to the CDC standards on vaccinations for health care workers, available here: http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html. For more information regarding the program's screening clearance requirements, see Student Health Policy, page 49. The program also requires each student complete a criminal background check and drug screening on file at the time of registration for class. The drug screen is repeated each year of the program. Students are responsible for the cost of these screenings.

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

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

Leave of Absence

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, as well their return to the program after a leave of absence must be arranged prior to the student's 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.

Requests for an extended leave of absence may significantly hinder a student's progress through the program, and delay graduation. Depending on the duration of leave, it may not be possible for the student to remain in good standing in the program, and may require the student withdraw from the program. If an extended leave is granted, this may require deceleration from the program's proscribed course sequence, delaying the time to graduation beyond the program's expected 30-month duration. Taking a leave of absence from the program may incur additional fees and/or tuition costs for which the student is solely responsible.

The student is required to complete the appropriate Leave of Absence forms, available on the University's website under the Registrar section, including acquiring the appropriate signatures from the required University entities, such defined on the form. Changes to the terms of the student's return to the program after a leave of absence must be arranged with, and at the sole discretion of, the Program Director on case-by-case basis.

Medical Liability Insurance

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

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

Patient Information Confidentiality

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

Protecting the privacy, confidentiality, and electronic security of patient information is of utmost importance at Rush. The institution is committed to maintaining patient confidentiality and understands the sensitivity of patient information. All Rush University students are expected to complete annual HIPAA Privacy and Security education. To review the University's HIPAA policy provided in the 2017-2018 Rush University Catalog, available at the Office of the Registrar Website.

Physician Assistant National Certification Examination

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

Due to the significance of the PANCE examination in PA certification and licensure, and its impact on practice, students of the program are strongly encouraged to pass the PANCE on their first attempt. The program offers several opportunities for students to develop test-taking skills and to take practice exams. Additionally, the program's curriculum and assessment standards are based on the NCCPA's Content Blueprint for the PANCE. The Content Blueprint covers both the organ systems and diseases, and the knowledge and skills areas required to pass the PANCE.

Because of the evolving nature of the Content Blueprint, students should regularly check the NCCPA website for updates to the PANCE Blueprint. The Blueprint can be accessed here: http://www.nccpa.net/ExamsContentBlueprint?mID=38.

Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT)

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

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

As part of the program's general educational mission, and to facilitate students' preparation for the PANCE, the program offers the PACKRAT examination three times during the curriculum, at the end of the didactic year, during the Phase II rotations, and at the end of Phase III rotations, just prior to graduation.

Performance on the PACKRAT offers students a standardized measure by which to evaluate their acquisition of medical knowledge and examination performance capacity. It is offered as a study guide for students in preparation for both clinical practice and the PANCE. Although the outcome of the PACKRAT is not tied to any progression standard in the program, students should approach taking the PACKRAT as seriously as they would the PANCE itself.

Professional Organization Membership

While students in the program, and for the remainder of your career, membership and participation in PA professional organizations is strongly encouraged. Membership supports these organizations in their various political and professional advancement activities. For some of you, active involvement in these organizations may be of interest, and can greatly advance your career and help build the profession's profile.

The program will provide you student membership in both the AAPA and IAPA during your enrollment, as well as encourage any leadership roles you may choose to participate in for these organizations. A list of PA professional organizations and their contact information is available on page 56.

Professionalism and Professional Behavior

Students in the program are expected to behave at all times 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 above in the above section, Academic Performance – Standards and Progress, students are continuously evaluated regarding their professional and ethical behavior. Throughout all phases of the program students are evaluated on their professionalism at minimum each year, based on the criteria in the Professionalism Assessment Form, attached as Appendix G. For more information regarding the program's policy on professionalism, refer to the PA Professionalism and Professional Behavior Policy (page 53) of this handbook. Students are also expected to adhere to the criteria contained in the CHS Guide to Professional Conduct, (Appendix D, page 62). More information on the CHS Guide to Professional Conduct is available in the 2017-2018 Rush University Catalog, available at the Office of the Registrar Website.

Academic Honesty

Students in the program are expected to approach all assignments 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 soft- ware, or permitting others to use your work for such ends, are all forms of academic dishonesty. It is also dishonest to misrepresent yourself or your role to patients, their families and loved ones, or preceptors.

Academic dishonesty falls within the purview of the PA Professionalism and Professional Behavior Policy. Please refer to the policies on Academic Performance (page 25) regarding the handling of violations of professional behavior.

Program Completion Deadline

At outlined in the Leave of Absence section, page 43, students are expected to complete the program within its proscribed 30-month curriculum. If a student is on an approved decelerated curriculum, 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 an academic withdrawal from the program. Students at risk for failing to complete the program must meet with the Program Director to develop a plan to successfully complete the program.

Program Supported Student Travel

As part of promoting learning and professional 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 and will help support student involvement whenever possible. Based on annual budget availability, the program may supplement registration, travel, and accommodations to students on a case-by-case basis. Program funds may not be used to support student participation in medical mission trips. More information regarding student activity funds is available through the program class officers and the faculty liaison to the class.

Progress and Promotions Committee

The Progress and Promotions Committee consists of the core faculty members of the PA Program, excluding the Program Director/Department Chair, and other faculty and PA representatives from bother within and outside Rush University. The Committee oversees all matters of student performance during the program. In the event a student fails to make satisfactory progress in any area of the program, the Progress and Promotions Committee is convened to identify the source of the student's difficulty and to consider remediation strategies for the student to overcome challenges and succeed in the program.

The Committee's remediation recommendations will be discussed with the student by their faculty advisor, the Program Chair, or other designee as determined by the Committee. If the student fails to make satisfactory academic progress despite remediation, and the Committee finds no reasonable expectation of a successful remediation of the situation, the Committee may recommend that the student be dismissed from the program. For more information regarding University dismissal policies, refer to the Academic Appeals and Rules of Governance policies in the 2017-2018 Rush University Catalog, available at the Office of the Registrar Website. The final decision regarding dismissal rests with the Dean of the CHS, as discussed in the College of Health Sciences Policies and Procedures for the Rush University Rules for Governance

The Progress and Promotions Committee also conducts the formative evaluations at the end of phases I and II of the program to assess students' eligibility to progress to the next year of study, and the summative evaluation conducted at the end of the program to approve the student for graduation (see Cumulative Competency Assessment, page 34).

Readmission to the Program

If a student is unable, for whatever reason, to proceed to the next course in the published curriculum sequence, he/she may petition the Program Director to withdraw and appeal for readmission to the program at the start of the following academic year without reapplication to the program. The option for readmission to the program is granted at the discretion of the Program Director and the Progress and Promotions Committee. The following procedure is required:

1. If a student cannot proceed with the program, but wishes to reenter in the next year's class cohort, they must meet with the Program Director to determine if readmission is a viable option. At this meeting, the student must present compelling evidence of their capacity for academic success if allowed to reenter the program the following year.
2. If a readmission option is granted, a student contract will be made, stating the reasons for the withdrawal and any terms for possible readmission as agreed upon by the student and the Program Director. The contract will also outline a reasonable timeframe by which the student may reapply to the program. Both the student and the Program Director must sign their agreement to the contract. One copy will be given to the student and one copy will be placed in the student's program record.
3. At least three months prior to the beginning of the planned return, the student must petition for readmission by submitting a letter of intent declaring their readiness to reenter the program to the Program Director. In some cases, the student may be required to resubmit an application through CASPA for consideration with other new applicants in the admission cycle.
   a. In addition to stating their readiness to reenter the program, the letter of intent should also describe and provide documentation of the outcome of any of activities required in the terms for readmission. This may include remedial course work grades or medical health clearance documentation.
4. The decision regarding readmission is subject to the approval of the Program Director and the Progress and Promotions Committee.
5. The student will be informed in writing of the decision whether or not readmission is granted prior to the start of the academic year. The student must complete all customary procedures for entry into the program, including submission of transcripts, completion of health and drug screening, and completion of a criminal background check, in a timely manner before the start of classes, and regardless of prior admission screening status.

If a student is dismissed from the program, or voluntarily withdraws from the program and wishes to return to the University more than one class cycle beyond their departure, they must re-apply and be re-accepted in the usual manner and on the same basis as any new applicant. Information on the CHS Guide to Readmission is available in the 2017-2018 Rush University Catalog, available at the Office of the Registrar Website. Students who voluntarily withdraw from the program, regardless of academic standing at the time of leaving the program, have no guarantee of reinstatement to the program.

Remediation

Remediation is a process to help students improve their performance. It is offered to all students, whether due to failing a single assessment activity, or due to demonstrating a pattern

of repeated or multiple performance issues. Remediation can occur for either academic or professional behavior issues.

The process of remediation involves providing students with additional assistance in acquiring expected knowledge and/or skills related to the learning materials in the program or the program's professionalism standard. Examination remediation is the process of providing additional time and assistance to learn a subject matter, and allowing the student to demonstrate their knowledge in another examination.

Remediation in the program can take many forms, depending on the student's needs, and is available at the discretion of the faculty.

Scheduled Vacation and Breaks

As noted under the Academic Calendar section, during the didactic year, the program adheres to the CHS academic calendar, with vacations and breaks as posted on the Registrar's Office calendar. I f a student is failing at the end of a course, or fails a formative assessment evaluation, and requires remediation at the end of the term, the faculty reserves the right to use scheduled vacation and break time to administer the required remediation.

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

Social Media

Rush maintains a strict policy regarding the use of its name, logo, trademark, and image in any form of social media. Students, faculty, and employees are not permitted to use the Rush name, refer to, make statements on behalf of Rush, or represent themselves as an agent of Rush without express advance permission from the Department of Marketing and Communications. This relates to all publicly accessible forms of communication via the internet, including but not limited to: wikis; video-sharing Web sites such as YouTube; on-line social networks such as Facebook, Instagram, Snapchat, Twitter, Vine, and LinkedIn; social bookmarking sites such as Digg and Delicious; or any other form of on-line publishing, including blogs, discussion forums, newsgroups and e-mail distribution lists. For more information, refer to the complete RUMC policy on Social Media in Appendix H (page 71).

Students are not permitted to refer to or identify patients or their protected health information in any social media forums or other non-Rush electronic communications. Similarly, students should not refer to faculty, clinical rotation sites, preceptors, or other program associates on any social media forums.

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

Student Attire and Identification

Students are expected to dress appropriately for the overall hospital setting where classes are being offered. The PA Program's dress code is in place to demonstrate respect and create a positive image of the members of our program to colleagues, faculty, program instructors and guests, hospital staff and administration, and patients and their family and guests.

For classes taking place at the University the dress code is comfortable, business casual. The PA Program's dress code is in effect whenever a student is on campus during regular business hours, and regardless of whether or classes are in session. Any attire other than business

casual on campus during business hours constitutes a violation of the program's professional behavior policies.

Exemptions to the dress code policy are only permitted for the following lab-based training activities: anatomy, history and physical examination, clinical skills; BLS/ACLS training. For these activities, the only acceptable form of dress is light blue or green medical scrubs with closed-toe footwear, unless otherwise instructed. If you are in scrubs outside of the lab area, you must also wear a short, white lab coat.

In addition to business casual dress, students are required to have their Rush University name tag on and clearly visible at all times. The University provides students with their Rush nametag at incoming student orientation.

Students in any clinical or patient contact setting are required to dress in business professional attire. Students should also wear comfortable, shoes in the patient care setting, as work-hours are long and may require a lot of walking and/or long periods of standing. Footwear must always be closed-toe in the clinical setting.

Additionally, in any clinical or patient contact setting, students are also required to wear a sport-coat-styled, short, white medical jacket with the University and the program's name and the student's nametag clearly visible. Additional white lab coats are available for purchase in the bookstore for use throughout the program. At minimum, the lab coat must have the Rush logo patch over the left chest flap. At the end of the first year, the program will present students with a personalized short white coat for use while on clinical rotations.

The dress code policy statement and guidelines are in Appendix I, page 75 of this handbook.

Student Counseling Center

Rush University provides offers students access to professional counseling, at no charge, for a variety of concerns ranging from academic problems to issues of personal development. Students may seek guidance on a wide range of personal issues that may be affecting their health and academic performance. Students may voluntarily seek the services of the counseling center at any time. Additionally, the PA program faculty may refer students to the counseling center as part of their recommendations for student performance remediation.

The Counseling Center maintains strict standards of privacy and confidentiality. No information about an individual student is released to anyone, inside or outside the University, without the prior consent of the student. No student contact with the Counseling Center becomes a part of any other University record. The Rush University Counseling Center, located in 701 Kidston House, is also reachable via telephone at (312) 942-3687.

Student Health Policies

Immunizations

- The PA program requires that each student have medical clearance from his/her healthcare provider and a record of immunization currency on file before they register for classes.

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. You 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 matriculation date into the program. Thereafter, students must comply with Rush's annual influenza vaccination policy.
- Meningitis conjugate booster immunization after 16 years of age

Certain rotations may also require that students update their health record prior to starting clinical rotations at that site. The program will inform students of any necessary procedures to meet such requirements in advance to the start of clinical rotations. Students must comply with all clinical rotation site health maintenance requirements in order to remain in good standing in the program.

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

- 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.

- 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. Refer to the Rush University Catalog for information regarding compliance with mandatory health insurance policies and the University sponsored health insurance program.

Accommodations

Being a PA requires certain cognitive, motor, communication, and behavioral capacities. The minimum expected capacity in these domains are expressed in the Technical Standards for PA Students (page 54). Students who wish to request a reasonable accommodation based on a disability must contact the Rush Office of Student Disability for information on the accommodation process. Information on accommodations for students with disabilities is available at: http://www.rushu.rush.edu/students-disabilities.

Hazardous Exposure Incidents

In the event of hazardous material exposure at any phase of training during the program, students must adhere to the following University protocol:

Procedures for Hazardous Exposure Incidents

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

Procedure at Rush University Medical Center
- Wash injured area with soap and water. If eyes, nose, or mouth, use water only.
- Immediately report the incident to your preceptor.
  - Contact the PA Program Director of Clinical Education or Program Director as soon as feasible to report the incident.
- 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.
  - You MUST ensure ECHS is notified of the exposure incident in as timely manner as possible.
  - 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.
  - 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.
- If ECHS is closed, immediately report to the Rush Emergency Room (ER), Rush Tower, 1st floor, 312-947-0100.
  - Bring your student ID and indicate that you are a student in the PA Program and **not** an employee.
  - If student is seen in ER, the student must report to ECHS on the next business day.
- Students will be counseled or treated as deemed appropriate by ECHS or ER personnel.
- Return to ECHS or to consultants as directed for follow-up lab work and treatment as indicated.

Procedure 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.

Student Employment during the Program

The following guidelines apply to students regarding employment while in the PA program:
- The PA program maintains an intense curriculum that demands a great deal of time, effort, and energy. At the same time, it is important that students remain well balanced and allow sufficient time for social activities, recreation, and rest. Therefore, students are advised that it is best that they do not have outside employment while in the program.
- During the clinical phases of the program, several factors make it even more difficult to maintain employment. The requirements of the rotations and the variability of both the hours and location of the rotations prohibit students' working during their clinical rotations.
- Students should not accept any form of payment for the tasks they perform while on clinical rotations.
- While on clinical rotations, students may not provide services within the preceptor's practice apart from those rendered for their educational value and as part of the clinical instruction experience. Students may not receive monetary compensation for work performed within the preceptor's practice.
- Students should not perform any services outside of those appropriate for a PA student in training, regardless of the student's prior professional or academic background.
- Students of the PA Program do not have enough time, and are not permitted, to participate in the Rush University work-study program.

- Students are not allowed to work for the PA program or its clinical agents in any capacity.

Student Placement Policy

The University's Career Services Office and the Office of Student Affairs assists students active in the job search application process with resumes, curriculum vitas, cover letters, personal statements, job search strategies and interviewing techniques. Career opportunities listings, various handouts and workbooks, and reference books are available for students in this office and on the web at www.rushu.rush.edu/studentlife/career.

The Program also maintains a file of all positions received by the Program from potential employers. The Program makes this information available to all senior year PA students. During the third year of the program, the program will provide information and training in professional development and seeking employment through seminar presentations on such topics as conducting a job search, interviewing skills, and negotiating salaries and benefits.

Continued Next Page

PA Professionalism and Professional Behavior Policy

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

All students in the PA Program are expected to adhere to the ethical codes set forth in the following Professionalism Policy. Additional professionalism policies as stated in either program courses or the clinical entity may also apply. All students at Rush are also expected to adhere to the Rush University Statement on Academic Honesty and the CHS Guide for Professional Conduct (See Appendices C and D in the PA Program Student 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 Assistants, available at the AAPA Website at: https://www.aapa.org/workarea/downloadasset.aspx?id=815

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. In addition to satisfying the grading criteria as specified in each individual course or rotation syllabus, the student must pass a professionalism component in order to successfully pass each course. 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 to all scheduled events
- Behavior appropriate to a clinician-in-training in all University and PA program connected activities
- Preparedness for class, presentations, and other assignments
- 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 and projects, or in the clinical setting
- Handling of complaints and disputes including the following of established protocols and chain of command
- Communication skills
- Student work ethic
- Appearance and attire appropriate to place and situation as defined by faculty
- Compliance with departmental and University policies and procedures

Rush University
College of Health Sciences
Physician Assistant Program

Technical Standards

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

PA Program Technical Standards:

Rush University is committed to diversity and to attracting and educating students who will make the population of health care professionals representative of the national population.

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

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

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

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

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

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

Intellectual Ability:
- Measure, calculate, reason, analyze, and synthesize data related to diagnosis and treatment of patients and populations.
- Exercise proper judgment and complete responsibilities in a timely and accurate manner according to the "program name" role.
- Synthesize information, problem solve, and think critically to judge the most appropriate theory, assessment, or treatment strategy.

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

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

The technical standards delineated above must be met with or without accommodation. Students who, after review of the technical standards, determine that they require accommodation to fully engage in the program, should contact the Office of Student Disability Services **[Website: https://www.rushu.rush.edu/office-student-disability-services]** to confidentially discuss their accommodations needs. Given the clinical nature of our programs time may be needed to implement accommodations. Accommodations are never retroactive; therefore, timely requests are essential and encouraged.

University Student Services

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

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

Bookstore
Career services
Check cashing and ATMs
Computer resources
Copy machines & quick copy center
Diversity/equal opportunity/affirmative action
Financial aid
General education resources
Honor societies
Housing
Library
Lockers
McCormick Educational Technology Center (METC)
Media services
Parking
Registrar
Security
Shuttle bus services
Student affairs
Student counseling center
Student health insurance
Study space
Transcripts

Important Rush Phone Numbers:

Rush University Counseling Center 312-942-3687
RUMC Campus Security 312-942-5678
RUMC Emergency Room 312-947-0100
RUMC Employee & Corporate Health Services 312-942-5878

PA Professional Organizations

The American Academy of Physician Assistants (AAPA) and The Student Academy of the AAPA (SAAAPA)

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

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

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

The Illinois Academy of Physician Assistants (IAPA)

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

Illinois Academy of Physician Assistants
50 S. Main Street, Suite 200
Naperville, IL 60540
Phone: (630) 352-2216
Website: http://http://www.illinoispa.org

The Physician Assistant Education Association (PAEA)

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

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

The National Commission on the Certification of Physician Assistants (NCCPA)

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

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

PA PROGRAM

HANDBOOK APPENDICES

APPENDIX A – CHS TOEFL Policy

Rush University
College of Health Sciences

TOEFL POLICY
Effective 2016

TOEFL for International Applicants

If your native language is not English, you need to prove that you are proficient in English by submitting a satisfactory score on the Test of English as a Foreign Language examination as part of your application.

TOEFL Score Minimums

To prove English proficiency, you need one of the following minimum scores:
- Internet version: 88 total, 18 on each section
- Paper version: 570 total, 55 on each section
- Computer version: 230 total, 20 on each section

How to Submit Your Score

Use institution code 1676 to send your score report to Rush University. The admissions office must receive your official score report prior to when admission decisions are made for your program.

Waiver for U.S. Graduates

You may request a waiver of the TOEFL exam requirement if you have graduated from high school or successfully completed a higher education degree program (Associate degree or higher) in the United States or one of its English-speaking protectorates. You will need to provide proof of receipt of a high school or college diploma from an accredited institution in the United States or one of its English-speaking protectorates.

Mail waiver requests to the following address:

Dina Batlivala
Director, Marketing & Admissions
Rush University
College of Health Sciences
Armour Academic Center
600 S. Paulina St., Suite 1001
Chicago, IL 60612

06/01/16

APPENDIX B – Student Honor Code

Rush University Student Honor Code
I pledge that my academic, research, and/or clinical work will be of the highest integrity.

I shall neither give nor receive unauthorized aid; I shall not represent the work of others as my own;

I shall not engage in scientific misconduct; and I shall treat all persons with the greatest respect and dignity, just as the ethical codes of Rush University Medical Center and my future profession demand.

I recognize that behaviors that impede learning or undermine academic, research, and clinical evaluation, including but not limited to falsification, fabrication, and plagiarism, are inconsistent with Rush University values and must be reported. |

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

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

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

Student Signature   Date

Printed Name   College

APPENDIX C – Academic Honesty Policy

Rush University Statement on Academic Honesty

Academic Honesty and Student Conduct

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

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

- All forms of academic dishonesty including but not limited to: cheating; plagiarism; collusion; gaining or seeking unfair advantage in relation to any work submitted; helping others to gain an unfair advantage; removing examination materials from a secure examination area; the unauthorized downloading or copying of examinations that are given online; fabricating assigned academic work, including clinical assessments, and presenting them as authentic; facilitating academic dishonesty; unauthorized examination behavior
- Obstruction or disruption of teaching, research, administration, clinical practice and community outreach or other University/Medical Center activities
- Falsification of student records, transcripts or financial aid forms or applications
- Theft of or damage to University/Medical Center property or the property of a member of the University/Medical Center community
- Threatened or physical abuse of any person or action that threatens or endangers the safety of others
- Misrepresentation, falsification, alteration, or misuse of the University/Medical Center documents, records or identification, or research data
- Unauthorized use or entry of University/Medical Center facilities
- Conviction of a crime deemed serious enough to render the student unfit to pursue his or her profession
- Conduct that is inconsistent with the ethical code of the profession the student is preparing to enter
- Unlawful use or possession of controlled substances on the Medical Center campus
- Unauthorized possession or concealment of firearms or other weapons on Medical Center premises at any time
- Attempting to gain access to another's email or computer account, username or password
- Knowingly setting off false fire, safety or security alarms
- An accusation of student and/or faculty academic dishonesty or misconduct made in bad faith

APPENDIX D – Professional Conduct Guide

CHS Guide to Professional Conduct

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

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

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

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

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

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

Safety

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

Examples of critical errors in professional conduct and judgment include:

1. Failure to place the patient's welfare as first priority.
2. Failure to maintain physical, mental, and emotional composure.
3. Consistent ineffective, inefficient use of time.
4. Failure to be honest with patients, faculty, and colleagues.
5. Scholastic dishonesty in any form.
6. Failure to follow the Rush University Medical Center Code of Conduct.

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

APPENDIX E – Service Documentation Log

Rush University
College of Health Sciences

Professional and Service Documentation Log

Student Name: _____   Service Hours Acquired: _____

As a requirement for graduation, each student must complete at least eight (8) contact hours per year of approved community and/or professional service. Examples of activities that may be used to meet this requirement include: participation in community health fairs or other community screening, and/or service events; participation in approved professional service and/or continuing education activities; participation in PA Program recruitment or other promotional activities; assistance with the delivery of seminars, lectures, workshops and related community or professional education activities.

The student listed above has acquired professional and/or community service by participating in the following activity (please describe in detail):

_____

_____

_____

_____

Title of Activity: _____   Date: _____

Approved by[1]: _____   Date: _____

Verified by[2]: _____   Date: _____

---

[1] Participation in activities should be pre-approved by the Program Director or other designated program faculty member

[2] Satisfactory completion of the activity must be verified by a designated faculty member or community professional service activity provider or coordinator.

APPENDIX F – PA Program Performance Evaluation Forms

Rush University
Physician Assistant Program

First Year Formative Evaluation

Student Name: _____

Student Performance	Acceptable	Not Acceptable	Comments
Academic Course Performance			
Passing performance in all academic courses	_____	_____	_____
Passing performance in Diagnostic Reasoning class	_____	_____	_____
Professional Skills			
Passing performance in PE Lab	_____	_____	_____
Passing performance in Skills training	_____	_____	_____
Passing demonstration of professional communication skills	_____	_____	_____
Participates in class activities	_____	_____	_____
Skills Integration			
Passing performance on HTT PE exam	_____	_____	_____
Passing performance on formative OSCE	_____	_____	_____
Service Activity Participation and IPE			
Interacts well with other University students in IPE course	_____	_____	_____
Participates in community service activities	_____	_____	_____
Professionalism			
On time to class and other activities	_____	_____	_____
Relates well to others in class	_____	_____	_____
Demonstrates attitude & behavior appropriate for a 1st Year PA student	_____	_____	_____

Overall Assessment: Progress to 2nd Year ☐ Yes ☐ Yes, with concerns as specified below.

Comments

APPENDIX F – PA Program Performance Evaluation Forms

Rush University
Physician Assistant Program

Second Year Formative Evaluation

Student Name: _____   Date: _____

Student Performance	**Acceptable**	**Not Acceptable**	**Comments**
Academic Performance			
Passing scores in end of rotation exams	_____	_____	_____
Passing performance in case write ups	_____	_____	_____
Passing performance in case presentations	_____	_____	_____
Passing performance in Hot Topic paper	_____	_____	_____
Passing performance in Sim Lab activities	_____	_____	_____
Clinical Skills Feedback from Preceptors			
Passing rotation performance	_____	_____	_____
Passing performance on knowledge, communication, and interactions	_____	_____	_____
Passing performance on clinical skills	_____	_____	_____
Demonstrates progressively improving performance from Preceptors	_____	_____	_____
Skills Integration			
Passing performance on 2nd Year OSCE	_____	_____	_____
Service Activity Participation			
Participates in program service activities	_____	_____	_____
Participates in community service activities	_____	_____	_____
Professionalism			
On time to all rotation activities	_____	_____	_____
Satisfactory Preceptor evaluation of professionalism	_____	_____	_____
Demonstrates attitude & behavior appropriate for a 2nd Year PA student	_____	_____	_____

Overall Assessment: Progress to 3rd Year   ☐ Yes   ☐ Yes, with concerns as specified below.

APPENDIX F – PA Program Performance Evaluation Forms

Rush University
Physician Assistant Program

Third Year Summative Evaluation

Student Name: _____   Date: _____

Expected Graduation Date: _____

Student Performance	**D/M/E**	**Comments**
Academic Performance		
Passing performance on 3rd year rotation exams		
Passing performance in 3rd year Sim Lab activities		
Passing performance in case presentations and written assignments		
Passing performance in 3rd year preceptor evaluations		
Passing preceptor assessment of knowledge, communication, and patient interaction		
Demonstrated higher level patient care capacity by preceptor evaluation		
Passing performance on 3rd Year OSCE		
Participated in service activities during the program		
Satisfactory performance on research project paper and presentation		
Professionalism		
Demonstrated professionalism on rotations		
Passing preceptor evaluation of professionalism		
Satisfactorily discharged all Rush requirements for graduation		
Meets PA Competency Self-Assessment standards		

This student has demonstrated acquisition, integration, and application of medical knowledge, skills, communication, and professionalism throughout the 30-months of the program and merits skills graduation from the program:
☐ Yes   ☐ No

Comments:

APPENDIX G – Program Professionalism Assessment Form

**Rush University
Physician Assistant Program**

Professionalism Assessment Form

Student Name	
Year in the Program	PAS-1 PAS-2 PAS-3
Evaluation Date	
Name of Activity or Clinical Rotation	

Directions: This evaluation is designed to assist students in assessing their professional development and their goals of becoming a Physician Assistant. Please check the box of the most appropriate positive or negative behavior. If a negative behavior is chosen at any time, please include comments.

Communication and Self-Improvement	
Positive Behaviors	***Negative Behaviors***
☐ Displays a positive attitude towards others	☐ Often has a negative attitude or outlook towards others
☐ Communicates clearly and effectively	☐ Has difficulty communicating with peers, faculty, or other members of the healthcare team
☐ Recognizes his/her own limitations as a student	☐ Has overstepped his/her boundaries with peers, faculty or other members of healthcare team
☐ Accepts feedback in a positive manner and makes changes appropriately	☐ At times confrontational or accusatory when given constructive criticism.
☐ Takes responsibility for his/her own actions.	☐ Makes excuses or blames others for one's own actions
☐ Aware of his/her own verbal and non-verbal body language	☐ Often makes faces, sighs, or displays inappropriate body language
Comments (if <u>any</u> negative behavior is chosen, please include specific comments):	

Rush University
Physician Assistant Program

Professionalism Assessment Form

Honesty, Ethics, and Dependability	
Positive Behaviors	*Negative Behaviors*
☐ Completes assigned tasks/responsibilities without prompting	☐ Student needs continuous reminders to complete tasks
☐ Is on time and prompt for all academic and clinical sessions	☐ Student is often late and at times unreliable
☐ Projects a professional image to peers, faculty, patients, and other members of the healthcare team at all times	☐ Student is unprofessional in attire and/or mannerisms towards others
☐ Conducts themselves in an ethical, moral, and legally sound manner at all times	☐ The student's ethical or moral conduct was unacceptable on at least one occasion
Comments (if <u>any</u> negative behavior is chosen, please include specific comments):	

Ability to work with other members of the Team	
Positive Behaviors	*Negative Behaviors*
☐ Allows others to express their opinions	☐ Is insensitive to the needs or opinions of others
☐ Remains respectful and open-minded to others perspectives	☐ Is disrespectful and/or closed minded at times
☐ Actively participates at all times as an equal member of the healthcare team	☐ Only participates when prompted or not at all
☐ Is accepting of cultural differences and/or diverse populations	☐ Is insensitive to cultural differences and/or diversity issues
Comments (if <u>any</u> negative behavior is chosen, please include specific comments):	

**Rush University
Physician Assistant Program**

Professionalism Assessment Form

Clinical Judgment, Presentation & Organization	
Positive Behaviors	*Negative Behaviors*
☐ Makes decisions based on factual information.	☐ Makes decisions based on inappropriate or incorrect information.
☐ Demonstrates rationale for decisions made	☐ Is not able to identify reasons or rationale for his/her choices.
☐ Delivers information in a thorough, organized, and concise manner at all times.	☐ Is often disorganized and scattered in delivery of information.
☐ Documents accurately in the patient's medical record and healthcare team materials at all times.	☐ Often makes mistakes and errors in documentation in the patient's medical record or healthcare team materials.
☐ Budgets time efficiently to meet peers, faculty, and/or preceptor expectations.	☐ Demonstrates issues with time management and/or fails to meet faculty or preceptor expectations.
☐ Is able to prioritize multiple commitments appropriately.	☐ Cannot prioritize commitments and often is scrambling to meet deadlines.
Comments (if <u>any</u> negative behavior is chosen, please include specific comments):	

Faculty's comments and plan of action (if applicable):

Student's Comments:

Student's signature: _____ Date: _____

Faculty's signature: _____ Date: _____

APPENDIX H – Social Media Policy

5/13/2018

⊕RUSH   **Policy**

Title	**Social Media**
Policy Number	OP-0362
PolicyType	Operational
Category	Leadership
Subcategory1	
Subcategory2	
Subcategory3	
Approval Date	10/1/2017
Contact	thurston_hatcher@rush.edu, social media manager
Applies To	
Purpose	
Executive Summary	Rush relies not only on the strong formal competencies of its employees, students and contractors, but also on the trust and support of the communities it serves. While we encourage open communication both internally and externally in all forms, we expect and insist that such communication does not demean our enterprise, violate our patients' or students' privacy and trust, or breach the fiduciary obligations of employment. Personal communications that include information about business or clinical operations at Rush, or about any of its patients, are always forbidden and may support grounds for immediate action in accordance with Rush policy, as well as federal, state and local regulations.
Definitions	
Equipment	
Information	.
Policy	The following policy applies to all employees, students and contractors of Rush University Medical Center and covers all publicly accessible communications via the internet relating to Rush, Rush University Medical Center, Rush Oak Park Hospital, Rush University and their affiliates (hereinafter referred to as "Rush"). This includes, but is not limited to, wikis; video-sharing websites such as YouTube and Vimeo; online social networks such as Facebook, Twitter, LinkedIn, Instagram, Pinterest and Snapchat; social bookmarking sites such as Reddit; or any other form of online publishing, including blogs, discussion forums, newsgroups and email distribution lists.

5/13/2018

Outcome	
Guidelines	
Responsibility and Procedure	All Rush employees, students and contractors:

1. Know and follow the Rush Code of Conduct and all other organizational policies. Do not let your online activity interfere with your work commitments to Rush.
2. You are personally responsible for the content you publish online. Be mindful that what you publish on blogs, wikis or any other form of user-generated media may never truly be erased or deleted.
3. You may not make public statements on behalf of Rush in letters to the editor, blog comments, discussion boards or any other social media forums for sharing thoughts and opinions. If, for some reason, you must indicate your association with Rush in a personal online communication, write in the first person, identify yourself by stating your first and last name, state your role at Rush, and use a disclaimer that makes it clear that you are speaking for yourself and not on behalf of Rush. You may use a disclaimer such as the following: "The postings on this site are my own and do not necessarily represent Rush's positions, strategies or opinions."
4. Do not use Rush's logo or trademarks or make endorsements of any kind unless you have received approval from the Department of Marketing and Communications.
5. You may not use "Rush" in your username or handle if you are not operating an official Rush social media account.
6. You may not use Rush's name or Rush's resources, including computer equipment, in relation to any political campaign or candidate.
7. Do not disclose Rush's confidential or other proprietary information to any third party, and certainly do not post Rush's confidential or other proprietary information on any social media or other public website.
8. Never identify patients or share their protected health information in social media forums or any other non-Rush electronic communications.
9. Ensure that all communications in social media forums comply with relevant Rush policies regarding privacy and confidentiality of student records.
10. Respect copyright, trademarks and other intellectual property rights of others. For example, just because you were able to pull an image or logo off a web page does not mean you are authorized to republish that image or logo on a different site.
11. Do not cite or reference vendors, clients or suppliers without their approval. When you do refer to a vendor, client or supplier, where possible, link back to the source.
12. When contributing content in an online forum, do not use ethnic slurs, racial epithets, personal insults or obscenity, or engage in any offensive conduct. You should also show proper consideration for others' privacy and for topics that may be considered objectionable or inflammatory, such as

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politics and religion.

13. Be aware of your association with Rush in online social networks. If you identify yourself as an employee, student or contractor of Rush, ensure that your profile and related content is consistent with how you wish to present yourself with colleagues, classmates and clients. From time to time, Rush reserves the right to check employees' publicly available online profiles and can act accordingly in response to content inconsistent with the terms of this policy.

14. Do not use photos without obtaining proper consent and authorization to release information.

15. If your online postings become the subject of a third-party claim, do not delete those postings or alter previous posts.

16. Do not create a social media account or page, or claim an existing listing, on behalf of a Rush department, section, service, program or group. All official Rush social media accounts are to be managed by the Department of Marketing and Communications unless special permission has been granted by Marketing and Communications. These include, but are not limited to, the following:
    ○ Facebook, Twitter, Instagram, LinkedIn, Pinterest, Snapchat and Google+
    ○ YouTube and other video-sharing channels
    ○ Flickr and other photo-sharing accounts
    ○ Yelp and other user review websites
    ○ Blogs

17. Whenever possible, all Rush-affiliated social media accounts must be administered through Rush's primary social media management platform.

18. If you wish to administer an informal group for your department, you must secure your supervisor's permission in advance. For such groups, you must provide contact information (first and last name, email address and phone number) for a site administrator. You may not use the Rush logo in these cases, and you must publish a disclaimer indicating that content on the site does not necessarily represent the views of Rush. You may use the name of the institution solely for the purpose of identification (that is, to indicate that the site is for people associated with a certain department, group or graduating class). Take all necessary precautions to prevent the inappropriate release of protected health information.

19. If you do not abide by this policy, you could subject yourself to disciplinary action up to and including termination and/or legal action taken by Rush. If you have questions about this policy, send an email to thurston_hatcher@rush.edu.

Regulatory Elements	
Related Policies	
Reference	Following is a list of policies and resources that are directly relevant to the use of social media by faculty, staff, students and contractors at Rush. This list is not exhaustive. It is your responsibility to understand and follow all policies pertinent to your position at Rush. If you have

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questions about Rush policy in general, talk to your supervisor. View policies online at inside.rush.edu, where you will find a searchable database of operational policies and procedures for Rush.

- Code of Conduct (HR-E 01.00)

- Student Conduct, Rush University Catalog

- Harassment (HR-E 02.00)

- Code of Ethical Behavior (OP-0207)

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

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

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

- Privacy, Confidentiality and FERPA

- HIPAA Privacy Policy (HP-0002)

- HIPAA Security Policy (HS-0001)

- Notice of Privacy Practices (HP-0008)

- Disclosure of Patient Health Information (OP-0142)

- Employee Access to Patient Information (OP-0032)

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

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

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

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APPENDIX I – Dress Code Guidelines

**Rush University
Physician Assistant Program**

Dress Code Guidelines

Students in the PA Program are expected to maintain a professional appearance for all program related activities. The purpose of the dress code is to demonstrate our respect and create a positive image of the members of our program to colleagues, faculty, program instructors and guests, hospital staff and administration, and patients and their family and guests. The following are further guidelines regarding the program's dress code.

In general, student appearance is expected to be clean and neat. Clothing should not be wrinkled and should neither be either excessively tight or loose. Appropriate dress during the didactic year is business casual. For any activity involving patient contact, actual or simulated, student dress should be business profession. Please note the following specific guidelines regarding student dress:

1. University issued picture ID must be worn and visible at all times.
2. Students must wear a short white lab coat for all activities involving actual or simulated patient contact. The coat must at minimum have the Rush logo patch on the left chest. Students on clinical rotations must wear the PA Program issued short white lab coat with the PA Program patch affixed to the upper left arm sleeve.
3. Guidelines – **business casual** dress for men: collared shirts; khaki or dark pants. Business casual dress for women: tailored top or sweater; pants, knee length or longer dresses or skirts.
4. Guidelines – **business professional** dress guidelines for men: button-down shirt; tie; pants. Business professional dress for women: knee length or longer dresses or skirts, or dress pants; tailored tops and sweaters.
5. Exposure of the abdomen or chest due to low cut blouses or pants is not appropriate in any setting.
6. Students will follow professional dress guidelines whenever on clinical units.
7. Inappropriate clothing includes: Sweat shirts and pants, tight or sleeveless shirts; tops with lettering, pictures or hoods; stirrup pants, leggings worn as pants, shorts, skorts or blue jeans; tight or revealing clothing; visibly worn or faded clothing; belly shirts, low-cut necklines; clothing that reveals the wearer's back or cleavage.
8. Shoes – footwear should be neat and appropriate to the style of dress. During clinical rotations, shoes should also be comfortable enough to allow hours of walking and/or standing. Footwear must be closed toed whenever on clinical units. During the didactic year, women are permitted to wear professional peep-toed, sling back, and dressy sandals. Inappropriate shoes for any portion of the program include platform shoes, spike heels or stilettos, hiking or winter boots, athletic shoes and sneakers, and flip-flop and beach sandals.
9. Hair – during any patient care activity, hair should be pulled back so that it does not interfere with patient care or safety.
10. Jewelry – conservative jewelry may be worn if it does not interfere with patient care or safety. Wear a watch with a second hand. With the exception earrings, body piercings should be minimal and discrete. Inappropriate jewelry would include buttons, pins, tissue expanders, or jewelry with provocative messages.
11. Cosmetics – makeup and nail polish should be conservative. Perfume or cologne should not be worn in clinical settings, lightly scented personal care products may be used if necessary.
12. Hygiene – nails should be kept short. Clean personal hygiene must be maintained at all times.
13. Tattoos – to the extent possible, tattoos should be covered if they are perceived as affecting the student-patient interaction and, thus, the delivery of effective, safe care.

**Rush University
Physician Assistant Program**

Dress Code Guidelines

Note: These guidelines were modified from the Rush University, College of Nursing Policies and
Procedures guidelines for Nursing students. Many resources exist for more information on
business causal and professional dress guidelines.

For an additional resource on business casual attire guidelines, refer to the Virginia Tech,
Division of Student Affairs website at:
http://career.vt.edu/job-search/presenting_yourself/attire/business-casual.html

APPENDIX J – Program Terminal Learning Competencies

Rush University
Physician Assistant Program

TERMINAL PA PROGRAM LEARNING COMPETENCIES

The following terminal learning outcomes describe the competencies expected of all graduates of the Rush University Physician Assistant Studies Program.

Goal: Graduates of the Rush University PA Studies Program are prepared to function as advanced level Physician Assistants, who will practice medicine with competence, professionalism, and will assume roles of leadership in the PA profession.

Objectives:

Upon completion of the program, all students will demonstrate:
  A. The ability to comprehend, apply, and evaluate information relevant to the role of general and advanced practice Physician Assistants.
  B. Technical proficiency in all skills necessary to fulfill the role of general and advanced practice Physician Assistants.
  C. Personal behaviors consistent with professional and employer expectations for general and advanced practice level Physician Assistants.

In addition to the program's competency goals and objectives, the program seeks to graduate PAs who:

- Act in a manner that exemplifies good judgment, honesty, intelligence, respect for others, and who demonstrate a clear commitment to the health and well being of their patients.
- Function as integral members of the interprofessional healthcare team, providing high quality patient care with direction and supervision from a doctor of medicine or osteopathy.
- Are well educated in the areas of basic medical science, general medical practice, and discipline-specific problem solving.
- Have knowledge and skills to provide care for patients in the following general practice areas: family medicine, internal medicine, pediatrics, geriatrics, obstetrics and gynecology, surgery, psychiatry, and emergency medicine.
- Can assume a leadership role of advanced practice in one of the following areas: cardiothoracic surgery, vascular surgery, orthopedics, emergency medicine, pulmonary and critical care medicine, interventional radiology, and urology.
- Are able to provide care to a diverse patient population across the age spectrum.
- Can manage acute and chronic conditions in a variety of medical and surgical problems.
- Can perform detailed and accurate history and physical examinations, order, perform, and interpret appropriate diagnostic studies, make diagnoses, develop management plans, and appropriately record medical data.
- Are able to implement patient management plans, author progress notes, and monitor patient progress following a plan for continuity of care.
- Are able to perform a variety of diagnostic and therapeutic procedures in order to evaluate and treat both routine and life threatening medical and surgical problems.
- Can counsel and educate patients in the management of a variety of health maintenance and problem oriented conditions, and who know how and when to refer patients to specialty healthcare providers
- Are well versed in the medical literature, can perform a detailed database search for a given medical topic, and can analyze, critique, and report on medical research findings.

APPENDIX K – Program Graduate Functions and Tasks

Rush University
Physician Assistant Program

Graduate Functions and Tasks

Graduates are expected to function in a capacity commensurate to an entry-level physician assistant and to demonstrate clinical knowledge, patient care skills, and professional behavior consistent with the standards of the profession and employer expectations.

Examples of the types of knowledge and skills graduates are expected to possess include:

1. Demonstrate the ability to take a medical history appropriate to various medical specialties and across the life span.
2. Perform comprehensive and problem-focused physical examinations as clinically appropriate.
3. Accurately order and interpret diagnostic tests.
4. Derive problem lists, differential diagnoses, and treatment plans that are appropriate to a patient's clinical presentation.
5. Implement, assess, and modify treatment plans as required in the course of patient management.
6. Communicate clinical thinking in a clear and understandable manner to patients and their families, physicians and other clinical colleagues, and clinical support staff.
7. Work as an effective member of a health care provider team in the practice of medicine.
8. Utilize current and evolving best practices in the care of patients that incorporate multi-variable considerations, such as benefits, risks, technology, and costs.
9. Make clinical decisions based on sound interpretation and application of information available in research literature and other valid data sources.
10. Assume roles of leadership in clinical practice and professional advocacy for the advancement of the PA profession.
11. Convey professionalism, ethical integrity, caring, and compassion in interactions with patient and colleagues.
12. Participate in activities of service to the community and profession.

APPENDIX L – NCCPA Competencies for the PA Profession

NCCPA Competencies for the Physician Assistant Profession

Preamble

In 2003, the National Commission on Certification of Physician Assistants (NCCPA) initiated an effort to define PA competencies in response to similar efforts being conducted within other health care professions and growing demand for accountability and assessment in clinical practice. The following year, representatives from three other national PA organizations, each bringing a unique perspective and valuable insights, joined NCCPA in that effort. Those organizations were the Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the body that accredits PA educational programs; the Association of Physician Assistant Programs (APAP), the membership association for PA educators and program directors; and the American Academy of Physician Assistants (AAPA), the only national membership association representing all PAs.

The resultant document, *Competencies for the Physician Assistant Profession*, is a foundation from which each of those four organizations, other physician assistant organizations and individual physician assistants themselves can chart a course for advancing the competencies of the PA profession.

Introduction

The purpose of this document is to communicate to the PA profession and the public a set of competencies that all physician assistants regardless of specialty or setting are expected to acquire and maintain throughout their careers. This document serves as a map for the individual PA, the physician-PA team and organizations that are committed to promoting the development and maintenance of these professional competencies among physician assistants.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies[1] for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, systems-based practice, as well as an unwavering commitment to continual learning, professional growth and the physician-PA team, for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting.

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[1] In 1999, the Accreditation Council for Graduation Medical Education (ACGME) endorsed a list of general competencies for medical residents. NCCPA's Eligibility Committee, with substantial input from representatives of AAPA, APAP and ARC-PA, has modified the ACGME's list for physician assistant practice, drawing from several other resources, including the work of Drs. Epstein and Hundert; research conducted by AAPA's EVP/CEO, Dr. Steve Crane; and NCCPA's own examination content blueprint.

PHYSICIAN ASSISTANT COMPETENCIES
Vers. 3.5 (3/22/05)

The PA profession defines the specific knowledge, skills, and attitudes required and provides educational experiences as needed in order for physician assistants to acquire and demonstrate these competencies.

MEDICAL KNOWLEDGE

Medical knowledge includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Physician assistants are expected to:

- understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- identify signs and symptoms of medical conditions
- select and interpret appropriate diagnostic or lab studies
- manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacologic agents and other relevant treatment modalities
- identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- identify appropriate interventions for prevention of conditions
- identify the appropriate methods to detect conditions in an asymptomatic individual
- differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings and other diagnostic data
- appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- provide appropriate care to patients with chronic conditions

INTERPERSONAL & COMMUNICATION SKILLS

Interpersonal and communication skills encompass verbal, nonverbal and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system. Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- appropriately adapt communication style and messages to the context of the individual patient interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- apply an understanding of human behavior
- demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety
- accurately and adequately document and record information regarding the care process for medical, legal, quality and financial purposes

PATIENT CARE

Patient care includes age-appropriate assessment, evaluation and management. Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient and equitable for the treatment of health problems and the promotion of wellness. Physician assistants are expected to:

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- competently perform medical and surgical procedures considered essential in the area of practice
- provide health care services and education aimed at preventing health problems or maintaining health

PROFESSIONALISM

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- responsiveness to the needs of patients and society
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- self-reflection, critical curiosity and initiative

PRACTICE-BASED LEARNING AND IMPROVEMENT

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate and improve their patient care practices. Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients' health problems
- obtain and apply information about their own population of patients and the larger population from which their patients are drawn

- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- apply information technology to manage information, access on-line medical information, and support their own education
- facilitate the learning of students and/or other health care professionals
- recognize and appropriately address gender, cultural, cognitive, emotional and other biases; gaps in medical knowledge; and physical limitations in themselves and others

SYSTEMS-BASED PRACTICE

Systems-based practice encompasses the societal, organizational and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. PAs should work to improve the larger health care system of which their practices are a part. Physician assistants are expected to:

- use information technology to support patient care decisions and patient education
- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes
- accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide more effective, efficient patient care
- use the systems responsible for the appropriate payment of services

From: http://www.nccpa.net/uploads/docs/PACompetencies.pdf

APPENDIX M – AAPA Ethical Conduct Guidelines

AAPA Guidelines for Ethical Conduct for the Physician Assistant Profession

(Adopted 2000, amended 2004, 2006, 2007, and 2008)

Introduction

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

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

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

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

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

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

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

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

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

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to

uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

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

The PA and Patient

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

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

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

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

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

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

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

A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

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

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

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

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

Confidentiality

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

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

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

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

The Patient and the Medical Record

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

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

Disclosure

A physician assistant should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient's interests and well being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

Care of Family Members and Co-workers

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

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

Genetic Testing

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided. PAs should be sure that patients understands the potential consequences of undergoing genetic tests − from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

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

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

End of Life

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

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

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

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

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

The PA and Individual Professionalism

Conflict of Interest
Physician assistants should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

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

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

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

Sexual Relationships

It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

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

Gender Discrimination and Sexual Harassment

It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment. It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

The PA and Other Professionals

Team Practice

Physician assistants should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

Illegal and Unethical Conduct

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

Impairment

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

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

PA–Physician Relationship

Supervision should include ongoing communication between the physician and the physician assistant regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

Complementary and Alternative Medicine

When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

The PA and the Health Care System

Workplace Actions

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

PAs as Educators

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

PAs and Research

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

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

PAs as Expert Witnesses

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

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

The PA and Society

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

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

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

Community Well Being
Physician assistants should work for the health, well being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

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

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