



Family Medicine Clerkship Handbook

2020 - 2021

Clerkship Director:

Joseph Rogers, MD, FAAP, BCCEM

Email: Joseph.Rogers@cnsu.edu

Cell Phone: 530-249-1709

Contents

Introduction	5
Goals and Objectives.....	5
Principles of Family Medicine	Error! Bookmark not defined.
Student Learning Objectives for the Principles of Family Medicine	Error! Bookmark not defined.
Biopsychosocial model.....	Error! Bookmark not defined.
Patient-centered communication skills.....	Error! Bookmark not defined.
Psychosocial awareness	Error! Bookmark not defined.
Patient education.....	Error! Bookmark not defined.
Comprehensive Care	Error! Bookmark not defined.
Information gathering and assessment	Error! Bookmark not defined.
Lifelong learning.....	Error! Bookmark not defined.
Contextual Care.....	Error! Bookmark not defined.
Person in context of family	Error! Bookmark not defined.
Person in context of community.....	Error! Bookmark not defined.
Person in context of their culture	Error! Bookmark not defined.
Continuity of Care	Error! Bookmark not defined.
Barriers to access	Error! Bookmark not defined.
Coordination/Complexity of Care	Error! Bookmark not defined.
Team approach	Error! Bookmark not defined.
Quality and safety	Error! Bookmark not defined.
Key Characteristics of Family Physicians.....	Error! Bookmark not defined.
Overview of Clinical Care	Error! Bookmark not defined.
Importance of Prior Knowledge.....	Error! Bookmark not defined.
Care in the Community Setting	Error! Bookmark not defined.
The Multipurpose Visit.....	Error! Bookmark not defined.
Core Presentation for Acute Care	Error! Bookmark not defined.
Student Learning Objectives for Acute Presentations	Error! Bookmark not defined.
Core Presentations for Chronic Disease.....	Error! Bookmark not defined.
Key Messages for Chronic Disease Care.....	Error! Bookmark not defined.
Student Learning Objectives for Chronic Disease Presentations.....	Error! Bookmark not defined.
Health Promotion and Disease Prevention.....	Error! Bookmark not defined.
Key Messages for Preventive Care.....	Error! Bookmark not defined.

Student Learning Objectives for Adult Prevention Care Presentations:.....	Error! Bookmark not defined.
Student Learning Objectives for Well Child and Adolescent Preventive Care Presentations.....	Error! Bookmark not defined.
The Role of Family Medicine.....	Error! Bookmark not defined.
Key Messages on the Role of Family Medicine	Error! Bookmark not defined.
Student Learning Objectives on the Role of Family Medicine	Error! Bookmark not defined.
Student Policies.....	7
Duty Hours	7
Anti-Harassment and Anti-Mistreatment.....	7
Dress Code	9
Student Health Services -- Immunization Requirements.....	9
Needle Stick Policy.....	10
Information for Attending and Preceptors	10
Information for Students	14
Reporting for Service	14
Attendance Policy	14
Communication.....	15
Making up missed time.....	15
Consequences of unexcused absences.....	15
Student Responsibilities and Duties	16
Grading Overview	16
Determination of Final Grade	17
Special circumstances	17
The final clerkship grade is calculated as follows:	17
Minimum criteria for honors.	18
Minimum criteria for high pass.....	18
Minimum criteria for passing.....	18
Grade of failure.....	18
Lapses of professionalism or low preceptor ratings.....	18
Details of remediation of borderline performance	19
Evaluation of Clinical Assignment	19
Disputes	20
Clerkship Student Performance Evaluation	21
Evaluation of the Preceptor	24
CLERKSHIP COMMENDATION AND EARLY WARNING FORMS.....	27



Introduction

Family Medicine is an essential component of the primary care infrastructure of the US health care delivery system. This primary care specialty provides first contact, ongoing, and preventive care to all patients regardless of age, gender, culture, care setting, or type of problem. The Family Medicine clinical experience allow students to understand how context influences the diagnostic process and management decisions. Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations.

By the end of the Family Medicine clerkship, students should have developed the basic skills and cognitive structures required to understand the content of the Family Medicine clerkship and the role of family physicians in delivering primary care. The Family Medicine clerkship syllabus sets forth a set of learning objectives of common conditions patients may present in the office setting. Such common conditions may be acute, chronic or may present for preventive care. It is not a list of all possible patient presentation that family physicians competently manage.

Students will acquire content knowledge while building on basic skills during the family medicine clerkship. These skills involve hands-on training and assessments. Students come to the clerkship with prior instruction in basic physical examination skills. During their clerkship, students will continue to build on history taking and physical examination skills. Further, they will begin to learn how to interpret their findings and develop their skills in clinical reasoning. They will hone communication and listening skills as they come into contact with patients presenting in real life settings, as all such skills are key to Family Medicine.

Goals and Objectives

Goal of the Family Medicine Clerkship

The goal of the family medicine clerkship is to provide an excellent learning experience for all students.

Family Medicine Clerkship Learning Objectives

CLO-1

Demonstrate the ability to **communicate** effectively relevant medical information, both orally and in writing, with all members of the healthcare profession, patients and families from a broad range of cultures and backgrounds.

CLO-2

Demonstrate knowledge of scientifically established standards for developing **diagnoses** and differential diagnoses of acute and chronic system-based conditions encountered in family medicine and apply their knowledge while reflecting sensitivity to differing cultures and personal backgrounds.

CLO-3

Demonstrate knowledge of evidence-based **management** of acute and chronic diseases encountered in Family Medicine and apply this knowledge reflecting sensitivity to differing cultures and personal backgrounds.

CLO-4

Demonstrate the ability to effectively advocate for healthy life-styles and the **prevention** of diseases and demonstrate knowledge of the evolving recommendations for the screening and treatment of chronic disease.

CLO-5

Foundational knowledge of the structure and function of the major organ systems, including the molecular, biochemical and cellular mechanisms for maintaining homeostasis, as well as understanding of the pathogenesis of disease, interventions and effective treatment.

CLO-6

The student will demonstrate **professionalism** through dedication to the standards of the medical profession, upholding the ethical principles of honesty, integrity, compassion and dedication to excellence while continuing to **self-reflect** and engage in independent learning as a means to self-improvement.

Student Learning Objectives

- At the end of the family medicine clerkship, each student should be able to:
- Discuss the principles of family medicine care.
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations.
- Manage follow-up visits with patients having one or more common chronic diseases.
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.
- Demonstrate competency in eliciting the history and performing appropriate physical examinations.
- Demonstrate ability to communicate effectively with patients, families and health professionals.
- Demonstrate effective critical thinking skills.
- Discuss the critical role of family physicians within any health care system.

Must See Conditions During Family Medicine Clerkship

Table 3: Must See Conditions

Required Clinical Experiences: FAMILY PRACTICE				
List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility for each				
Family Practice	Cardiac conditions (chest pain, CHF, arrhythmias)	Focused Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Family Practice	Pulmonary condition (COPD, pneumonia, SOB, asthma)	Focused Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Family Practice	Neurological conditions (Headache, dizziness)	Focused Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Family Practice	Renal/ GU conditions (HTN, kidney stone, dysuria, retention, electrolytes)	Comprehensive Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Family Practice	Musculoskeletal conditions	Comprehensive Evaluation	Inpatient/Ambulatory	Perform

	(joint pain, injury, leg swelling)	Treatment/Management		Assist
Family Practice	Endocrine condition (Diabetes, thyroid)	Comprehensive Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Family Practice	Dermatologic condition (rashes, moles)	Focused Evaluation	Ambulatory	Perform
		Treatment/Management		Assist

It is expected students will be exposed to a broad scope of medical conditions during their clerkship typically encountered in a Family Medicine outpatient setting. The above “must-see” conditions are minimum expected to be seen and are listed in Table 3.

Student Policies

Duty Hours

- Not to exceed 80 hrs. per week
- Overnight call not to exceed 1 in 4, averaged over 1 month
- Continuous duty not to exceed 24 hrs. plus 4 hours for transitions of care
- Will have 10 hrs. break between shifts
- Will have 1 day off in 7, averaged over 1 month.

Anti-Harassment and Anti-Mistreatment

California Northstate University is committed to providing a work environment free of harassment, disrespectful or other unprofessional conduct. University policy prohibits conduct that is disrespectful or unprofessional, as well as harassment based on:

1. Sex (including pregnancy, childbirth, breastfeeding or related medical conditions),
2. Race
3. Religion (including religious dress and grooming practices)
4. Color
5. Gender (including gender identity and gender expression)
6. National origin
7. Ancestry
8. Physical or mental disability
9. Medical condition
10. Genetic information
11. Subordinate position (“power mistreatment”)
12. Marital status or registered domestic partner status
13. Age
14. Sexual orientation
15. Military and veteran status
16. Any other basis protected by federal, state or local law or ordinance or regulation.

It also prohibits harassment, disrespectful or unprofessional conduct based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics. **All such conduct violates University policy.**

The University's anti-harassment policy applies to all persons involved in the operation of the University and prohibits harassment, disrespectful or unprofessional conduct by any employee of the University, including supervisors and managers, as well as vendors, students, independent contractors and any other persons. Applicants, employees, unpaid interns, volunteers and independent contractors are all protected from harassment.

Prohibited harassment, disrespectful or unprofessional conduct includes, but is not limited to, the following behavior:

1. Verbal conduct such as public humiliation, epithets, derogatory jokes, disparaging or deprecating comments, slurs or unwanted sexual advances, invitations or comments.
2. Visual displays such as derogatory and/or sexually-oriented posters, photography, cartoons, drawings or gestures.
3. Physical conduct including intimidation, assault, unwanted touching, intentionally blocking normal movement or interfering with work because of sex, race or any other protected basis;
4. Threats and demands to submit to sexual requests as a condition of continued employment, appropriate evaluations or to avoid some other loss, and offers of employment benefits in return for sexual favors.
5. Retaliation for reporting or threatening to report harassment.
6. Communication via electronic media of any type that includes any conduct that is prohibited by state and/or federal law, or by University policy.

Sexual harassment does not need to be motivated by sexual desire to be unlawful or to violate this policy. For example, perceived or actual hostile acts toward an employee because of his/her gender can amount to sexual harassment, regardless of whether the treatment is motivated by any sexual desire.

If you believe that you have been the subject of harassment or other prohibited conduct, bring your complaint to the attention to one of the following: your supervisor, Clerkship Director, Clinical Sciences Senior Chairperson, Assistant Dean of Student Affairs and/or Human Resources of the University as soon as possible after the incident. You will be asked to provide details of the incident or incidents, names of individuals involved and names of any witnesses. It would be best to communicate your complaint in writing, but this is not mandatory. Supervisors will refer all complaints involving harassment or other prohibited conduct to Human Resources. The University will immediately undertake an effective, thorough and objective investigation of the allegations.

If the University determines that harassment or other prohibited conduct has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by the University to be responsible for harassment or other prohibited conduct will be subject to appropriate disciplinary action, up to, and including termination. A University representative will advise all parties concerned of the results of the investigation. The University will not retaliate against you for filing a complaint and will not tolerate or permit retaliation by management, employees or co-workers.

The University encourages all individuals to report any incidents of harassment or other prohibited conduct forbidden by this policy **immediately** so that complaints can be quickly and fairly resolved. You also should be aware that the Federal Equal Employment Opportunity Commission and the California Department of Fair Employment and Housing investigate and prosecute complaints of prohibited harassment in employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate agency. The nearest office can be found by visiting the agency websites at www.dfeh.ca.gov and www.eeoc.gov.

Dress Code

- In clinical areas (including clinical simulation) students will wear clean, white clinic jackets with a nametag, over business attire or scrubs, as appropriate. The student shall dress in a manner appropriate for a physician in clinical care settings. Some affiliated hospitals will have dress codes that are more stringent and students assigned to those locations must abide by the hospital dress code.
- Students should have, at all times, a clean, functioning stethoscope, appropriate writing implements (e.g., pens with black ink), and other hand-held equipment as appropriate for the clerkship (e.g. otoscope/ophthalmoscope, penlight, etc.)
- On services where scrub suits are indicated, these suits will be provided by the facility.
- Approved identification will be worn as required by the facility.

Student Health Services -- Immunization Requirements

Third- and fourth-year students on clinical service are required to update their immunizations as follows:

1. TB clearance must be updated each year. If you have had a negative PPD previously, you must get another one done annually. Reactors must complete a CXR or Tuberculosis blood (IGRA) test (preferred).
2. Td or Tdap (diphtheria tetanus booster) must be renewed every 10 years.
3. Certain clinical sites will have added immunization requirements. Please check with the Office of Student Affairs and Admissions if you have any questions.
4. Students must undergo a urine drug screening at CNUCOM's expense prior to starting clinical coursework and may be subject to further screening at random or for cause at any time during enrollment at CNUCOM.

Medical Requirements for Away Clerkships

All medical forms for away clerkships are to be sent to the Director of Student Affairs and Admissions (do not send them to the Medical Director of Student Health Services). Each Hospital or school has different requirements, some of which are more stringent than CNUCOM requirements. If anything is missing, the student will be informed and it is his or her responsibility to update. To expedite the process, we strongly recommend that students keep their immunizations complete and up-to-date.

Incomplete Immunizations

If immunizations are not up-to-date at any time, students may be withdrawn from clinical coursework. Immunizations must be up-to-date at least one month prior to the start of the third and fourth years. If a student's immunizations are not up-to-date, he or she will be notified and may be unable to start the academic year on time. This start may be delayed one

month or more, until these immunizations are brought up-to-date. This could potentially delay graduation for those students who have not maintained current immunizations.

Needle Stick Policy

Student Responsibilities

1. Attend office/department orientation regarding infection control policy and post exposure management procedures.
2. Utilize appropriate barrier precautions during the administration of care to all individuals.
3. Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment.
4. Report needle sticks and exposure to blood or body fluids.
5. Initiate immediate intervention for the management of accidental exposure to blood or body fluids. (See section below)
6. Provide health education to individuals and groups regarding the prevention, transmission and treatment of HIV.

Accidental/Occupational Exposure Procedure

In the event of an occupational exposure to blood or body fluids and/or needle sticks, the student should:

1. Immediately wash the area of exposure with soap and water.
2. Immediately report the incident to instructor, preceptor or supervisory personnel.
3. Initiate referral to the nearest Emergency Department, Clinic, or Private Physician for post exposure management.
4. Decisions regarding post exposure management, prophylaxis and follow-up will be at the discretion of the individual and his/her care provider. CNUCOM recommends a minimum of:
 - a. Baseline screening for: HIV, Hepatitis panel (to include antibodies);
 - b. Update any needed immunizations.
5. Students are financially responsible for the emergency treatment, prophylaxis and all follow-up care resulting from the incident. The Office of Student Affairs and Admissions will be available to guide the student as to further follow-up based on current CDC guidelines in conjunction with the treating physician.
6. Appropriate documentation of the incident will be completed at the time the incident occurs. This is to include information on the patient's medical history, past and current. Any possibility of infectious disease process is to be documented. This would include: All types of hepatitis, HIV/AIDS, TB and any other communicable disease process.

Information for Attendings and Preceptors

Rotation schedule:

Days: Monday through Friday

Exceptions:

- Fridays are reserved for didactic sessions held at the College of Medicine.

- Students are to arrive on the CNSU campus by 10:00AM
- Formal didactic session will begin at 1:00PM
- The last Friday of the rotation is reserved for NBME Subject Exam.

Attendance: mandatory except for personal emergencies or as arranged with the clerkship director and preceptor. Student must make arrangements in advance with preceptor and clerkship director to perform any required make up work.

Clerkship Hours: at discretion of attending. (Generally, not earlier than 7:00 AM or later than 7:00 PM.)

Night call? No.

Maximum work hours per week: per ACGME duty hours policy

Grading:

Preceptor evaluations: 50% (5% of this grade will be based on professionalism)

NBME subject exam: 30%

Didactic Participation: 10%.

Weekly submissions turned in to clerkship director: 10%

Completion and submission of “must-see” cases documentation (Pocket Card) at end of clerkship.

Please note that oversight with respect to grading consistency and trends between preceptors, specialties and clerkship sites will be the responsibility of the Clinical Governance Committee with the assistance of the Assessment and Curriculum Committees, if necessary.

Clerkship Goals:

The overarching goals of the clerkship are to

- a. refine the taking of a history
- b. refine the physical examination
- c. develop a reasonable differential diagnosis; and
- d. outline an initial diagnostic and treatment plan.

We want students to meet these goals by examining patients with common conditions in both inpatient and outpatient settings.

Preceptor Responsibilities:

All attending physicians and residents are expected to provide:

- Daily supervision.
- Direct observation of basic skills.
- Teaching and guidance.
- Constructive feedback.
- Verbal assessment and feedback of student performance must be performed at mid-clerkship. Written and verbal assessment of student performance to be done upon completion of the rotation. Written assessments are due no later than 3 weeks from

the completion of the clerkship.

- Preceptors are not allowed to precept another medical student from different medical or Osteopathic school while simultaneously supervising a CNSU COM medical student.
- Preceptors are prohibited from medically treating the medical students that they are supervising.

Specific responsibilities. These goals can be met in different ways in different venues. At minimum, we request the following of attending preceptors:

- Allow each student to perform one complete focused history and physical examination and present the case to the preceptor, on average once per day. Students will write/type up each evaluation and submit it to the preceptor for comments.
- Students must also submit one write up per week to the clerkship director by the end of each of the first five weeks.
- Assign additional patient experiences that may include focused exams on follow-up patients.
- On inpatient services, allow students to follow 5-6 patients (depending on complexity).
- Exposure to a critical care setting is highly desirable.
- Ensure student experiences are hands-on, with oral patient presentations to preceptors.
- Provide constructive feedback on physical exam, differential diagnosis, and treatment.
- Fill out one evaluation form per student upon completion of the rotation. (These will be available electronically via link by email.) These evaluations are due no later than 3 weeks after the completion of the clerkship.
- Attend one half-day workshop annually at College of Medicine to provide feedback on clerkship rotation and organization.
- Assign brief readings (preferably from recent primary literature) on interesting patient topics as you see fit.

Giving feedback. Ongoing formative feedback during the clerkship is essential to allow students to improve skills during the rotation. At minimum, the following categories should be evaluated:

Cognitive skills

- History taking
- Physical examination
- Understanding of ancillary testing & data
- Formulation, differential diagnosis, and treatment plan

Personal skills

- Professionalism

- Dress
- Demeanor
- Any other concerns

Preceptors should communicate any concerns to the clerkship director immediately for monitoring or remediation as appropriate.

Frequency and Mechanism of Formative Feedback

<u>Frequency</u>	<u>Mechanism</u>
Daily	Verbal feedback from attending physician preceptor One-on-one interaction with preceptors & residents “teachable moments” at the bedside and during clinical care
Weekly	Formative quizzes in didactic sessions Case discussions and topic presentations in didactic sessions
Mid-clerkship	Formative feedback summarized & discussed in meeting with clerkship director Formal review of patient log, adjustment of assignments as needed
End of Clerkship	Exit meeting with clerkship director Final examination Formal evaluation report
Ongoing	Monitoring patient log

Documenting student performance

Attending preceptors please note: while completion of the checklists is necessary for assigning student grades, narrative comments are critical to thorough student evaluation. PLEASE provide narrative comments on each student, commenting on both strengths and weaknesses. Your narrative comments may boost a student’s clerkship score if their final clerkship grade is on the borderline between two letter grades. Likewise, choosing the higher rankings in a category on rating scales may provide evidence of superior performance in borderline cases.

Commendation and Early Warning Cards. It is important to maintain documentation about student performance. For performance outside the norm, supervising attendings will have access to documents that allow them to call special attention to individual students when necessary. This may be in the form of a Commendation Form (to commend exceptional performance above usual expectations), or in the form of an Early Warning Card (to document concerns about student performance). Commendations and concerns may be regarding any area of performance, including but not limited to patient care, interactions with other health care professionals, knowledge or skills performance, professionalism, dress, demeanor, etc. Commendations and concerns will go directly to the clerkship director who will determine what, if any, immediate action is required.

Information for Students

Reporting for Service

Prior to the start of the clerkship, students assigned to Kaiser and San Joaquin General Hospital will receive an email with instructions when where to report for their first day.

Those students assigned to clinic settings will make contact with their assigned preceptors prior to the start of their clerkships to clarify time and location to report for duty.

Attendance Policy

It is an expectation that students will be present for all scheduled activities during their clinical clerkships. However, there are events that sometimes results in the need to miss one or more days from a clerkship. The purpose of this policy is to clarify and standardize which reasons of absences are considered to be potentially excused and which are not. This policy will explain the process of requesting absences, and to describe how lost time may be made up.

The guidance contained in this policy covers a large majority of reasons for student absences. It is not meant to be all inclusive. There are other events that may cause a student to be absent, and there are also extenuating circumstances that may occur. In those cases the Clerkship Director should be called to make fair and well-reasoned decisions.

This policy is prepared with the recognition that CNSU medical students are hard-working professionals with a strong vested interest in their own learning. Students bear the responsibility to keep themselves informed.

Event	Absence	Make Up Needed
Illness including infections that could place patients or staff at risk	Excused	If > 1 day missed
Illness or death of an immediate family member	Excused	If > 2 days missed
Presentation at a medical conference	Excused	If > 1 day missed
Religious or cultural holiday	Excused	Make up required
Wedding (student is bride or groom)	Excused, if notification given > 2 months in advance	If > 1 day missed
Residency interview or orientation	Excused	If > 1 day missed
All other events	Unexcused	Required for all days missed

Communication

Timely communication between the student and Clerkship Director is essential to any episode of student absence from clerkship activities.

For events that can be planned well in advance, such as a wedding, advance planning should ideally begin prior to the planning of the choosing of clerkship locations so as to minimize impact on clerkship sites in which absences pose an administrative burden. Examples of such clerkships are clerkships at San Joaquin General Hospital or any Kaiser facility. Assignments to these facilities should be avoided if absences are anticipated.

For other events that can be planned in advance, but become known after the clerkship schedule is set, students should make a written request to the Clerkship Director regarding the proposed absence as soon as the dates of the event are known.

For unforeseen events such as illness or family emergency, students are expected to notify their preceptor and the clerkship director and coordinator of any missed time and its duration as soon as possible.

Making up missed time

Making up for missed time will be done per the Attendance Policy (above). Unexcused absences will always require make-up time and have the potential for being regarded as a breach of professionalism which could be referred to in grade narratives and may affect a student's overall grade. It is the student's responsibility to work with the clerkship director to plan any necessary make-up time.

Consequences of unexcused absences

An unexcused absence is a potentially serious matter and may be looked upon as a breach of professionalism. It is expected the student will be counseled by the clerkship director about such an episode, and that it would be an important element in the assessment of the student's professionalism competency in the clerkship grade narrative prepared on behalf of the student.

Other potential consequences of unexcused absences will depend on the seriousness of the matter and might include inability to receive a grade of High Pass or Honors for the clerkship, a reduction of clerkship grade, failure of the clerkship, counseling by the Senior Associate Dean of Medical Education and Accreditation/Chair of Medical Education or a formal Letter of Concern for the student's file particularly if there is a pattern of absences across clerkships.

Student Responsibilities and Duties

1. While on clinical service, the student will at all times be responsible to the personnel in charge of the unit involved. In addition, all students will be expected to comply with the general rules established by the hospital or clinic at which they have been assigned.
2. All problems or difficulties should be communicated to the Clerkship Director.
3. Students should attend all conferences, if any, related to their clinical service. In addition, students should attempt to attend any other conferences or educational programs of interest. If Morning Report sessions are scheduled, attendance is mandatory.
4. Any time spent away from the hospital or clinic during regular duty hours to attend lectures, conferences, and other programs must be pre-approved by the supervising physician of the clinical service and Clerkship Director.
5. Although patient care assignments take precedence over lectures and conferences, attending physicians and preceptors are encouraged to allow students to attend scheduled lectures. Absences from clinical duty must be cleared in advance by the director of the individual clinical service.
6. CNUCOM places great the importance in the students performing histories and physicals (H&P's) in the affiliated clerkship sites. However, the sovereignty of our affiliated sites is acknowledged and CNUCOM policy will be integrated with each individual site's policy.
8. Students are responsible to keep their immunizations current. If immunizations are not kept current, the ability to participate in clinical training will be denied. CNUCOM is required to ensure to the clinical sites that all student immunizations are current.
9. Students are required to provide proof of personal health insurance and written compliance with HIPAA, if requested by CNUCOM or a specific training site.

Grading Overview

The final clerkship grade will be based on the following components:

- Preceptor evaluations (this grade will include professionalism), contributing 50% of the final clerkship grade;
- NBME subject exam, passing set at 5th percentile contributing 30% of the final clerkship grade;
- Written case reports, contributing approximately 10% of the final clerkship grade;

- Five history and physical write ups turned in to clerkship director; in aggregate contributing to approximately 10% of the final clerkship grade.
- Attendance at all didactic sessions is expected. Unexcused absences may result in penalty or assignment of remedial work at the discretion of the Clerkship Director.

Determination of Final Grade

Grading as follows:

Honors: 90-100%

High Pass: 80-89%

Pass: 70-79%

Fail: Below 70%

Special circumstances

1. Students with median preceptor evaluations which is below “meets expectations” will be dealt with separately as described in detail elsewhere in this document.
2. Students who score less than the 5th percentile on the NBME subject exam in Family Medicine, but who receive median preceptor evaluations or greater than equal to “meets expectations” will receive a grade of INCOMPLETE until the exam is retaken; details of these procedures are described elsewhere in this document.

The final clerkship grade is calculated as follows:

Preceptor portion

1. Median preceptor scores are visually inspected for patterns of achievement and for any outliers.
2. The median score is calculated to a percentage using the following scale: 100% exceeds expectations, 75% meets expectations, 50% below expectations.
3. The percentage calculated in step 2 is multiplied by 0.5. This is the weighted score for the preceptor portion of the grade (maximum 50 points).

NBME portion

1. The equated percent correct NBME score is multiplied by 0.3, yielding a weighted shelf exam score (maximum 30 points).

Combined score

1. The weighted median preceptor evaluation and the weighted NBME score are summed to provide a raw score. Points from the required H&Ps and participation scores are added to the raw score to achieve the final percentage score. The grading rubric is deliberately constructed to place greater relative weight on the preceptor evaluation of day-to-day student performance. Excellence in the execution of clinical duties (as rated by supervising preceptors) drives evaluation toward higher

grades. Superior knowledge (as measured by an examination) does not itself guarantee a high grade.

Minimum criteria for honors.

A student will receive an Honors grade (90+%) in the Family Medicine clerkship provided all of the following criteria are met:

1. A score on the NBME Subject Examination in Family Medicine of $\geq 75^{\text{th}}$ percentile) and
2. A total score of 90% or greater and median combined score from preceptor evaluations above “meets expectations” and
3. Satisfactory completion of required write ups and satisfactory participation.

Minimum criteria for high pass.

A student will receive high pass grade (80-89%) in the Family Medicine clerkship provided all of the following criteria are met:

1. A score on the NBME Subject Examination in Family Medicine of $\geq 30^{\text{th}}$ percentile and
2. A total score of 80-89% and median combined score from preceptor evaluations of above “meets expectations”
3. Satisfactory completion of required write ups and satisfactory participation.

Minimum criteria for passing.

A student will receive a minimal passing grade (70%) in the Family Medicine clerkship provided all of the following criteria are met:

1. A score on the NBME Subject Examination in Family Medicine of $\geq 5^{\text{th}}$ percentile and
2. A median combined score from preceptor evaluations of “meets expectations” and
3. Satisfactory completion of required write ups and satisfactory participation.

Grade of failure.

A student may receive a failing grade in the Family Medicine clerkship if any of the following occur:

1. Substantiated lapse of professionalism (explained below) or
2. Substantiated ratings of less than “meets expectations” from preceptor scores.
3. Failure to complete (or unsatisfactory completion of) required components of the clerkship (including but not limited to), required H&Ps or proper documentation of “must-see” cases seen.

Lapses of professionalism or low preceptor ratings.

Professional behavior is the sine qua non of being a physician. Any allegation of a lapse in professionalism in the Family Medicine clerkship will be investigated by the clerkship director. Such lapses may include, but are not limited to, cheating; plagiarism; or failure to fulfill patient care responsibilities. Likewise, any score of “below expectations” or less by any preceptor will be investigated by the clerkship director. If the allegation of a lapse in professionalism is substantiated, or if the rating of “below expectations” or less is found to be accurate, either of these criteria alone (regardless of exam scores and other preceptor evaluations) may be grounds to receive a failing grade in the clerkship. The student may also be referred to the Student Evaluation and Promotions Committee for further consideration. An “incomplete” grade may be assigned, and remediation may be required. Further details are discussed in the next section.

Details of remediation of borderline performance

Low NBME score, acceptable preceptor evaluations. A student who receives ratings from preceptors at or above the “meets expectations” level, but who scores less than 5% on the NBME Subject Examination in Family Medicine may, at the discretion of the clerkship director, be assigned an INCOMPLETE grade. The student may remediate the grade by taking the examination a second time, the time frame to be determined in consultation with the clerkship director.

Since student preceptor ratings are assumed to be at least “meets expectations,” the remediated grade will be assigned based on repeat NBME performance alone. In as much as the student must take a second administration of the NBME exam in order to meet minimum passing criteria, the maximum grade achievable upon remediation shall be that of “70%”

Performance on repeat administration of the NBME at or above the minimum passing score (student score \geq 5%) will result in assignment of a PASS grade of “70%”. Repeat performance less than 5% will be referred to the Student Evaluation and Performance Committee for further consideration.

Acceptable NBME score, low preceptor evaluations. Remediation of the student who achieves an acceptable passing score on the NBME but who has preceptor evaluations at or below the “below expectations” level will depend on the particulars of why low preceptor evaluations were assigned. Such particulars will be defined by investigation by the clerkship director. A serious breach of professional behavior - such as one that endangers patient safety or confidentiality, seriously disrupts the healthcare team, or results from frank dishonesty - may be determined to not be remediable and may result in assignment of a failing (“F”) grade. In cases where lapses are less serious - such as inability to take a complete medical history, inadequate physical examination, or insufficient knowledge base - the clerkship director, in consultation with appropriate COM faculty, will work to develop a plan for remediation. Part of that remediation plan will include an assessment method appropriate to the domain in which further training is required. If remediation is successfully executed, the maximum final grade assigned shall be that of “70%”

Evaluation of Clinical Assignment

Following the clinical clerkship, students are expected to complete an evaluation of the preceptor, site, and clerkship. This will be completed online. Students will receive reminders via electronic mail of evaluations they need to complete. Students should take care to distinguish the assessment of these three portions of their experiences in order to provide the most useful feedback to CNUCOM. It is only through honest, fair, and frank evaluations that problems can be identified and corrected, and appropriate praise can be offered to those deserving. This is a serious responsibility for students, and appropriate thought and time should be dedicated to this part of the clinical education program. Clinical faculty can view, via the electronic evaluation system, summary data of these evaluations only after a threshold number of evaluations has been reached in order to maintain student anonymity.

Disputes

If a student disagrees with the clinical evaluation offered by the Clerkship Director, he or she should follow the grade dispute procedure outlined in the student handbook.



Clerkship Student Performance Evaluation

Student name: _____

Student number: _____

Clerkship Specialty: _____

Clerkship Date: _____

Evaluator: _____

Site: _____

Title of Evaluator: _____

I have reviewed and provided feedback on _____ (number) H&P provided by the student.

1. I have had insufficient contact with this student upon which to base an assessment.
 - a. Yes
 - b. No

Patient Care

2. Elicits focused history
 - a. Below: Asks too much or too little for the presenting complaint and setting
 - b. Meets: Collects a complete and accurate history
 - c. Exceeds: Collects a complete and accurate history and is able to provide an in-depth characterization of the patient problem
 - d. Insufficient Observation or N/A
3. Performs appropriate physical exam
 - a. Below: Performs exam that is too narrow, too broad, or with faulty technique
 - b. Meets: Performs exams appropriate scope and accuracy, identifies essential findings
 - c. Exceeds: Uses physical exam to uncover subtle and important findings
 - d. Insufficient Observation or N/A
4. Orders appropriate diagnostic test
 - a. Below: Suggests use of tests/procedures to patient problem that are not prioritized to clinical setting, are excessively broad or excessively narrow
 - b. Meets: Suggests use of tests/procedures appropriate to patient problem and test/procedures are prioritized based on clinical setting
 - c. Exceeds: Suggests use of tests/procedures that are appropriate, prioritized to setting and demonstrates awareness of cost and acceptability to patient
 - d. Insufficient Observation or N/A
5. Develops differential diagnosis
 - a. Below: Differential diagnosis is incomplete, incorrect or illogical
 - b. Meets: Develops well-reasoned differential
 - c. Exceeds: Develops well-reasoned and prioritized differential based on likelihood and perceived risk
 - d. Insufficient Observation or N/A
6. Develops management and follow-up
 - a. Below: Plan omits key elements or is overly broad/inclusive
 - b. Meets: Plan is appropriate and sufficiently detailed to allow safe transition of care
 - c. Exceeds
 - d. Insufficient Observation or N/A

7. Incorporates health promotion and disease prevention in patient care
 - a. Below: Fails to include preventative services or behavioral counseling in patient care
 - b. Meets: Includes age/gender/illness specific preventative services or counseling (e.g smoking cessation, preventative screening, etc.)
 - c. Exceeds: Offers patient specific preventative services or counseling tailored to patient history and appropriate to context (e.g. does not offer mammography in patient with stage 4 colon cancer)
 - d. Insufficient Observation or N/A

Interpersonal and Communication Skills

8. Uses oral presentations to communicate patient information
 - a. Below: Includes essential data but data is not well organized
 - b. Meets: Includes essential data and is well organized
 - c. Exceeds: Includes essential data, delivered in an efficient, organized manner
 - d. Insufficient Observation or N/A
9. Uses EHR to communicate patient information
 - a. Below: Includes essential data but data is not well organized or fails to submit notes in a timely fashion
 - b. Meets: Includes essential data and is well organized
 - c. Exceeds: Includes essential, well-organized data that is entered in the EHR in a timely manner appropriate to the clinical setting
 - d. Insufficient Observation or N/A
10. Communicates with patients and families
 - a. Below: Insensitive to patients and families. Uses medical jargon. Fails to check for patient understanding
 - b. Meets: Establishes good rapport with patients and families. Avoids medical jargon. Checks for patient understanding
 - c. Exceeds: Manages difficult or sensitive situations, including end-of-life, limited health literacy conflict, etc.
 - d. Insufficient Observation or N/A
11. Communicates with colleagues
 - a. Below: Verbal communication is unclear, incomplete, overly long or disorganized
 - b. Meets: Verbal communication is clear, complete, succinct and organized in single clinical setting
 - c. Exceeds: Verbal communication is clear, complete, succinct and organized in care transitions (admission, discharge and ICU transfers)
 - d. Insufficient Observation or N/A

Medical Knowledge

12. Demonstrates basic medical knowledge
 - a. Below: Lacks knowledge of common illnesses or is unable to apply knowledge in clinical setting
 - b. Meets: Knowledge base is appropriate for most common illnesses in this clinical setting
 - c. Exceeds: Knowledge base allows student to prioritize clinical tasks
 - d. Insufficient Observation or N/A
13. Demonstrates knowledge of psychosocial and family issues
 - a. Below: Fails to ask about social, psychological, and family issues
 - b. Meets: Asks about the impact of social, psychological, and family issues on health
 - c. Exceeds: Accesses resources for patients to help address social, psychological, and family issues impacting health
 - d. Insufficient Observation or N/A

Professionalism

14. Exhibits behaviors that demonstrate integrity
 - a. Below: Unreliable, dishonest, shirks responsibility, uninterested, commitment uncertain
 - b. Meets: Fulfills responsibilities in conscientious and reliable manner
 - c. Exceeds: Seeks additional responsibilities, takes initiative, trusted to work independently, seeks to improve own performance
 - d. Insufficient Observation or N/A
15. Exhibits behaviors that demonstrate compassion

- a. Below: Inconsiderate of feelings and needs of others, judgmental, disrespectful
 - b. Meets: Appropriately shows concern for others feelings/needs and interacts accordingly
 - c. Exceeds: Demonstrates concern for needs of others, shows empathy and support for others, creates an environment where others can express feelings and needs
 - d. Insufficient Observation or N/A
16. Accepts instruction and feedback
- a. Below: Does not accept feedback, avoids change, does not recognize own limitations or weaknesses
 - b. Meets: Accepts feedback and incorporates feedback to improve performance or develop new skills
 - c. Exceeds: Accepts feedback, engages in critical self-reflection and uses both to improve performance and develop new skills
 - d. Insufficient Observation or N/A

Practice-Based Learning

17. Demonstrates self-directed learning
- a. Below: Fails to form clinical questions and retrieve evidence for patients under their care
 - b. Meets: Forms clinical questions, retrieves evidence, and applies findings to the patients under their care
 - c. Exceeds: Forms clinical questions, retrieves evidence, and applies findings to other patients on the team
 - d. Insufficient Observation or N/A

Systems-Based Practice

18. Demonstrates systems-based practice
- a. Below: Insufficient understanding of internal systems care. Fails to improve patient care used internal systems (e.g. gather old results, review EHR, etc.)
 - b. Meets: Uses understanding of internal and external systems of care to improve patient care (e.g. get outside records, call of pharmacy records, coordinate aftercare, etc.)
 - c. Exceeds: Uses understanding of internal and external systems to care to improve patient flow (e.g. propose new methods to improve handoffs or patient transfers etc.)
 - d. Insufficient Observation or N/A
19. Manages time effectively
- a. Below: Not able to manage all duties within timeframe appropriate to clinical settings
 - b. Meets: With help, manages all duties within timeframe appropriate to clinical settings
 - c. Exceeds: Independently manages all duties within timeframe appropriate to clinical settings
 - d. Insufficient Observation or N/A
20. Are you concerned that the student may not successfully complete the course for any reason? Yes requires a comment.
- a. Yes
 - b. No
21. Comments for possible inclusion in the clerkship summary evaluation:
- a. [blank space for written response]
22. Specific comments for improvement (for use in guiding professional development or to explain any low ratings above – will NOT be included in clerkship summary evaluation)
- a. [blank space for written response]
23. How many days did you spend with this student?
- a. [blank space for written response]
24. Did you meet with the trainee to discuss their performance?
- a. Yes
 - b. No
25. I have not provided healthcare, including psychological and/or reproductive services to this student.
- a. Yes
 - b. No



Evaluation of the Preceptor

Student name: _____

Student number: _____

Clerkship Specialty: _____

Clerkship Date: _____

Preceptor: _____

Site: _____

Title of Preceptor: _____

Overall Scientific and Scholarly Qualities

1. Rate the preceptor's overall commitment to the scientific and scholarly practice of medicine
 - a. 0: Unable to Assess
 - b. 1: Poor
 - c. 2: Below Average
 - d. 3: Average (on par with typical CNU faculty)
 - e. 4: Above Average
 - f. 5: Excellent

Overall Humanistic Quality

2. Rate the preceptor's humanism toward patients, colleagues, and staff
 - a. 0: Unable to Assess
 - b. 1: Poor
 - c. 2: Below Average
 - d. 3: Average (on par with typical CNU faculty)
 - e. 4: Above Average
 - f. 5: Excellent

Teaching Physical Exam

3. Rate the preceptor's help with your physical exam skills and demonstration of unusual or important physical findings
 - a. 0: Unable to Assess
 - b. 1: Poor
 - c. 2: Below Average
 - d. 3: Average (on par with typical CNU faculty)
 - e. 4: Above Average
 - f. 5: Excellent

Availability

4. Rate the availability of the preceptor to participate in diagnostic and management decisions
 - a. 0: Unable to Assess
 - b. 1: Poor

- c. 2: Below Average
- d. 3: Average (on par with typical CNU faculty)
- e. 4: Above Average
- f. 5: Excellent

Opportunity for Independent Decision Making

- 5. Rate the opportunity to present your own ideas about diagnosis and management
 - a. 0: Unable to Assess
 - b. 1: Poor
 - c. 2: Below Average
 - d. 3: Average (on par with typical CNU faculty)
 - e. 4: Above Average
 - f. 5: Excellent

Feedback

- 6. Rate the preceptor's feedback to you regarding those skills and knowledge sets pertinent to this activity
 - a. 0: Unable to Assess
 - b. 1: Poor
 - c. 2: Below Average
 - d. 3: Average (on par with typical CNU faculty)
 - e. 4: Above Average
 - f. 5: Excellent

Procedures

- 7. The preceptor provided appropriate supervision for procedures (when appropriate)
 - a. 0: Unable to Assess
 - b. 1: Strongly Disagree
 - c. 2: Disagree
 - d. 3: Neutral/Undecided
 - e. 4: Agree
 - f. 5: Strongly Agree

Delegation

- 8. Rate the amount of independence given to you by your preceptor in conducting the initial evaluation of patients
 - a. 0: Unable to Assess
 - b. 1: None or Almost None
 - c. 2: Some, but Not Enough
 - d. 3: Appropriate Amount
 - e. 4: A Bit Too Much
 - f. 5: Far Too Much

Backup

- 9. Appropriate backup was provided during any absences of your preceptor
 - a. 0: Cannot Evaluate
 - b. 1: Strongly Disagree
 - c. 2: Disagree
 - d. 3: Neutral/Undecided
 - e. 4: Agree

- f. 5: Strongly Agree

Conference Attendance

- 10. The preceptor allowed you to attend required conferences
 - a. 1: Not Applicable
 - b. 2: Never
 - c. 3: Sometimes
 - d. 4: Usually
 - e. 5: Always

Overall Teaching Quality

- 11. Rate the preceptor's overall teaching skills, commitment to your education, balancing teaching with service requirements, and consistently providing high quality teaching
 - a. 0: Unable to Assess
 - b. 1: Poor
 - c. 2: Below Average
 - d. 3: Average (on par with typical CNU faculty)
 - e. 4: Above Average
 - f. 5: Excellent

Strengths

- 12. These comments will be viewed by the preceptor but will be anonymous and aggregated. For comments to be effective feedback, please be direct, specific and constructive. General statements such as 'good preceptor' are too nonspecific to be of value.
 - a. [blank space for written response]

Weaknesses

- 13. These comments will be viewed by the preceptor but will be anonymous and aggregated. For comments to be effective feedback, please be direct, specific and constructive. General statements such as 'bad preceptor' are too nonspecific to be of value.
 - a. [blank space for written response]

Confidential Comments about Preceptor

- 14. This are is for providing positive or negative feedback that you don't feel comfortable giving directly. These comments will NOT go directly to the preceptor concerned. They will go to the program director and the Department Chair who may contact you for further details.
 - a. [blank space for written response]



**California Northstate University
College of Medicine**

Clerkship Commendation Form

Please complete and submit this card to the clerkship director when you wish to compliment a student for his/her performance. This information will be conveyed to the student and noted in the student's file.

Name of Student _____ **Date** _____

Clerkship: _____

My commendation about the performance of this student is based upon his/her demonstration of exceptional ability/quality in the following areas (check all that apply):

<input type="checkbox"/>	Clinical skills	<input type="checkbox"/>	Teaching
<input type="checkbox"/>	Communication skills	<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	Medical knowledge	<input type="checkbox"/>	Team work
<input type="checkbox"/>	Clinical judgement	<input type="checkbox"/>	Leadership

Please include any additional comments:

Faculty name: _____ Faculty Signature _____

Title: _____

**California Northstate University
College of Medicine**

Clerkship Early Warning Form

Please complete and submit this form to the clerkship director or coordinator when you have any concerns about the performance of a student. This information will be used constructively to help the student.

Name of Student _____ **Date** _____

Clerkship: _____

My concerns with the performance of this student include (please check all that apply):

<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	Clinical practice
<input type="checkbox"/>	Medical knowledge
<input type="checkbox"/>	Team work
<input type="checkbox"/>	Interpersonal relation and/or communication skills
<input type="checkbox"/>	Other

Please include additional comments:

Faculty Name: _____ **Faculty Signature:** _____

Title: _____