

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



**DEPARTMENT OF PA STUDIES**

**SECOND YEAR**  
**CLINICAL HANDBOOK**  
**2018-2019**

*Updated: February 2018*

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## **Introduction**

Welcome to your clinical rotation year! This Clinical Year Handbook includes important information common to all required clinical rotations. If you have any questions about the information in this handbook, contact Jessica Vlaming PA-C at 312.942.9068 or [Jessica\\_vlaming@rush.edu](mailto:Jessica_vlaming@rush.edu).

Being a student on clinical rotations is hard work. To be successful, you must have good critical thinking and communication skills, and you must demonstrate sound judgment capacity as a member of a healthcare team. Becoming a successful PA practitioner requires motivation, dedication, intellectual curiosity, and many hours of hard work. The effort required to become a PA is hard, but the rewards for your efforts will provide you both professional fulfillment and personal satisfaction. Congratulations and welcome to the world of patient care!

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

### **Rush University Physician Assistant Program Mission, Vision, and Goals**

#### **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.

#### **Physician Assistant Program Vision**

The Rush University Physician Assistant Program strives to be a nationally recognized leader in PA education, training highly qualified physician assistants to assume leadership roles in clinical and professional practice.

#### **PA Program Goals**

The goals of the Rush University Physician Assistant program are:

- 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 also dedicated to fulfilling the mission, vision, and values of the University, the College, and the University Medical Center.

## PA Program Faculty and Staff Contact Information

Rush University Department of Physician Assistant Studies  
 600 South Paulina Street, 746 AAC  
 Chicago, IL 60612  
 Phone Number: (312) 563-3234  
 Fax Number: (312) 563-2805  
 Webpage: [www.rushu.rush.edu/pa-program](http://www.rushu.rush.edu/pa-program)

Please contact the Program Director or Director of Clinical Education at any time with questions.

<p><b>Regina Chen, MS, PA-C, L. Ac., Dipl. C.H.</b>  <b>Chair and PA Program Director, Chair</b>          Department of Physician Assistant Studies          Office: 1021F AAC          Phone: (312) 942-2068          Email: <a href="mailto:regina_chen@rush.edu">regina_chen@rush.edu</a></p>	<p><b>Jessica Vlaming MS, PA-C</b>  <b>Director of Clinical Education</b>          Office: 761 AAC          Phone: (312) 942-9068          Email: <a href="mailto:jessica_vlaming@rush.edu">jessica_vlaming@rush.edu</a></p>
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## Clinical Rotation Preceptor Contact Information

The specific contact information for all clinical sites and preceptors is posted on Blackboard. All questions regarding rotations should be directed to the Director of Clinical Education.

## Clinical Year Rotation Calendar 2018-2019

The following calendar outlines the required rotations and the start and end dates of each rotation period. Each student's specific rotation schedule will fall within these timeframes.

<b>Required Rotations</b> <i>(*all rotations are 4 weeks in length*)</i>	<b>Rotation Dates</b>
<input type="checkbox"/> PHA 581 Family Medicine	<input type="checkbox"/> May 7- June 1, 2018
<input type="checkbox"/> PHA 582 Internal Medicine I	<input type="checkbox"/> June 4- June 29, 2018
<input type="checkbox"/> PHA 583 Internal Medicine II	<input type="checkbox"/> July 2- July 27, 2018
<input type="checkbox"/> PHA 584 General Surgery I	<input type="checkbox"/> July 30- Aug 24, 2018
<input type="checkbox"/> PHA 585 General Surgery II	<input type="checkbox"/> Aug 27- Sept 21, 2018
<input type="checkbox"/> PHA 586 Women's Health	<input type="checkbox"/> Sept 24- Oct 19, 2018
<input type="checkbox"/> PHA 587 Pediatrics	<input type="checkbox"/> Oct 22- Nov 16, 2018
<input type="checkbox"/> PHA 588 Behavioral Health	<input type="checkbox"/> Nov 19- Dec 14, 2018
<input type="checkbox"/> PHA 589 Long Term Care/Geriatrics	<input type="checkbox"/> Jan 2- Jan 25, 2019
<input type="checkbox"/> PHA 590 Emergency Medicine	<input type="checkbox"/> Jan 28- Feb 22, 2019
<input type="checkbox"/> PHA 591 Elective Rotation I	<input type="checkbox"/> Feb 25- March 22, 2019
<input type="checkbox"/> PHA 592 Elective Rotation II	<input type="checkbox"/> March 25- April 19, 2019

**Rush University**  
**Physician Assistant Studies Program**  
**2<sup>nd</sup> Year Student Professional Behavior and Professionalism Policy**

Professionalism relates to the intellectual, ethical, behavioral, and attitudinal attributes necessary to perform as a health care provider. Students in the PA program are expected to behave professionally, and in a manner appropriate to a clinician-in-training through all phases of the program. All students are expected to adhere to the ethical codes set forth in the Rush University Statement on Academic Honesty and the CHS Guide for Professional Conduct (see Appendices B and C, respectively). Additionally, PA students are required to behave according to the Code of Conduct published by the American Academy of Physician Assistants (available at the AAPA Website at: <http://www.aapa.org/advocacy-and-practice-resources/practice-resources/ethics> and included in this handbook (see Appendix D).

In general, the PA program will adhere to the following professionalism policy for all its students. Additional professionalism policies in either courses or the clinical entity may also apply.

**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 and rotation. Professionalism is evaluated by the PA Program Directors, Clinical Preceptors, or other designated agents of 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, and in the clinical setting
- Overall respectful attitude towards the faculty, staff, preceptors, and peers
- Handling of complaints and disputes including the following of established protocols and chain of command
- Communication skills
- Responding to all communication requests – from pages, emails, and phone calls – on a timely basis.
- Student work ethic
- Appearance and attire appropriate to place and situation as defined by faculty
- Compliance with departmental and University policies and procedures

**PROFESSIONALISM ASSESSMENT:** *policy as outlined in the PA program handbook*

**RUSH UNIVERSITY  
PHYSICIAN ASSISTANT STUDIES PROGRAM  
SECOND YEAR CLINICAL ROTATION GENERAL POLICIES**

**Second Clinical Year Academic Standing and Performance Requirements**

In order to progress to clinical rotations, a student must have met each of the following standards:

1. Pass all required courses and be in good academic standing in the program at the end of the first year of the program, in accordance with the PA program handbook
2. Have an overall cumulative GPA of 3.0 or higher
3. Have successfully passed their first year OSCE examinations
4. Must be in good standing in the program as outlined in the PA program handbook and in accordance with Rush University policies.
5. Must pass the PA Progress and Promotions Committee's formative evaluation for eligibility to progress through the program.

In order to remain a student in good standing during second year of the program, the student must meet all required clinical performance standards. These include, but are not limited to:

1. Obtain a passing final preceptor evaluation from each rotation
2. Obtain a passing score on the end of rotation examinations for each required rotation
3. Obtain a passing grade on EACH required rotation component including to but not limited to patient notes, case presentations and other rotation assignments
4. Obtain passing scores on any Master's research assignments
5. Pass the second year OSCE examination
6. Maintain an overall cumulative GPA of 3.0 or higher at all times
7. Participate in ALL scheduled activities of the second clinical year including SIM lab and return-to-campus events
8. Demonstrate professionalism and academic integrity throughout all clinical rotations

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

In order to progress to the third year clinical rotations, students must be in good standing in the program with an overall "PASS" per University standards and must successfully pass the second formative evaluation assessment conducted by the program's Progress and Promotions Committee. Refer to the PA Studies Program Student Handbook for details regarding the formative and summative evaluation processes.

**Academic Honesty and Ethical Behavior on Rotations**

Students are expected to maintain academic honesty and ethical behavior throughout all clinical training activities. Any academic work submitted to the program – for example, patient case reports, clinical presentations, medical records submissions – must be the students' own, original work. Any submission that the faculty considers falsified, fabricated, or plagiarized will be returned for revision and resubmission, and the student will receive an academic warning. If a student submits suspected non-original work a second time, the faculty will conduct an



investigation of the student's work and sources, and the student is at risk for being placed on academic probation. The faculty may utilize SafeAssign<sup>®</sup>, as well as EPIC reviews to verify the originality of all student submissions.

Inappropriate or unethical behavior towards fellow students, preceptors, clinical staff, or patients while on rotation is not tolerated. Any report of inappropriate or unethical behavior while on rotation will be investigated, and the student is at risk for academic probation and/or possible dismissal from the program.

Students on rotation shall not be subject to any act of inappropriate or unethical behavior by others. If a student believes an inappropriate or unethical situation may be occurring, they must do the following:

1. Under NO circumstances should a student on rotation try to manage any potentially inappropriate or unethical situation on their own.
2. If a student judges any incident in the clinical setting to be possibly inappropriate, she/he should contact the Director of Clinical Education and/or Program Director at the earliest possible moment for investigation and management.

## **Academic Probation Policy**

Students on clinical rotation are expected to maintain all performance standards outlined in the Second Clinical Year Academic Standing and Performance Requirements and Clinical Rotation Grading Criteria sections of this handbook. Any student who is unable to maintain satisfactory student performance, or who violates the program's standards for professionalism and ethical behavior, will be referred to the PA Program's Progress and Promotions Committee for review, which may result in the student being placed on academic probation, according to the policy standards outlined in this and the program handbook. Refer to the PA Program Student Handbook for details regarding academic probation.

Remediation for performance violations while on clinical rotation may entail a variety of activities, depending on the nature of the problem. Due to the fast-paced nature of clinical rotations, performance issues in the clinical setting may require the student attend additional rotation hours, or prolong the duration of the rotation. This may delay the student's progress through the program and may delay graduation.

## **Attendance Policy**

Attendance and punctuality in all curricular, clinical rotation, and university related activities is MANDATORY and is expected of all students during the PA program. Adherence to the program's clinical rotation attendance and punctuality are criteria within the program's standards for professional behavior (see Physician Assistant Professional Behavior and Professionalism Policy).

### **Attendance**

**Absences or tardiness from clinical rotations, return-to-campus events, or any other PA program activity will not be tolerated.** Each clinical rotation has a requisite number of mandatory clinical hours, as determined by the preceptor and/or the PA program faculty. Any student not completing the required clinical hours during a given rotation is at risk for failing for that rotation. If an unforeseen circumstance arises (i.e. death in your family, serious illness or

injury to you), it will be considered an excused absence. Students are expected to notify the Director of Clinical Education immediately via email if they are going to be absent. Weddings, family vacations, dentist appointments, going home to another town, baptisms, retirement parties, stuffy noses, etc. are NOT considered excused absences. These are considered unexcused absences. Unexcused absences also apply to leaving class, clinical rotations, or return-to-campus events for any reason without prior program approval.

However, the program recognizes that “life happens” outside of PA school and matters are out of the student’s control. Therefore the program will allow students 2 personal days per year to use as needed. In order to use a personal day, students must notify the Director of Clinical Education at least two weeks in advance of the requested day. Once this request is approved, students must then notify their preceptor via email. The personal day cannot be the first day or last day of the rotation, nor can it be during a return-to-campus event or some other required program or clinical activity. Half-day requests will not be accepted. If a student needs to take time for any reason, they must take the entire day. Any violation of this rule will result in loss of the second personal day and possible academic concern/probation for professionalism violation.

If a student must take time off during a rotation, that time may need to be made up within a reasonable timeframe during the rotation, and at the discretion of the clinical preceptor, in order to progress to the next rotation. Clinical preceptors are not obligated to allow a student to make up missed days. 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, return-to-campus events, and PA program activities. Tardiness hampers all student assignments made for that day. Disruptions to clinical rotations or any other PA program activity due to late arrival will not be tolerated and is considered a violation of professionalism.

Any student exceeding two or more unexcused absence is subject to failing the rotation, regardless of other rotation performance, and may be subject to dismissal from the program.

### **Leave Of Absence**

If a student requires a leave of absence, for example for medical or personal reasons, during clinical rotations, she/he is required to request the leave from the Director of Clinical Education and the Program Director in writing. The terms of the student’s duration of 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. Changes to the terms of the student’s return to the program after a leave of absence may be arranged with, and at the sole discretion of, the Program Director on case-by-case basis.

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.

The student is required to fill out the appropriate Leave of Absence forms including acquiring the appropriate signatures from the Registrar’s Office, financial aid, etc. as indicated according the Registrar’s Office and Rush University student policies. These forms are found on the University’s website under the Registrar section.

## **Chain Of Command for Grievances and Student Appeals**

Students should address all issues or concerns regarding rotations with the PA Program's Director of Clinical Education or Program Director. It is not appropriate for student's to express grievances regarding a rotation directly with the preceptor or a member of the clinical site. Violations of this policy will not be tolerated.

Students are encouraged to establish good communication with their preceptors, and to request feedback on their performance. However, it is not appropriate to dispute an evaluation or rotation grade with the preceptor, either during or any time after the rotation ends. If the student has concerns regarding their preceptor evaluation or grade, they should address their concerns with the Program's Director of Clinical Education immediately.

If the student perceives a communication or other issue may exist with the preceptor, he/she should contact the PA Program's Director of Clinical Education immediately. It is not appropriate to raise issues or concerns regarding a rotation site after the rotation ends or after grades have been submitted.

All grievances or student appeals of grades or other Program decisions should be submitted in writing to the Director of Clinical Education or the PA Program Director in accordance with the policy outlined in the PA Program Handbook.

All written student grievances will be fully investigated by the Director of Clinical Education or the PA Program Director and any decisions made will be at their discretion.

## **Communication Policy**

All students are required to check their Rush student email account and Blackboard for any clinical rotation updates on a daily basis. All students are also required to respond to all emails or phone calls from a Rush faculty member or clinical rotation contact within 24 hours.

To facilitate communication while on rotations, students may be issued a pager by the program prior to the start of the second year clinical rotations. Students are expected to carry these pagers at all times during their clinical rotation hours as required by the preceptor.

Students are required to return all pages from the program faculty or its administrators within 3 to 5 minutes after being paged. Failure to do so is considered a violation of professionalism and may result in failing the rotation regardless of the student's performance. Violation of this policy may also result in the student being placed on academic probation and/or dismissal.

It is the student's responsibility to make sure that their pager is in working order at all times (if applicable). If an assigned pager is lost or damaged, it is the student's responsibility pay for its replacement, in accordance with rules and regulations of the Rush Department of Telecommunications, regardless of the reason for the loss or damage. The cost of replacement is \$50.00, subject to change without prior notice.

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

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

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

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

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

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

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

Whenever a student is in a clinical setting he/she is required to dress in business casual attire, as appropriate to the clinical setting. For women: Crop tops, halter tops, spaghetti strap tank tops, short skirts, shorts, jeans, T-shirts, casual pants, leggings, flip flops and sneakers are NOT acceptable. For men: T-shirts, jeans, shorts, flip flops and sneakers are NOT acceptable. Students should also wear comfortable shoes, as work-hours are long and may require a lot of walking and/or long periods of standing. Footwear must always have closed-toes in the clinical setting.

Additionally, in any clinical setting, students are also required to wear a sport-coat-styled, short, white medical jacket with the University and the PA program's name and the student's Rush ID clearly visible.

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

students should have their hair pulled back and secure all times and male students should have their ties pinned or tucked in while involved in patient care.

Any student found not adhering to these standards is considered a violation of professionalism and may result in failing the rotation regardless of your performance. It may also result in the student being placed on academic probation and/or dismissal.

## Emergency Procedure Policies:

### Hazardous Exposure Incident Policy

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

#### Procedure for Hazardous Exposure Event at Rush University Medical Center

1. Wash injured area with soap and water. If eyes, nose, or mouth, use water only.
2. Immediately report the incident to your preceptor / course instructor.
3. Immediately call and then report to Employee and Corporate Health Services (ECHS), 4<sup>th</sup> floor Atrium, 312-942-5878.
4. If ECHS is closed, immediately report to the Rush Emergency Room (ER), Rush Tower, 1<sup>st</sup> floor, 312-947-0100. Please bring your student ID or indicate that you are a student and **not** an employee. If student is seen in ER, the student must report to ECHS on the next business day.
5. Supply ECHS or ER nurse/physician with the following information on the source: (a) name, (b) date of birth, (c) medical record number, (d) known medical diseases (Hepatitis B, HIV), and (e) patient room number. All information is recorded confidentially in the Blood/Body Fluid Exposure Record.
6. Students will be counseled or treated as deemed appropriate by ECHS or ER personnel.
7. Return to ECHS or to consultants as directed for follow-up lab work and treatment as indicated.
8. E-mail **RU.Report\_Exposures@rush.edu** regarding exposure with exposed student's name, college, course, date, time, and details of exposure for follow-up and to ensure proper billing of the services received.

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

Follow the protocol at your facility. If directed to Rush ECHS or ER facility, bring source patient information (#5 above), and source blood in one lavender-top and one marble-top tube labeled "source patient." E-mail **RU.Report\_Exposures@rush.edu** with exposed student's name, college, course, date, time, and details of exposure for follow-up and billing. Follow-up care should be received at ECHS or at consultants as directed by ECHS.

### Non-Hazardous Exposure Incidents Policy

Any incident that affects patient or staff well being, or a patient's prescribed care, must be reported to the preceptor and the Director of Clinical Education immediately. Filing a hospital incident report may be required, depending on the policy of the particular institution. A duplicate of any hospital incident reports, as well as a memorandum of explanation from the clinical

instructor, will be placed in the student's clinical file and the Program Director or Director of Clinical Education will be notified immediately. Incidents involving gross errors in judgment or practice on the part of the student will constitute grounds for dismissal from the program.

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

Any incident that affects a student's well being must be reported immediately to both the rotation preceptor and the Director of Clinical Education. This includes, but is not limited to: student illness or injury, accidents, falls, and potential violent or non-violent events and encounters. If a student feels he or she is in immediate danger while on rotation, the student should calmly remove him or herself from the situation at the soonest possible time, and immediately contact RUMC campus security at (312) 563-5678 or dial 911. The student should then immediately alert his/her preceptor and the Director of Clinical Education regarding the incident. Be cautious and aware of your surroundings when traveling around the Rush campus. Please note the following security recommendations:

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

### **IMPORTANT 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

### **CRISIS LINES:**

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

## On-Call Responsibilities and Duty Hours

### Duty hours and work schedules on rotation:

During the clinical year, there is no fixed schedule during clinical rotations. Students must be adaptable, as duty hours and schedules will vary from one rotation to another, depending on the nature of the service. Students may work 6 to 7 days per week while on rotation, and will likely work nights, weekends, and holidays. Students may work up to 80 hours per week.

The preceptor, at his/her sole discretion, sets the schedule for any given rotation. Students on a rotation may not alter or refuse to work clinical duty hours assigned by the preceptor. If a student plans to request a personal day during any given rotation, he/she must receive written approval from the Director of Clinical Education in advance of starting the rotation and inform the preceptor at the beginning of the rotation of any such limitations. The student is also required to make up the missed hours, as deemed appropriate by the preceptor. An excused absence from rotation does not mean you are released from those hours, you must still work the number of hours designated by the preceptor.

Regardless of a student's individual rotation hours, daily attendance and punctuality are part of the professionalism component of your rotation grade. Any violation of this policy may result in failing the rotation and possible dismissal from the program.

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

If the student has a legitimate reason to request time off call-duty, he/she must receive both advance written approval from the Director of Clinical Education and notify the preceptor prior to the absence, and make up the missed call hours. Any questions or concerns about a call schedule should be directed to your preceptor or the Director of Clinical Education.

### Duty and On-call Hours:

Duty hours are defined as all patient care and academic learning activities related to the clinical rotation. These include: all inpatient and outpatient care hours; time spent in the hospital for on-call activities; and scheduled academic activities such as attending conferences and lectures. This also includes administrative duties that may be required while on clinical rotations such as chart review, patient call backs, EMR and note taking documentation. Duty hours do not include required reading or exam preparation time, or time spent commuting to and from the rotation.

In general, a student's total duty hours should not exceed 80 hours a week, including all in hospital on-call activities. However, there are no mandatory limitations or caps on PA student work hours.

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

## Students Substituted as Employees

Students are NOT permitted to substitute for paid employees on any given rotation. This includes all clinical and non-clinical duties. If a student is asked to substitute for an employee or suspects he/she is working as if the student were an employee then the student should immediately notify the Director of Clinical Education or the PA Program Director. Please be advised that some nursing and medical assistant duties are part of clinical rotations. This includes but is not limited to: rooming/transporting patients, taking vital signs, processing lab/urine specimens, giving patients discharge instructions, etc. If a student violates this policy at any time, the student will immediately be placed on academic probation and subject to dismissal from the program.

## Registration for Clinical Rotations

All students are required to register for clinical rotations each Quarter, according to the published College of Health Sciences (CHS) Calendar. The CHS calendar may be found on the University Website under the Registrar's Office tab. All second year students must register for a placeholder course titled "**PAS-CLIN 1, Section W**" each quarter during open registration times. The CHS registration times for the 2018-2019 academic calendar can be found at [www.rushu.rush.edu](http://www.rushu.rush.edu)

Students who register after the regular registration period ends will accumulate additional fees as outlined by the Registrar's Office. Students are responsible for any late fee incurred due to late registration. Not registering on-time is also considered a violation of professionalism and the student may be subject to being placed on academic probation as well as being withheld from continuing on clinical rotations until the matter is resolved.

## Global Health Trips

Global Health Trips are offered primarily to third-year students, as space is often limited. Second year students may be permitted to attend a medical mission trip on one occasion during their second year, and will be alerted by the Director of Clinical Education if this opportunity is available. Students will be permitted to attend one global health trip during their third year of the program, if space is available. All dates and timeframes must be submitted in writing via email to the Director of Clinical Education at minimum 90 days in advance of the trip. Students may not miss more than 6 days of any rotation and the trips may not coincide with any required program or university activity. Students should not submit payment or make any arrangements for their trip until they have received official approval from the Director of Clinical Education. Students may also be required to make up the clinical rotation time missed if applicable. Students who choose to participate in a medical mission trip will be required to complete an assignment at the discretion of the PA faculty. Students are also required to inform their preceptor and remind PA program faculty about their trip 2 weeks prior to leaving.

## Rotation Scheduling Policy

The Director of Clinical Education makes all clinical rotation assignments **randomly** based on site availability. Any request to make changes to an assigned rotation schedule must be submitted in writing to the Director of Clinical Education within 1 week of receiving the schedule.



Please see the document titled “Clinical Rotation Schedule Change Requests” for further information.

The PA Program considers its primary rotation area to be within a 90-mile radius or 90 minute drive from Rush. Student rotation assignments typically fall within this area. Requests for a rotation placement outside of the program’s established rotation area will be considered for second-year Elective Clinical Rotations only.

### **Alternative Elective Rotations and Out of State Rotation Scheduling Policy**

Students are permitted to request alternative (non-Rush PA program rotation sites) and out of state rotation sites/preceptors for their second-year 4-week elective rotation only. All requests must be submitted in writing via email to the Director of Clinical Education no later than 90 days prior to the start of the rotation. Any requests submitted after 90 days will not be considered. **NO EXCEPTIONS.**

An external rotation site assignment must meet the PA Program’s training standards; sites are established based on the preceptor’s teaching capacity, and the practice’s ability to offer students a valuable learning experience. The Director of Clinical Education has the right to refuse any site he or she feels does not meet the overall objectives and goals of the PA program.

Requests for external site placement are not guaranteed and students should not plan to attend their requested rotation site unless confirmed by the Director of Clinical Education.

If the student wishes to complete an alternative or out of state elective rotation, he or she must submit the following at least 90 days in advance of the planned rotation:

- Submit a written request to the Director of Clinical Education via email, to allow the program sufficient time to complete the required site procurement process.
- Provide the Director of Clinical Education with the outside preceptor information sheet. (Appendix J) This includes specific site information, including the name and contact information of the proposed preceptor and any hospital affiliations.
- A copy of the preceptor’s current CV.
- Provide a letter of agreement from the proposed preceptor indicating his or her willingness and ability to serve as a clinical preceptor, to provide a clinical learning experience which meets program objectives and goals, and to abide by the guidelines/rules of the PA program as outlined in the Clinical Preceptor Handbook. The preceptor letter of agreement can be found in (Appendix K) and should be signed and submitted to the Director of Clinical Education on the preceptor’s letterhead.

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

- The preceptor is not a relative or future in-law of the student.
- The preceptor is not a close family friend.
- The preceptor or facility is not a former employer of the student.
- The student’s spouse, partner, or future spouse is not employed by the preceptor or its facility.

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

## **Rotation Travel and Commuting Policy**

In order to provide students with a broad range of clinical experiences, rotations have been established throughout the greater Chicagoland area. While a portion of your rotations will be at Rush, every student is guaranteed to have rotations outside of Rush as well.

Students are expected to transport themselves safely to any assigned rotation, and therefore must have, and maintain in good working order, a car for commuting during rotations. For planning purposes, the program considers a reasonable commuting distance to be approximately 90 miles or a 90 minute drive, not accounting for traffic conditions.

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

While on rotation, students may be asked to accompany physicians and their surgical teams to locations away from the primary rotation site. An example of such an activity is travel to a distant hospital for organ procurement while on transplant surgery. If a student is asked to participate on any off site activity, such as procurement, he/she must inform the Director of Clinical Education via email immediately when requested to go and immediately upon the students return. The email must include the physicians name, surgical service, anticipated procurement site, mode of transportation, expected departure time, and expected return time. It should also include the students name, pager number, and cell phone number in case a member of the faculty needs to contact the student for any reason. This is to ensure that the program is aware of the student's safety and location at all times. Any violation of this policy will be considered a violation of professionalism and may result in the student being placed on academic probation.

## **Student Health Compliance Requirements**

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 and progress to clinical rotations.

The program requires students have documented immunity via titers to each of the following (*documentation that you received the vaccine does not count*):

- Measles, Mumps, Rubella
- Tetanus, Diphtheria, and Pertussis
- Hepatitis B Series
- Varicella (Chicken Pox, either by occurrence or vaccination)

Additionally, a student must document his/her tuberculosis exposure status, either by a negative 2-step PPD test, negative quantiferon gold study, or a negative chest x-ray, as appropriate.

The student is required to receive the influenza vaccination and a PPD test on a yearly basis at a time designated by the program unless otherwise indicated.

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. Any student that is asked to repeat any vaccination verification or PPD test will be required to do so at their own expense.

The student's health records are confidential and will remain on file in the Office of the Registrar. 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, if requested.

Students are also expected to keep copies of all health care compliance documents in case they are needed for any rotation. Students will have access to their health care information online via Castle Branch, which can be downloaded for this purpose at any time. Students are expected to be able to access this information on rotation if requested to do so. Any student failing to comply with this requirement is considered a violation of professionalism and the student may be subject to placement on academic probation.

Students are responsible to ensure that they are fit to endure the rigors of the program. These are expressed in the Technical Standards for PA Students. Students requesting reasonable accommodations based on a disability should contact the Office of Disability Services for additional information.

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.

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.

## **SECOND YEAR ROTATION OBJECTIVES AND COMPETENCIES – GENERAL**

Upon completion of each rotation, PA student should have demonstrable competencies in each of the following general areas of PA practice:

### **General History-taking Guidelines:**

The student should be able to obtain an appropriate and complete history from a patient and/or their legal guardian.

The history should contain the following elements, as appropriate to the practice setting:

- A clear, concise chief complaint and history of present illness
- A past medical history including: past illnesses, immunizations, hospitalizations, surgeries, trauma, childhood diseases, allergy history, and previous drug or transfusion reactions
- A family history pertaining to parents, grandparents, siblings, and their illnesses; family predisposition to illness, and genetic transmission.
- A medication history, including: a list of the patient's current prescription medications with usage, dosage, and schedules, and compliance; use of over-the-counter medications; use of herbal and supplemental remedies; past medications as indicated; and any medication reactions.
- A pertinent social history including the patient's occupation, tobacco, alcohol, or drug use patterns, and as appropriate - current life situation, financial and emotional support network, and sexual history.
- A survey of the patient's health maintenance practices, such as exercise and other safety device use as appropriate.
- A recording of any complementary or alternative therapies the patient may use to treat disorders or maintain wellness
- A pertinent review of systems.
- An interval history pertaining to progression, regression, or stabilization of any chronic illness.
- When indicated, a brief but detailed outpatient history pertaining to an acute illness and treatment rendered.
- A dietary history including a typical daily menu and food preferences. In infants, elicit a dietary history for formula or breast milk usage and the average number of feedings, in ounces, per 24 hours.
- For the pediatric population, elicit a well-baby history that includes birth weight, physical, mental, and emotional growth and development, and immunizations to date.

The student should be able to record all historical data in an appropriate format and style using language and penmanship that is clear, concise, and informative. The history should demonstrate the interviewer's professional competence and credibility. If the site utilizes an electronic medical record system, the student should be able to convey all necessary historical information in the designated format as necessary.

### **Physical Examination:**

The student should be able to perform an appropriate complete and focused physical examination on a patient of any age or gender in any medical setting as required.

The student should demonstrate the following skills regarding the physical examination:

- Ability to perform a complete, well organized, and appropriately sequenced physical examination.
- Proper use of required physical examination equipment.
- Ability to communicate with a patient, of an age and in any setting, in an appropriate manner that is clear, easy to follow, free of jargon, and gains the patient's confidence.
- Ability to provide for the patient's safety and comfort during all portions of the examination.
- Ability to alter the examination sequence and content according to the situation, illness/injury, and special needs of the patient.
- Ability to obtain an appropriate focused examination to assess an acute illness or injury or the stability of a chronic illness.
- Recognition of normal and abnormal examination findings based on the patient's age and health state.
- Ability to effectively communicate physical examination findings in a clear and concise manner that meets the audience's expectations and needs, and demonstrates professional competence and credibility.

### **Differential Diagnosis and Treatment Plan Formulation:**

The student should be able to develop a differential diagnosis and diagnostic impression, and to communicate findings to supervisors, for each patient interviewed and examined,

The student should demonstrate the following regarding the formulation of appropriate differential diagnoses and treatment plans:

- Sound judgment in the formulation of a differential diagnosis and treatment plan.
- Ability to augment the differential diagnosis through each stage of data collection and synthesize patient data to construct an appropriate treatment plan
- Effectively communicates the diagnostic impression and treatment plan, in written or oral form.
- Maintain a complete up-to-date problem list for all patients.
- Make appropriate referrals as needed for further evaluation and services.

### **Diagnostic Studies and Therapeutic Procedures:**

The student should be able to identify and order appropriate diagnostic studies, and assist with and/or perform diagnostic and therapeutic procedures.

The student should demonstrate the following knowledge and/or skills related to diagnostic studies and therapeutic procedures:

- Be able to discuss, and whenever possible, perform, with appropriate supervision, procedures such as giving injections, placing IVs, inserting urinary catheters, wound suturing, limb splinting, and any other procedure that may be routinely performed on the rotation.
- Describe the indications, contraindications, and complications of all procedures performed.

- Administer intravenous infusions using a variety of appropriate equipment such as butterfly needles, intravenous catheters, and heparin locks.
- Administer medications via intradermal, subcutaneous, intramuscular, and intravenous injection.
- Order appropriate routine diagnostic tests, EKGs, and radiology studies. Be able to interpret diagnostic study reports as appropriate to the clinical setting.
- Quickly and accurately calculate appropriate dosages of medications and infusion rates for IV fluids and drugs.
- Order appropriate diets, with supervision, for adults, children, and special diets for debilitated or immunocompromised patients.

### **Communication:**

The student should be able to communicate in a medically professional manner with patients, their families and significant other(s), physicians, peers, and other members of the health care team.

The student should demonstrate the following communication skills:

- Present to medical peers a brief synopsis of a clinical case, including the patient's present illness, pertinent positive and negative findings, and the diagnostic and therapeutic regimen planned.
- Communicate effectively with patients across the age continuum using vocabulary appropriate to the audience.
- Counsel patients and their families, as appropriate, regarding the patients' condition, including an explanation of the disease process, therapeutic options and their rationale, prognosis, and available healthcare support services.
- Counsel patients and their families, as appropriate, on appropriate health maintenance, disease prevention, and risk reduction issues across the age continuum
- Demonstrate the ability to provide emotional support to patients and their family and loved ones, parent(s), or guardian(s).
- Write clear, concise, and accurate medical records and orders, using the appropriate format, for the following types of documents: admission orders; pre- and post- operative notes and orders; treatment orders; a complete history and physical examination; SOAP notes; procedure notes; progress notes; discharge and transfer summaries; and long term care plans.
- Initiate requests for patient services including home healthcare, school testing and evaluation, and release of medical records.
- File mandatory local, state, and federal reports for communicable diseases, domestic violence, and abuse/neglect cases appropriately, utilizing approved forms and following proscribed protocol.

### **Professionalism:**

The student should be able to demonstrate appropriate professional and ethical behavior at all times.

The student should demonstrate the following professional behaviors:

- Apply ethical practice to all patient care situations and abide by the PA Code of Ethics.
- Demonstrate professional appearance, conduct, and work duties at all times. This includes wearing a lab coat and nametag in all clinical settings.

## **SECOND YEAR ROTATION OBJECTIVES AND COMPETENCIES – SPECIFIC**

Please refer to the clinical rotation information shell on Blackboard for each rotation's specific learning objectives and competencies.

You should pace yourself throughout the duration of the rotation and study each day to avoid "cramming" at the end of your rotation. Clinical Rotation hours vary from day to day and you cannot predict how busy or quiet it will be. It is a good idea to bring reading material with you each day to take advantage of any down time that you may have available for studying.

## **TIPS AND SUGGESTIONS FOR STUDENTS ON CLINICAL ROTATIONS**

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

**CLINICAL ROTATION REQUIRED/RECOMMENDED TEXTBOOKS**

<b>Clinical Rotation:</b>	<b>Required or Recommended Textbook:</b>
<b>Internal Medicine</b>	<ol style="list-style-type: none"> <li><b>1. Goldman's Cecil Medicine, 2015, Goldman, L. Schafer, A. 25<sup>th</sup> Ed.,(required)</b></li> <li>Kochar's Clinical Medicine for Students, Torre, D., et al., 6<sup>th</sup> Ed, Lippincott, Williams &amp; Wilkins, 2016 (recommended)</li> <li>The Washington Manual of Medical Therapeutics, 35<sup>th</sup> Ed., Foster, C., et al, Lippincott, Williams &amp; Wilkins, 2016 (recommended)</li> </ol>
<b>Pediatrics</b>	<ol style="list-style-type: none"> <li><b>1. Berkowitz's Pediatrics: A Primary Care Approach, Carol D. Berkowitz, MD, FAAP, 5<sup>th</sup> Edition, American Academy of Pediatrics 2014 (required)</b></li> <li><b>2. Bright Futures Pocket Guide: Guidelines, Paula Duncan MD, FAAP, 4<sup>th</sup> Edition, American Academy of Pediatrics 2017 (required)</b></li> <li>The Harriet Lane Handbook, Custer, J., 20<sup>th</sup> Ed, Mosby, 2014 (recommended)</li> </ol>
<b>General Surgery</b>	<ol style="list-style-type: none"> <li><b>1. Sabiston Textbook of Surgery, Townsend Jr., Courtney M., et al, 19<sup>th</sup> Ed., Saunders, 2012 (required)</b></li> <li>Surgical Recall, Blackbourne, L., 7<sup>th</sup> Ed., Lippincott, Williams &amp; Wilkins, 2014 (recommended)</li> </ol>
<b>Family Practice</b>	<ol style="list-style-type: none"> <li><b>1. Essentials of Family Medicine, Sloane, Philip D., et al, 6<sup>th</sup> Ed, Lippincott, Williams &amp; Wilkins, 2011 (required)</b></li> <li>Blueprints Family Medicine, Lipsky, Martin S., et al, 3<sup>rd</sup> Ed, Lippincott, Williams &amp; Wilkins, 2010 (recommended)</li> <li>The Washington Manual of Medical Therapeutics, 35<sup>th</sup> Ed., Foster, C., et al, Lippincott, Williams &amp; Wilkins, 2016</li> </ol>
<b>Behavioral Health</b>	<ol style="list-style-type: none"> <li><b>1. Kaplan and Sadocks Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, Sadock B., et al., 11<sup>th</sup> Ed., Wolters Kluwer, 2015 (required)</b></li> </ol>
<b>Long-Term Care/Rehab</b>	<ol style="list-style-type: none"> <li><b>1. Office Care Geriatrics, Rosenthal, Thomas, et al, Lippincott, Williams &amp; Wilkins, 2006 (required)</b></li> <li>Physical Medicine and Rehabilitation Pocketpedia, Shatzer M., 2012 (required)</li> </ol>
<b>Emergency Medicine</b>	<ol style="list-style-type: none"> <li><b>1. Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8<sup>th</sup> Ed., Tintinalli, Judith, et al, McGraw-Hill, 2015 (required)</b></li> </ol>
<b>Women's Health</b>	<ol style="list-style-type: none"> <li><b>1. Obstetrics and Gynecology, 7<sup>th</sup> Ed, Beckmann, Charles RB, et al, Lippincott, Williams &amp; Wilkins, 2013 (required)</b></li> </ol>
<b>Elective Rotation</b>	No specific text – readings as appropriate for rotation site and preceptor
<b>ALL ROTATIONS</b>	<ol style="list-style-type: none"> <li><b>1. Essential Clinical Procedures, 3<sup>rd</sup> Ed, Asprey, David P, et al, Saunders Elsevier, 2013 (required)</b></li> </ol>



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

1. Maxwell Quick Medical Reference, 2012
2. Tarascon Pocket Pharmacopoeia, 2016 Classic Shirt-pocket Ed., Hamilton, Richard (or similar)
3. The Sanford Guide to Antimicrobial Therapy 2015, 45<sup>th</sup> Edition, Gilbert, David. (or similar)
4. Recall Series, Secrets Series, or similar question/answer format guidebook, by rotation specialty

## **CLINICAL PERFORMANCE AND GRADING POLICIES**

### **Clinical Performance Tracking System – E\*Value**

The Program requires all students use an online performance monitoring system, called E\*Value, to track all aspects of student performance while on rotation. Students will receive training on the use of the system prior to going on their first clinical rotation.

#### **Documentation of Clinical Encounters and Procedures Using E\*Value**

Students are required to maintain a log of ALL patient encounters during their clinical rotation via E\*Value. It is strongly recommended that you log onto E\*Value everyday to record your patient encounters. All patients seen must be logged into E\*Value within 48 hours of the last day of your clinical rotation in order to receive your final clinical rotation grade. Failure to do so is considered a violation of professionalism and may result in the student being placed on academic concern.

#### **Completing Site and Preceptor Evaluations Using E\*Value**

Students are required to complete all rotation site and clinical preceptor evaluations using E\*Value. All evaluations must be completed within 48 hours after the last day of your clinical rotation in order to receive your final clinical rotation grade. Failure to do so is considered a violation of professionalism and will result in point deductions from the overall clinical rotation grade and possibly failing the rotation, and may also result in the student being placed on academic concern.

#### **Completing Mid-Rotation Evaluations Using E\*Value**

Students are required to print and complete the “Preceptor Mid-rotation Evaluation of Student Performance” form. This form should be completed **by the student** at the midway point of his or her rotation and then discussed with the student’s preceptor. Students should discuss their self-assessment with their preceptor in order receive formal mid-rotation feedback and find areas/ways to improve their clinical skills. Each student must then have their preceptor sign their form and bring it with them for submission at the next return-to-campus event. Once completed, students should enter their self-assessment into E\*value so that they have an electronic copy of the mid-rotation evaluation. Failure to submit the form into E\*value or failure to turn in the “signed” form is considered a violation of professionalism and may also result in the student being placed on academic concern.

## Clinical Rotation Grading Criteria

The following constitute the major components of student performance evaluation and grading while on 2<sup>nd</sup> year clinical rotations: end of rotation examinations; patient notes, oral case presentations, preceptor evaluations of student performance, and professionalism. Descriptions of each are as follows:

### End of Rotation Examination

Students are required to PASS each end of rotation exam for each of their core clinical rotations. End of rotation exams will be scheduled by members of the PA program at a time designated by the Director of Clinical Education and will follow all academic policies listed above and the testing policies listed in the PA Program Handbook.

End of rotation exams are constructed at the discretion of the PA faculty and may include ANY material listed in the general or specific clinical rotation objectives as outlined in the Clinical Year Handbook or in the rotation learning objectives posted in Rush Blackboard. Currently, the program utilizes the Physician Assistant Education Association (PAEA) online exams. These topic lists and objectives for each exam can be found on Blackboard. PAEA National Exam Statistics can be found at <http://www.endofrotation.org/>. End of Rotation exam passing cutoff scores will be determined by the PA faculty and will be posted on Blackboard.

If a student fails an end of rotation exam, he/she will be given a single opportunity to remediate the exam for a passing score. If the student then fails the remediation exam, the student will be immediately placed on academic concern and is subject to dismissal from the program regardless of other rotation performance. If a student fails more than two exams (first attempt or remediation exams), he or she will be subject to immediate dismissal from the program regardless of other rotation performance. (see Clinical Rotation Grading Criteria).

### Patient Notes & Oral Case Presentations

Students are required to submit patient notes and written assignments, facilitate journal club, and give oral presentations for some rotations as outlined per the Director of Clinical Education. The specific criteria for each patient note, journal club, and oral presentation will be outlined and posted on Blackboard. Any questions regarding this requirement should be directed to the Director of Clinical Education.

### Additional Rotation Assignments or Activities

Some rotations may have additional written, oral, or competency based assignments or activities. These assignments are created and scheduled at the discretion of the Director of Clinical Education. All assignments and instructions will be posted on Blackboard.

### Preceptor Evaluations of the Student

Preceptor evaluations of each student's performance during their rotation will be submitted to the PA program using the E\*Value system. The preceptors overall evaluation will contribute to the student's final overall course grade. Students will have an opportunity to review their preceptor evaluations once the rotation is completed. Students are required to discuss their performance with their preceptor at regular intervals throughout the rotation to improve clinical performance.

If a student fails a preceptor evaluation, the student will be immediately placed on academic probation and will be subject to dismissal from the program, pending further examination of the situation. If such an event occurs, the student may not be permitted to continue with their clinical rotations until the situation is resolved. This may result in a delay of the student's progress through the program, including a delay in progression to the 3<sup>rd</sup> Year Phase of training, and a delay in graduation, and may result in additional tuition expense.

### **Mid Rotation Evaluations (student self-evaluation)**

Students are required to complete a Mid-Rotation Evaluation (student self-evaluation) at the end of the first two weeks of the rotation. Once the student completes the evaluation, they are required to have a face to face discussion on that same day with the preceptor of record (or an individual designated by the preceptor of record) to discuss the evaluation and the student's performance thus far. After the discussion, the preceptor should make any changes to the evaluation, add their own comments (if applicable) and include their signature.

Students are then required to enter all of the data and comments immediately into the E\*Value system. The student should then bring the signed copy of the mid rotation evaluation to the next return-to-campus. Though it is difficult to find time for students and preceptors to meet formally, it is imperative that this happen so that students may receive constructive feedback and improve performance. Failure to complete the mid-rotation evaluation, have a formal preceptor discussion, or obtain the preceptor signature at the 2 week mark is considered a violation of professionalism and the student may be subject to academic concern and/or dismissal.

### **Professionalism**

Professionalism includes several components throughout a rotation. This includes but is not limited to the following: rotation attendance, submission of signed mid-rotation evaluation, participation in all rotation activities, completion of all required E\*value assignments, and professional behavior. Failure to pass any one of the professionalism components may result in the student's failure of the clinical rotation regardless of other performance, immediate placement on academic probation, and/or dismissal from the program.

### **Clinical Rotation Grading**

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

- Final Preceptor Evaluation: required on all rotations
- End Of Rotation Exams: required at the end of 7 rotations, listed below
- Patient Notes: required on Family Medicine, Internal Medicine I, General Surgery I, Women's Health, Pediatrics, and Emergency Medicine
- Hot Topics Papers: required on LTC/Geriatrics and Elective I
- Journal Club Facilitation: required for Elective II
- Oral Case Presentations: required twice throughout the year, to be assigned randomly by PA Faculty

These requirements are listed in further detail in Appendix L: "Second Year Rotation Grading Components."

## **PAEA End of Rotation Exams**

The following are links to the objectives, blueprint, and topic lists for each required end of rotation exam. Online, board type exams are given at the end of the following rotations: Family Medicine, Internal Medicine II, General Surgery II, Women's Health, Pediatrics, Behavioral Health, and Emergency Medicine.

Core Tasks and Objectives: <http://www.endofrotation.org/exams/core-tasks-objectives/>

Exam Blueprint and Topic Lists: <http://www.endofrotation.org/exams/sample-exam/>

### **Clinical Rotation Grading Rubric Detail:**

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

(out of 125 points maximum)

75 points – 125 points = pass

Below 75 points = no pass

#### **End of Rotation Exam Grading Criteria** **(based on PAEA national data and PA program data)**

all grading criteria will be posted on Blackboard

Final grade: PASS or NO PASS

#### **Patient Note Grading Criteria** (out of 12 points maximum)

***Grading Rubric: 6-12 points = "pass", 5 points or less = "no pass"***

#### **Oral Case Presentation Grading Criteria** (out of 12 points maximum)

***Grading Rubric: 5-10 points = "pass", 4 points or less = "no pass"***

#### **Professionalism Grading Criteria** (out of 10 points maximum)

***Grading Rubric: 10 points = "pass", less than 10 points = "no pass"***

*Submission of mid-rotation evaluation = 2.5 points*

*Participation in all return-to-campus event activities = 2.5 points*

*Completion of all E\*value required logging = 2.5 points*

*Appropriate, ethical, and professional behavior at all times = 2.5 points*

***\*\*please note: professional behavior is graded on a pass/fail basis. Please refer to the professionalism policies in the PA program and the Rush University handbooks.***

## Academic Performance Standards and Progress

The following information is a supplement to the PA Program Handbook, regarding specific grading policies pertaining to the second year clinical rotations.

The PA program adheres to the following standards of academic performance throughout the second and third phases of the curriculum:

### **Final Rotation Grade:**

PASS or NO PASS

**Satisfactory clinical performance** is defined as “passing” each rotation and maintaining a cumulative grade point average (GPA) of 3.0 or better at all times throughout the program. Assessment of satisfactory performance is done continuously throughout the program.

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

Satisfactory progress on clinical rotation is assessed through the successful completion of ALL components of the rotation, including but not limited to:

1. Obtaining passing scores on all final preceptor evaluations;
2. Obtaining passing scores on each end of rotation examination;
3. Obtaining passing scores on each component of all rotation assignments.
4. Obtaining passing scores on any master’s research assignments.
5. Passing the second year OSCE examination.
6. Passing the ethical and professional behavior component of each rotation.
7. Participating in ALL scheduled activities of the second clinical year including SIM lab and return-to-campus events.
8. Demonstrate professionalism, ethical and academic integrity throughout all clinical rotations.
9. Maintain an overall cumulative GPA of 3.0 or better at all times.

In addition to all ongoing student assessment processes, at the end of each year of the curriculum, there is a formal evaluation process to determine the student’s eligibility to progress through the program, and to graduate. 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 for more information.)

**Unsatisfactory clinical performance** is defined as having any one, or a combination, of the following occur at any point during the second year clinical rotations:

1. Failing to obtain a final grade of a “pass” in any clinical rotation
2. Failing to maintain an overall cumulative GPA of 3.0 or better
3. Failing to comply with the professionalism, academic honesty, or ethical conduct standards of the program or of the University, at any time during the rotation
4. Failing to receive satisfactory preceptor evaluation at the end of a rotation, regardless of other performance scores during the rotation
5. Failing to satisfactorily pass each required component outlined in the clinical rotation grading criteria.
6. Failing to satisfactorily pass any component of the cumulative competency assessment processes.
7. The occurrence of an egregious lapse in patient care, clinical judgment, or professional behavior during a rotation, regardless of prior academic performance or grade point average (GPA).

If a student fails to maintain satisfactory progress during clinical rotations, he/she will be placed on academic concern (see Academic Concern/Probation), which will result in convening the Progress and Promotions Committee (see Progress and Promotions Committee, PA Program Handbook) to determine further action, and may result in the student being denied permission to continue with clinical rotations and being subject to dismissal from the program. For information regarding Rush University dismissal policies, refer to the Academic Appeals and Rules of Governance policies provided in the Rush University Catalog.

**The following are additional definitions and criteria regarding unsatisfactory performance during the 2<sup>nd</sup> clinical year:**

- If the student does not attain a final grade of “pass” for the rotation, he/she will be placed on academic concern, regardless of overall GPA or previous academic or clinical rotation performance.
- If a student fails an end-of-rotation exam, he/she will be allowed one opportunity to re-take the exam for a grade of “pass”. If the student fails the remediation, he/she will be placed on academic concern, may be denied permission to continue through clinical rotations, and is subject to dismissal from the program. Refer to the Clinical Year Grading section for more information regarding grading and performance standards during the clinical phases of the program.
- Failing two or more examinations (end-of-rotation or remediation exams) constitutes unsatisfactory performance and the student will be placed on academic concern, regardless of the final rotation grade or the student’s cumulative GPA in the program. The Progress and Promotions Committee will be convened to determine further action, and the student may be denied permission to continue through clinical rotations or dismissed from the program.
- If a student fails a patient note submission, oral case presentation, or any other required clinical rotation assignment he/she will be allowed an opportunity to re-write or re-present the assignment for a grade of “pass”. If the student fails the re-write or re-presentation assignment, or fails another patient note or oral case presentation assignment, he/she may

be placed on academic concern, may be denied permission to continue through clinical rotations, or may be subject to dismissal from the program. Refer to the Clinical Year Grading section for more information regarding grading and performance standards during the clinical phases of the program.

## **Objective Structured Clinical Examination (OSCE)**

All students are required to pass the 2<sup>nd</sup> year Objective Structured Clinical Exam (OSCE) in order to progress to the 3<sup>rd</sup> year Advanced Clinical Rotations. OSCE exams are scheduled at the discretion of the Rush PA faculty and the student will be given at least 6 weeks notice of the scheduled OSCE date in order to prepare for the exam. The OSCE content and location of the exam will also be structured at the discretion of the Rush PA faculty. It is the responsibility of the student to transport himself or herself safely to and from the location where the OSCE will take place. This location will not exceed a 90-mile radius from Rush University.

Students should be preparing for the OSCE throughout their entire clinical year. As a 2<sup>nd</sup> year student you should become familiar with completing an accurate and efficient problem-focused patient history and physical. You should also be able to order and interpret lab & radiology results, as well formulate a differential diagnosis, assessment, and patient plan in an accurate and efficient manner. Continually practicing these standard PA competencies will help you achieve great success in your OSCE.

All students are required to pass the OSCE per program standards as outlined in the PA Program Handbook. If a student does not pass the OSCE according to the grading rubric outlined below, he or she will be granted one remediation OSCE, with the content at the discretion of the PA faculty. If the student needs to remediate, he or she may also have to bear the expense/cost of the professional patient's time for the remediation of the OSCE. This will be determined in advance of the remediation OSCE and the student will be given the payment amount due at least 2 weeks prior to the exam. The remediation payment amount will be due in full on the day of the remediation exam.

If the student then fails the remediation exam, he or she will immediately be placed on academic concern and subject to dismissal from the program, regardless of his or her current GPA or program performances to date. This will result in convening of the Progress and Promotions Committee for recommendations for the student's future in the program.

## **OSCE Grading**

***The student must pass EACH component of the OSCE exam in order to successfully pass the 2<sup>nd</sup> year OSCE. Passing score will be determined by the PA Program faculty. Students will be graded on the following components: history taking, physical exam, communication, professionalism, and a post-encounter exercise.***

## Clinical Year Patient Minimum Requirements

All students are required to meet patient minimum requirements as outlined by the program. These patient minimums are set by the program each year and meant to help develop your competency as a practicing physician assistant. Failure to meet these minimums by the end of your second year clinical rotations may result in your delay to progress to the third year rotations and may even possibly delay graduation. Students are expected to keep track of all patient encounters, diagnosis, and procedures using E\*value software as outlined in the handbook and are responsible for notifying the faculty if they feel that they may not meet minimum requirements. The following clinical year patient minimum requirements are outlined below:

### Clinical Year Minimums (2<sup>nd</sup> Year Students)

2 <sup>nd</sup> Year Students	
Infants (1 year or less) = 3	Women's health (to include prenatal & gyne care) = 15
Children (1-11 years) = 15	
Adolescent (12-17 years) = 7	Care for conditions requiring surgical management = 30
Adults (18-64 years) = 120	
Elderly (65 and older) = 30	Care for behavioral/mental health conditions = 10
Outpatient = 40	Inpatient = 30
ER = 15	OR = 15



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

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

Third Year Advanced Rotations are a unique clinical experience that develops and reinforces clinical competency at the highest level, while fostering a PA student's advanced clinical decision making and patient care skills. The goal is to train physician assistant graduates to function at an advanced level of primary care practice.

### **General Information**

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

The third year is comprised of a 30-week block in a single focused area of clinical practice. Students, with guidance from the program and their academic advisor, may choose their area of clinical practice from the following options (additional training areas may be added at the discretion of the program):

*Internal Medicine, Pulmonary and Critical Care Medicine, Emergency Medicine, General Surgery, Cardiothoracic/Vascular Surgery, Orthopedic Surgery, Urology, Interventional Radiology, Neurosurgery, Geriatrics, Physical Medicine and Rehabilitation, Pediatrics, and Primary Care.*

### **Advanced Clinical Rotation Selection Policy**

Student assignment in the third year rotations are made during the second half of the second year clinical rotations. Students are required to rank their top 3 available advanced clinical practice areas in order of preference. Every effort will be made to place the student in their top three practice areas. However, the PA program faculty reserves the ability to assign advanced clinical rotations at their discretion. There are many factors that influence student placement. These include: the number of clinical rotation sites, site/preceptor availability, amount of interest in a particular medical/surgical area, and student performance in both the academic and clinical year

Students should keep in mind the philosophy of the third year advanced clinical rotations and must understand that they are not guaranteed their first choice in any advanced clinical rotation area.

## APPENDIX A

### Rush University Department of Physician Assistant Studies Professionalism Assessment

<b>Student Name</b>			
<b>Setting</b>	PAS-1	PAS-2	PAS-3
<b>Date</b>			
<b>Name of Activity or Clinical Rotation</b>			

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

<b>Honesty, Ethics, and Dependability</b>	
<i>Positive Behaviors</i>	<i>Negative Behaviors</i>
<input type="checkbox"/> Completes assigned tasks/responsibilities without prompting	<input type="checkbox"/> Student needs continuous reminders to complete tasks
<input type="checkbox"/> Is on time and prompt for all academic and clinical sessions	<input type="checkbox"/> Student is often late and at times unreliable
<input type="checkbox"/> Projects a professional image to peers, faculty, patients, and other members of the healthcare team at all times	<input type="checkbox"/> Student is unprofessional in attire and/or mannerisms towards others
<input type="checkbox"/> Conducts themselves in an ethical, moral, and legally sound manner at all times	<input type="checkbox"/> 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):	

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

<b>Clinical Judgment, Presentation &amp; Organization</b>	
<i>Positive Behaviors</i>	<i>Negative Behaviors</i>
<input type="checkbox"/> Makes decisions based on factual information.	<input type="checkbox"/> Makes decisions based on inappropriate or incorrect information.
<input type="checkbox"/> Demonstrates rationale for decisions made	<input type="checkbox"/> Is not able to identify reasons or rationale for his/her choices.
<input type="checkbox"/> Delivers information in a thorough, organized, and concise manner at all times.	<input type="checkbox"/> Is often disorganized and scattered in delivery of information.
<input type="checkbox"/> Documents accurately in the patient's medical record and healthcare team materials at all times.	<input type="checkbox"/> Often makes mistakes and errors in documentation in the patient's medical record or healthcare team materials.
<input type="checkbox"/> Budgets time efficiently to meet peers, faculty, and/or preceptor expectations.	<input type="checkbox"/> Demonstrates issues with time management and/or fails to meet faculty or preceptor expectations.
<input type="checkbox"/> Is able to prioritize multiple commitments appropriately.	<input type="checkbox"/> 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 B

### Rush University Department of Physician Assistant Studies Preceptor Mid-Rotation Evaluation of Student Performance

**Student Name:** Student Name  
**Evaluator:** Preceptor Name  
**Rotation Site:** Site Name  
**Dates of Rotation:** Dates of Rotation  
**Evaluation Type:** Mid-Rotation Evaluation of Student

Based upon your experience working with Physician Assistant student, please select the box that best describes this student's performance mid-way through their rotation.

	CLINICAL READINESS AND SKILLS	Did not observe	Requires Additional Attention	Making Progress	Achieves Successfully	Area of Strength
1	Ability to obtain an appropriate history	0	1	2	3	4
2	Ability to perform an appropriate physical exam	0	1	2	3	4
3	Ability to interpret data gathered in and H&P	0	1	2	3	4
4	Effectively communicates necessary & expected information in oral presentations to the supervising physician or PA-C	0	1	2	3	4
5	Ability to develop an appropriate differential diagnosis	0	1	2	3	4
6	Ability to develop an appropriate treatment plan	0	1	2	3	4
7	Ability to correlate clinical and diagnostic test(s) findings	0	1	2	3	4
8	Ability to interpret diagnostic tests	0	1	2	3	4
9	Ability to counsel and educate patients and significant other(s)	0	1	2	3	4
10	Demonstrates basic medical knowledge	0	1	2	3	4

	<b>PROFESSIONALISM</b>	<b>Did not observe</b>	<b>Requires Additional Attention</b>	<b>Average</b>	<b>Above Average</b>
1	Attendance and Punctuality (no absences permitted)	0	1	2	3
2	Professional appearance and demeanor	0	1	2	3
3	Self-Motivation	0	1	2	3
4	Understanding of PA's role in healthcare	0	1	2	3
5	Appropriate acceptance of responsibility for patient care	0	1	2	3
6	Effective interpersonal skills with patients and their families	0	1	2	3
7	Effective interpersonal skills with healthcare professionals	0	1	2	3
8	Acceptance of constructive criticism	0	1	2	3

Additional Comments:

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

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

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

**APPENDIX C****Rush University Department of Physician Assistant Studies  
Preceptor Final Evaluation of Student Performance**

**Student Name:** Student Name  
**Evaluator:** Preceptor Name  
**Rotation Site:** Site Name  
**Dates of Rotation:** Dates of Rotation  
**Evaluation Type:** Clinical Preceptor Physician Assistant Student Evaluation

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

(Question 1 of 12 – Mandatory)

	<b>Interpersonal and Communication Skills</b>	<b>Not Applicable</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Displays appropriate professional conduct and demeanor	0	1	2	3	4	5
2	Demonstrates and works effectively as a member of the health care team.	0	1	2	3	4	5
3	Creates and sustains a therapeutic and ethically sound relationship with patients	0	1	2	3	4	5
4	Serves as an advocate for each patient.	0	1	2	3	4	5
5	Appropriately adapts communication style to the individual needs of the patient.	0	1	2	3	4	5
6	Identifies limitations of knowledge and skills and effectively addresses these learning needs.	0	1	2	3	4	5
7	Accurately and adequately documents information regarding patient care	0	1	2	3	4	5

**Interpersonal and Communication Skills Comments:** (Question 2 of 12)

(Question 3 of 12 – Mandatory)

	<b>Professionalism</b>	<b>Not Applicable</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Demonstrates respect, compassion, and integrity towards patient and office staff.	0	1	2	3	4	5
2	Develops rapport with patients and their families; interacts in clear, precise, sensitive, humane and informative manner	0	1	2	3	4	5
3	Treats patients with dignity, respect, and confidentiality.	0	1	2	3	4	5
4	Is culturally aware and sensitive, open-minded, and nonjudgmental.	0	1	2	3	4	5
5	Demonstrates self-reflection, clinical curiosity, and initiative	0	1	2	3	4	5
6	Identifies limitations of knowledge and skills and effectively addresses deficits in knowledge.	0	1	2	3	4	5

**Professionalism Comments:** (Question 4 of 12)

(Question 5 of 12 – Mandatory)

	<b>Knowledge</b>	<b>Not Applicable</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Is able to discuss the etiology, risk factors, underlying pathology, and the epidemiology for common medical conditions.	0	1	2	3	4	5
2	Identifies signs and symptoms of common medical conditions.	0	1	2	3	4	5
3	Selects and interprets appropriate diagnostic or laboratory studies.	0	1	2	3	4	5
4	Applies the basic medical knowledge to evaluate, diagnose, and manage patients.	0	1	2	3	4	5
5	Appropriately uses the patient's history, physical exam findings, and diagnostic studies to formulate a differential diagnosis and management plan.	0	1	2	3	4	5



**Knowledge Comments:** (Question 6 of 12)

(Question 7 of 12 – Mandatory)

	<b>Clinical Skills</b>	<b>Not Applicable</b>	<b>Poor</b>	<b>Poor but improving</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
1	Performs an accurate, complete history and reliable physical examination.	0	1	2	3	4	5
2	Records the history and physical examination data in an organized, accurate, and legible manner.	0	1	2	3	4	5
3	Verbally presents clinical information in an organized, accurate, and succinct manner.	0	1	2	3	4	5
4	Identifies and assesses clinical problems and develops sound diagnostic hypotheses.	0	1	2	3	4	5
5	Develops appropriate patient care plans, including diagnosis, assessment and management, preventative/screening interventions, patient education and follow-up/continuing care plans.	0	1	2	3	4	5
6	Performs basic common clinical procedures, with an understanding of indications, risks, and techniques.	0	1	2	3	4	5

**Clinical Skills Comments:** (Question 8 of 12)

**Student's Strengths:** (Question 9 of 12)

**Suggestions for Improvement:** (Question 10 of 12)

--

**Overall Impression of the Physician Assistant Student** (Question 11 of 12 - Mandatory)

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

\_\_\_\_\_ total score (out of 125 points)

*\*\*please note: all items marked "N/A" will receive 5 points each in the calculations*

**Amount of contact with student:** (Question 12 of 12 – Mandatory)

0	Extensive
0	Moderate
0	Minimal

How many weeks did you work with this student? \_\_\_\_\_ weeks

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

Did the student have any unexcused absences or frequent tardiness? If so, please comment below:

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**Preceptor Evaluation of Student Grading Criteria:**

(out of 125 points maximum)

75 points – 125 points = pass

Below 75 points = no pass

## Appendix D

### Rush University Department of Physician Assistant Studies Student Evaluation of Preceptor

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

---

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

(Question 1 of 5 – Mandatory)

		Not Applicable	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree
1	The preceptor or his/her staff provided adequate orientation during the first week of the rotation.	0	1	2	3	4	5
2	The preceptor was adequately prepared to handle a PA student.	0	1	2	3	4	5
3	The preceptor demonstrated adequate knowledge in their area of expertise.	0	1	2	3	4	5
4	The preceptor provided appropriate supervision.	0	1	2	3	4	5
5	The preceptor challenged my critical thinking and level of medical knowledge.	0	1	2	3	4	5
6	The preceptor conducted himself or herself in a proper and ethical manner.	0	1	2	3	4	5
7	The preceptor provided me with constructive criticism and regular feedback.	0	1	2	3	4	5
8	The preceptor was available for questions, concerns, or problems.	0	1	2	3	4	5
9	The preceptor adequately met rotation objectives.	0	1	2	3	4	5
10	I would recommend this preceptor to future students.	0	1	2	3	4	5

List the strong points of this clinical preceptor: (Question 2 of 5 – Mandatory)

List the weak points of this clinical preceptor: (Question 3 of 5 – Mandatory)

List any suggestions for improvement of this clinical preceptor: (Question 4 or 5 – Mandatory)

My overall evaluation of this clinical preceptor is: (Question 5 of 5 – Mandatory)

5	Excellent
4	Very good
3	Good
2	Average
1	Poor

## APPENDIX E

### Rush University Department of Physician Assistant Studies Student Evaluation of Rotation Site

**Student Name:** Student Name  
**Rotation Site:** Site Name  
**Dates of Rotation:** Dates of Rotation  
**Evaluation Type:** Rotation Site Evaluation

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

(Question 1 of 5 – Mandatory)

		Not Applicable	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree
1	The on-site orientation was adequate.	0	1	2	3	4	5
2	The facilities were clean and well-maintained.	0	1	2	3	4	5
3	I felt safe at the rotation site.	0	1	2	3	4	5
4	There was adequate space for studying in my downtime.	0	1	2	3	4	5
5	There was adequate space if changing clothes was required.	0	1	2	3	4	5
6	The on-call space was adequate (if applicable).	0	1	2	3	4	5
7	There was adequate access to technology and reference materials (i.e., journals, internet, etc.)	0	1	2	3	4	5
8	This site provided me with a diverse patient population.	0	1	2	3	4	5
9	This site provided adequate opportunities to strengthen my communication skills with other members of the healthcare team.	0	1	2	3	4	5
10	This site provided adequate opportunities to enhance my clinical skills and knowledge.	0	1	2	3	4	5
11	My work hours were appropriate and I did not violate the maximum 80-hr work week.	0	1	2	3	4	5
12	The rotation objectives were met at this site.	0	1	2	3	4	5
13	I would recommend this rotation site to future students.	0	1	2	3	4	5

List the strong points of this rotation: (Question 2 of 5 – Mandatory)

List the weak points of this rotation: (Question 3 of 5 – Mandatory)

List any suggestions for improvement of this rotation site: (Question 4 or 5 – Mandatory)

My overall evaluation of this rotation site is: (Question 5 of 5 – Mandatory)

5	Excellent
4	Very good
3	Good
2	Average
1	Poor

## APPENDIX F

### Rush University Department of Physician Assistant Studies

#### Clinical Rotation Assignment Requirements and Guidelines Second Year Rotations 2018-2019

##### General Assignment Requirements:

1. All patient notes should be typed in 12 point, Arial font, single spaced.
2. All patient notes should have a title listed at the top of the page (i.e. Admission History and Physical, Pre-operative Note, Daily Progress Note, etc.)
3. All patient notes should have your name listed under the title at the top of the page..
4. All patient notes AND PowerPoint presentations need to be in your OWN words! Anything not in your own words needs to have proper in-text citations and references to accompany them.
5. All in-text citations should be referenced in AMA format.
6. All patient notes will be submitted in person at the return-to-campus events.
7. Any material not completed by the return-to-campus event will result in a loss of ONE letter grade for the assignment, and may result in deduction of points for the professionalism component of the rotation.
8. All assignments must be submitted on Blackboard.

##### Assignment Requirements:

1. **COMPLETE CASE PRESENTATION:** this is a case presentation that will be **assigned** to you twice throughout the year. You will present the case to your fellow classmates and faculty at return-to-campus. Based on the date of assignment, you should choose one case from your rotation, and do a thorough case presentation from start to finish. For example, if you are assigned to present your case on the return-to-campus at the end of your Emergency Medicine rotation, then you should choose an Emergency Medicine case to present. Please try and choose cases that are challenging, unique, or medical/ethical dilemmas. The following information should be included in your case presentation:
  - a. The patient's history pertinent to the case. This includes the CC, HPI, ROS, PMHx, SurgHx, SocHx, FamHx, and PE
  - b. The differential diagnosis with initial plan of testing
  - c. Test results
  - d. Final diagnosis
  - e. Treatment
  - f. Patient updates/Hospital Course
  - g. Brief discussion/review of the patients final diagnosis and pearls for diagnosis and treatment

### **COMPLETE CASE PRESENTATION CONTINUED.....**

The case should be presented using a power point format, including the sections above. In line references are acceptable, and should be included throughout. A reference list should be included at the end of the power point. Please plan on 20 minutes for your case presentation, and 10 minutes for detailed questions. Remember, you should know your case well, and be prepared to answer detailed questions about your patient, the management of your patient, and the patient's diagnosis in general. You should present it to the faculty as though you are presenting to a group of your colleagues at a conference.

2. **PATIENT NOTE:** Patient notes are required for 6 of the rotation blocks (see Appendix L, "Second Year Rotation Grading Components by Rotation"), to serve as an example of your patient documentation skills. The note can be a new patient note or a follow up note, including an H&P and assessment and plan for acute or chronic condition or conditions that you are managing. This should be a detailed note- not a brief follow up where scarce patient information is included. **There is only one exception to this rule, and that is for your general surgery rotation. For each 4 week block in general surgery, please submit both a "pre-operative" and "operative" note in lieu of your normal patient note requirement.** Patient notes should NOT have any identifying information about the patient in them. When describing a patient you may use their initials, age, and sex. Please type your note in Arial 12 point font as indicated above.



## APPENDIX G

### Clinical Year Patient Note Grading Rubric

Criteria	<b>Excellent</b> <i>(each worth 2points)</i>	<b>Good</b> <i>(each worth 1 point)</i>	<b>Poor</b> <i>(each worth no points)</i>	<b>N/A</b> <i>(each worth 2 points)</i>
<b>Chief Complaint (CC) and HPI</b>	Chief Complaint and History of Present Illness are complete and appropriate. It is written in a logical format, with correct grammar and spelling.	Chief Complaint and History of Present Illness are appropriate if applicable. Some non-vital information relevant to chief complaint is missing. It is written in a logical format. May have some errors in grammar or spelling.	Chief Complaint and History of Present Illness is appropriate, however is missing some vital information relevant to the chief complaint. It is not logically written and contains numerous grammatical and spelling errors.	N/A
<b>Patient History: PMHx, PSurgHx, SocHx, Fam Hx Meds, and Allergies</b>	The patient's entire history is present and complete and appropriate. It is written in logical format with correct grammar and spelling. Medications are listed in complete form including route and units and frequency. Family history is detailed and complete.	The patient's history is mostly complete, however it is missing some key components. It is written in logical format. with correct grammar and spelling. Medications are mostly listed in complete form including route and units and frequency. Family history is mostly complete and/or lacking detail..	Two or more components of the patient's history are missing or the components are incomplete. It is not logically written, with multiple errors in grammar, spelling, and format.. Lacking tremendous detail.	N/A
<b>Physical Examination</b>	All appropriate components of the physical examination are present and detailed. It is written in logical and appropriate format with correct grammar and spelling.	At least two components of the physical examination are missing or lacking appropriate detail.. It is written in logical and appropriate format, with mostly correct grammar and spelling.	Four or more components of the physical examination are missing or lacking in detail.. It is not logically written with multiple errors.	N/A
<b>Labs/ Diagnostic Tests</b>	All appropriate labs and diagnostic studies are recorded. All abnormal findings are identified. Normal ranges are included.	All appropriate labs and diagnostic studies are recorded. Some abnormal findings are not identified, and some normal ranges are not included.	Some of the appropriate labs and diagnostic studies have been addressed but some are missing. Abnormal findings are not identified and ranges are not included.	N/A
<b>Assessment and Plan</b>	The assessment lists ALL of the pertinent problems for the patient, not just the chief complaint. The plan is ordered properly and follows evidence based medicine, is appropriate for the patient and demonstrates a logical progression of knowledge.	The assessment lists the chief complaint but one or more problems are missing. The treatment plan is complete for the complaints presented and follows evidence based medicine.	The assessment lists the chief complaint but is missing other problems. The treatment plan is incomplete for the complaints presented. Some follow of evidence based medicine.	N/A
<b>Documentation Style</b>	The note is well written in a logical fashion. Only approved medical abbreviations are included. All units of value are included. The note is in a Word format and HAS NOT been cut and pasted from an EHR.	The note is well written in a mostly logical fashion. Some non- approved medical abbreviations are included. Some units of value are included. The note is in a Word format and HAS NOT been cut and pasted from an EHR.	The note is not well written and illogical. No approved medical abbreviations are included. No units of value are included. The note is in a Word format and HAS NOT been cut and pasted from an HER.	N/A
<b>Total Points</b>	___ points	___ points	___ points	___ points
<b>Final Total Points: _____ points (out of 12 points maximum)</b>				

*Grading Rubric: 6-12 points = PASS; 5 points or less = no pass*

**Student Name:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_

**Evaluator Comments:**

## APPENDIX H

### Clinical Year Pre-op & Operative Note Grading Rubric

Criteria	<b>Excellent</b> <i>(each worth 2points)</i>	<b>Good</b> <i>(each worth 1 point)</i>	<b>Poor</b> <i>(each worth no points)</i>	<b>N/A</b> <i>(each worth 2 points)</i>
<b>Note Components</b>	All components of the pre-op & operative note are complete and appropriate . It is written in a logical format. With correct grammar and spelling.	Some components of the pre-op & operative notes are complete and appropriate. There are some errors in format, spelling, and/or grammar.	Many components of the pre-op & operative notes are missing. There are multiple spelling and grammar errors.	N/A
<b>Labs, X-rays, EKGs, &amp; specimens</b>	All of these tests (if applicable) are documented with appropriate detail (time of test, date of results etc) and official readings. Normal ranges are provided when applicable.	All of these tests (if applicable) are documented but lacking detail and/or official readings and/or normal lab ranges	Many of these tests (if applicable) are not documented or have completely inappropriate findings listed.	N/A
<b>Procedure</b>	All procedures are listed with appropriate surgical language and detail. The procedure is documented in the students own words and is not copied from the EHR.	All procedures are listed but are lacking appropriate surgical language or details. . The procedure is documented in the students own words and is not copied from the EHR.	The surgical procedure is not listed or is completely innaccurate. . The procedure is documented in the students own words and is not copied from the EHR.	N/A
<b>Fluids/Blood products</b>	All of these items (if applicable) are documented with appropriate detail (rate and site of infusion, etc.), amounts, and frequency.	All of these items (if applicable) are documented but lacking detail and/or amounts and/or frequency.	Many of these items (if applicable) are not documented or have completely inappropriate detail or amounts or frequency listed.	N/A
<b>Drains, Tubes, &amp; Lines</b>	All of these items (if applicable) are documented with appropriate detail, amounts and locations.	All of these items (if applicable) are documented but lacking detail, amounts and/or locations.	Many of these items (if applicable) are not documented or have inappropriate detail, amounts and/or locations.	N/A
<b>Documentation style</b>	The note is well written in a logical fashion. Only approved medical abbreviations are included. All units of value are included. The note is in a Word format and HAS NOT been cut and pasted from an EHR.	The note is well written in a mostly logical fashion. Some non- approved medical abbreviations are included. Some units of value are included. The note is in a Word format and HAS NOT been cut and pasted from an EHR.	The note is not well written and /or is illogical. No approved medical abbreviations are included. No units of value are included. The note is in a Word format and HAS NOT been cut and pasted from an HER.	
<b>Total Points</b>	____ points	____ points	____ points	____ points
<b>Final Total Points: _____ points (out of 12 points maximum)</b>				

*Grading Rubric: 6-12 points = pass; 5 point or less = no pass*

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

Evaluator Comments:

## APPENDIX I

### Clinical Year Oral Case Presentation Grading Rubric

<b>Criteria</b>	<b>Excellent</b> <i>(each worth 2 points)</i>	<b>Good</b> <i>(each worth 1 point)</i>	<b>Poor</b> <i>(each worth no points)</i>
<b>Introduction:</b> Does the introduction describe the nature of the case & presentation? Does the work follow logically from the introduction?	Excellent introduction that clearly and concisely conveys the purpose of the presentation. The rest of the work flows well from the introduction.	Generally well done introduction from which the presentation follows logically.	None or poor introduction. Disorganized. Does not give the audience a good understanding of the purpose of the presentation.
<b>Organization:</b> Does the paper & presentation maintain a logical structure?	Well organized, easy to follow & understand. Information appropriate to its importance. Ideas supported with data and/or examples.	Generally well organized. Generally easy to follow. Minor flaws in emphasis or logic.	Points not clearly presented. No logical organization to structure of the paper or the presentation.
<b>Content:</b> Does the paper & presentation provide a complete and accurate discussion of the relevant aspects of the case? Does the work demonstrate critical thinking?	Each point clearly relevant to topic and factually correct. Ideas are well supported and discussed. Impressive depth of insight and analysis. Excellent use of resources.	Points generally relevant to topic and most information factually correct. Discussion points well thought out. Ideas usually supported. Adequate analysis of subject. Little or no resources used.	Ideas not explained. Unsupported or erroneous assertions made. No demonstration of critical thinking throughout presentation.
<b>Conclusion:</b> Are the major issues of the topic summarized appropriately? Are the conclusions consistent with the information presented in the write up/presentation?	Effective conclusion that demonstrates complete integration of the points discussed in the presentation.	Appropriate conclusion, generally well written, that supports and summarizes the major points of the presentation.	No substantive conclusion made, with no integration of the points of the presentation.
<b>Total Points:</b>	_____ points	_____ points	_____ points
<b>Final Total Points: _____ points (out of 10 points maximum)</b>			

*Grading Rubric: 5-10 points = pass, 4 points or less = no pass*

**Student Name:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_

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

**Evaluator Comments:**

## APPENDIX J

### Rush University Department of Physician Assistant Studies Outside Preceptor Information Sheet

**General Information:**

Preceptor Name: \_\_\_\_\_ MD DO PA-C APN (circle one)

Preceptor Email: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone# \_\_\_\_\_ Office Fax#: \_\_\_\_\_

Office Preferred Contact Name: \_\_\_\_\_

Office Contact Phone: \_\_\_\_\_

Office Contact E-mail address: \_\_\_\_\_

**Preceptor Information:**

Preceptor Preferred Method of Contact:    Email            Phone

**Preceptor Office Hours:**

Mondays \_\_\_\_\_ to \_\_\_\_\_

Fridays \_\_\_\_\_ to \_\_\_\_\_

Tuesdays \_\_\_\_\_ to \_\_\_\_\_

Saturdays \_\_\_\_\_ to \_\_\_\_\_

Wednesdays \_\_\_\_\_ to \_\_\_\_\_

Sundays \_\_\_\_\_ to \_\_\_\_\_

Thursdays \_\_\_\_\_ to \_\_\_\_\_

Do you take Call?     Yes             No

State License# \_\_\_\_\_

Board Certified in Specialty:  Yes  No Specialty: \_\_\_\_\_

\*\*For PAs and APNs, please list the name of your supervising physician and his/her specialty: \_\_\_\_\_

Have you served as a preceptor for other medical/PA/APN students before? Yes No

**Practice Information:**

Community Type:    Rural     Suburban     Urban     Inner City

Patient Population: Infants     Children     Adolescents     Adults     Elderly

Practice Setting(s): Inpatient     Outpatient     Operating Room     Emergency Room

**Additional Questions:**

Do you see patients at a hospital or other health care facility?    Yes   No

Will you be taking students to these facilities, even to shadow or observe?    Yes   No

If yes, an additional affiliation agreement will be required for the hospital/facility. Please provide the contact information below:

**Primary Hospital/Facility:**

Contact Name for Student Education: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Hospital/Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Please Return Form via fax or email to:**

**Jessica Vlaming MS, PA-C**  
**Director of Clinical Education, Assistant Professor**  
**Department of Physician Assistant Studies**  
**Rush University Medical Center**  
*Director of Physician Assistant Clinical Practice*  
*Medical Affairs*  
600 S. Paulina, Suite 761 AAC  
Chicago, IL 60612  
phone: 312.942.9068  
fax: 312.563.2805  
email: jessica\_vlaming@rush.edu

## APPENDIX K

### Rush University Department of Physician Assistant Studies Preceptor Letter of Agreement

Preceptor Office Letterhead

[Preceptor Name]  
[Street Address]  
[City, ST ZIP Code]

[Date]

Jessica Vlaming MS, PA-C  
Director of Clinical Education  
Rush University, Department of Physician Assistant Studies  
600 S. Paulina Ave, 761 AAC  
Chicago, IL 60612

Dear Jessica:

I agree to be a clinical rotation preceptor for Rush University Physician Assistant students. I have completed the preceptor information sheet and agree to abide by all Rush University Department of Physician Assistant Studies policies as outlined in the clinical preceptor handbook.

Sincerely,

[Preceptor Name]  
[Title]

## Appendix L

### Second Year Rotation Grading Components Rush University PA Program

To receive a passing grade in each rotation, you must pass each rotation component listed below. Any component that receives a non-passing score will require remediation, at the discretion of the PA Faculty.

<b>PAS 581- Family Practice</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
EOR Exam	
Patient Note	
Professionalism	
(Oral case presentation)	

<b>PAS 582- Internal Medicine I</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
Patient Note	
Professionalism	
(Oral case presentation)	

<b>PAS 583- Internal Medicine II</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
EOR Exam	
Professionalism	
(Oral case presentation)	

<b>PAS 584- General Surgery I</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
Patient Note	
Professionalism	
(Oral case presentation)	

<b>PAS 585- General Surgery II</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
EOR Exam	
Professionalism	
(Oral case presentation)	

<b>PAS 586- Women's Health</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
EOR Exam	
Patient Note	
Professionalism	
(Oral case presentation)	

**Appendix L (continued)**  
**Second Year Rotation Grading Components**

<b>PAS 587- Pediatrics</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
EOR Exam	
Patient Note	
Professionalism	
(Oral case presentation)	

<b>PAS 588- Behavioral Health</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
EOR Exam	
Professionalism	
(Oral case presentation)	

<b>PAS 589- Long Term Care/Geriatrics</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
Hot Topics Paper	
Professionalism	
(Oral case presentation)	

<b>PAS 590- Emergency Medicine</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
EOR Exam	
Patient Note	
Professionalism	
(Oral case presentation)	

<b>PAS 591- Elective I</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
Hot Topics Paper	
Professionalism	
(Oral case presentation)	

<b>PAS 592- Elective II</b>	
<b>Graded Components</b>	<b>Score</b>
Preceptor Evaluation	
Journal Club facilitation	
Professionalism	
(Oral case presentation)	



## **APPENDIX M**

**The following additional program policies relevant to evaluating performance, assessment, and progression through the program are located in the Department of Physician Assistant Studies Student Handbook – Class of 2019:**

Rush University Statement of Academic Honesty

Technical Standards for PA Students

College of Health Sciences: Guide to Professional Conduct

Physician Assistant Program Professionalism Policy

AAPA Guidelines for Ethical Conduct for the Physician Assistant Profession

NCCPA Competencies for the Physician Assistant Profession