



Surgery
Clerkship Handbook
2024-2025

Clinical Clerkship Director and Coordinators

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INTRODUCTION

Mission Statement:

To advance the art and science of medicine through education, service, scholarship, and social accountability.

Education: To provide the environment for its graduates to become life-long learners in the field of medicine.

Scholarship: To identify leaders in basic science, translational, clinical, and educational research, development of educational materials and processes, and thought leadership in science and education to foster a scholarly environment for the medical school.

Service: To help serve the underserved in the community as a critical function of the medical school.

Social Accountability: To emphasize community service, community health, access to health care, global health, global health education, health care policy and advocacy, and diversity as essential elements of the medical school.

Vision:

To develop a community-based medical school that delivers innovative programs in education, research, and patient care.

Core Values:

The core values of California Northstate University College of Medicine are:

1. Excellence in Medical Care
2. Professionalism
3. Ethics
4. Compassion
5. Social Accountability
6. Innovation

ACADEMIC REQUIREMENTS FOR GRADUATION

Patient Care

The competent graduate must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and health promotion. He/she will be required to construct appropriate management strategies (diagnostic and therapeutic) for patients with common health care problems that may be emergent, acute or chronic, across the spectrum of disciplines, while considering costs for the patient and others. The graduate must combine knowledge of basic biomedical, clinical, and cognate sciences to accomplish the above. Reflecting the core clerkship Learning Objectives, the competent graduate must be able to:

1. Demonstrate the ability to obtain an accurate and complete history
2. Demonstrate the ability to perform a comprehensive physical examination
3. Acquire the ability to formulate a differential diagnosis and problem list
4. Acquire the ability to deliver a clear and concise oral presentation of patient history and examination and SOAP note
5. Practice universal precautions, demonstrate the ability to scrub, gown and glove appropriately
6. Acquire the ability to perform, order, and interpret diagnostic investigations that result in clinical decision making, accurate diagnosis, and treatment
7. Collaborate with a team to develop appropriate, optimal, cost-effective management plans with consideration of cultural and socioeconomic factors
8. Acquire the ability to form a significant and empathetic therapeutic relationship with patients providing counsel and education to patients and their families
9. Demonstrate professionalism and communicate effectively with peers, team members, and faculty
10. Acquire the ability to review and interpret the medical literature (including electronic databases) pertinent to specific issues of patient care, including the principles of epidemiology and evidence-based medicine

Additional goals of the clerkship are:

Medical Knowledge

The faculty of CNUCOM believes that any statement of graduation competencies must include mastery of the necessary body of knowledge within the basic, clinical, and cognate sciences to manage patient health. Moreover, graduates must demonstrate the skills necessary to utilize the concepts and knowledge discovered throughout the years following medical school. The competent graduate must have a thorough understanding of the:

1. Scientific principles of basic and clinical sciences that will enable him/her to practice evidence-based medicine competently;
2. Determinants of poor health, disease-based risk factors, measures for disease prevention and healthy lifestyles (principles of preventive medicine);

3. Principles of health education;
4. Principles of epidemiology and population-based treatment;
5. Principles, risks, and possible benefits of complementary and alternative medicine;
6. Concepts, principles, and application of evidence-based medicine;
7. Investigatory and analytical thinking approach to clinical situations to be able to translate new and emerging concepts to improve patient care;
8. Psychological, social, economic, and cultural factors of health;
9. Legal and ethical concepts relating to health care.

Practice-Based Learning and Improvement

The competent graduate must study, reflect, and evaluate patient care practices, appraise and assimilate scientific evidence, and understand their learning needs. He/she must be committed to lifelong learning.

The competent graduate:

1. Sets clear learning goals and continuously integrates knowledge gained and applies it to improve medical care;
2. Assesses their strengths and weakness to improve performance and identify effective ways to address limitations and enhance expertise;
3. Accesses information effectively, efficiently, critically appraises the data and relates it to their patients' health problems;
4. Admits their limits of knowledge, practices safety, deals with uncertainty, and respects the opinions of others;
5. Recognizes the need to learn is continuous

Interpersonal and Communication Skills

The competent graduate provides compassionate, effective, culturally sensitive patient care while respecting patient autonomy.

The competent graduate:

1. Listens attentively and effectively;

2. Communicates clearly with colleagues and consultants;
3. Communicate clearly with patients and patients' families;
4. Manage difficult patients and complicated relationships such as angry or manipulative patients or their immediate families;
5. Works effectively with other members of interdisciplinary health care teams, including translators.

Professionalism

The competent graduate approaches medicine with integrity and respect for human dignity. They must demonstrate awareness of and commitment to the principles and responsibilities of medical professionalism.

The competent graduate:

1. Is aware of the unique doctor/ patient relationship;
2. Knows and admits to their limits of knowledge;
3. Recognizes the need to learn is continuous;
4. Balances personal and professional commitments to foremost address the patients' medical needs;
5. Recognizes and avoids conflicts of interest in financial and organizational arrangements for their practice of medicine;
6. Demonstrates integrity;
7. Demonstrates respect for human dignity;
8. Recognizes key ethical dilemmas and applies ethical principles;
9. Demonstrates commitment to ethical principles on provision or withholding of clinical care, the confidentiality of patient information, and informed consent;
10. Demonstrates a commitment to excellence and ongoing professional development.

System-Based Practice

The competent graduate demonstrates an awareness of and responsiveness to the broader context and systems of health care.

The competent graduate:

1. Understands the principles of health care delivery and can describe the organization, strengths, and limits of various models of health care delivery systems;

2. Defines health in terms of the community in which the patient lives (population-based medicine);
3. Describes how to utilize and integrate the services of multidisciplinary health providers appropriately;
4. Practices cost-effective health care that does not compromise quality;
5. Evaluates and integrates Hospital and community resources well; minimizes overuse of health care resources;
6. Works collaboratively with other health professionals to optimize the quality of care rendered, reduce medical error, and increase patient safety.

THE CLINICAL CLERKSHIP PROGRAM

During the 8 weeks of surgical clerkship, students have an opportunity to learn from 6 weeks of inpatient clinical experience and 2 weeks of selective experience. Students are supervised by surgical attending and resident physicians. Students learn to hone their skills in patient care, medical knowledge, communication, professionalism, health care systems and personal development in the context of adult inpatient care. Special emphasis is placed on providing opportunities to participate in the common medical conditions seen by surgical physicians. Students also participate in small group weekly didactic sessions that focus on topics in general surgery including trauma, critical care, breast endocrine etc. During the didactic sessions, students also have an opportunity to present interesting patients from the rotations and discuss physical exam findings.

CNUCOM YEARS 3 AND 4 REQUIREMENTS

Year 3 Coursework

Intro to Clinical Clerkships	2 Days
Courses/Clerkships	
Family Medicine Clerkship	6 weeks
Internal Medicine Clerkship	6 + 2 weeks
Pediatrics Clerkship	6 weeks
Psychiatry Clerkship	4 weeks
Surgery Clerkship	6 + 2 weeks
OB/GYN Clerkship	6 weeks
Neurology Clerkship	4 weeks
<u>Emergency Medicine Clerkship</u>	<u>4 weeks</u>
Total	46 weeks

Year 4 Coursework

Courses/Clerkships	
Acting Internship (in area of student's interest)	4 weeks
Electives	32 weeks

OVERVIEW OF CNUCOM CLERKSHIP PROGRAM

The Clinical Clerkship Program is to provide students with education and training in the general areas of family medicine, internal medicine, obstetrics & gynecology, pediatrics, psychiatry, neurology, and Surgery, as well as exposure to additional specialty areas, including emergency medicine.

CNUCOM has affiliations with several hospitals, practice groups, and solo practitioners offering diverse training opportunities. The program permits the highest degree of educational exposure in a practical, clinical environment for students to develop medical diagnosis and management expertise.

The clerkships provided at each site and the numbers of students assigned to each site by CNUCOM are determined, by mutual agreement of the Clerkship Directors, Assistant Deans of Clinical Education at the hospital sites, Clinical Faculty, Senior Chair, and Vice-Chair of the Department of Clinical Medicine, Clinical Council and the CNUCOM Office of Medical Education.

Students take electives and an Acting Internship in the area of student interest during year four to give students ample opportunities to pursue individual interests.

GENERAL CLERKSHIP GUIDELINES

A. Structure

Students will participate in a well-structured, systematic training experience in each particular service. Students will be assigned to one or more attending physicians and, in some circumstances, residents. This structure will provide all participants with clearly delineated responsibilities for meeting educational objectives.

B. Teaching Techniques and Evaluation Methodology

The specific objectives for each course defined in the curriculum sections of this Manual.

1. The student will attend scheduled 4-hour didactic sessions at the College of Medicine.
2. The student will be evaluated by his/her preceptor and clerkship director through periodic oral evaluation and clinical performance observations.
3. Preceptors will complete Clinical Performance Assessment forms provided for student performance at the end of the clerkship.
4. The student will complete and return an evaluation form on the preceptor, site, and clerkship.
5. The student will complete and return a procedure Checklist form to the clerkship director at the end of the rotation.
6. Evaluations will be through a web-based secure electronic evaluation system, Med Hub.

C. Educational Activities

The clinical site should provide a regular schedule of all academic programs and resources, e.g., lectures, conferences, videos, available at the site and online.

D. Patient Care

Students will comply with all patient care requirements as established by the Clerkship Director and the clinical site.

ORIENTATION

Students will be provided appropriate orientation to the rotation, expectations, and clinical facilities. Orientation may include sessions at the CNUCOM campus or online. Materials will be supplied for independent review with an on-site orientation to ensure adequate student preparation. Clerkships introduction provided by the Clerkship Director/Site Director, the Chair/Chief of that service, or his/her designee.

A. Clerkship

1. Director/Site Director and Teaching Faculty/Preceptors
2. Content
3. References
4. Expectations (e.g., patient logs, procedures, etc.)
5. Scheduled activities/calendars
6. Assessment/exams
7. Evaluation forms
8. Grading

B. Physical plant

1. Patient rooms
2. Nurses' stations
3. Specialty Departments
4. Ancillary services facilities (x-ray, laboratory, medical records, Etc.)
5. Rest rooms and locker areas
6. Conference areas
7. Lounges, cafeteria or coffee shop
8. Library

GENERAL STUDENT PROTOCOLS

Students are to notify the CNU Office of Student Affairs and Admissions of any change in contact information (e.g. mailing address, phone numbers, etc.) during the clinical years.

DRESS CODE

1. In clinical areas (including clinical simulation), students will wear clean, white clinic jackets with a nametag, over business attire or scrubs. The student shall dress appropriately for a physician in clinical care settings. Some affiliated hospitals will have more stringent dress codes, and students assigned to those locations must abide by the hospital dress code.
2. Students required a functional stethoscope, appropriate writing utensils, and other hand-held tools when indicated.
3. On services where scrub suits mandated, these suits will be provided by the facility.
4. 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 via the students' health plan. Reactors must complete a CXR or Tuberculosis blood (IGRA) test (preferred).
2. Td or Tdap (diphtheria, tetanus booster) renewed every ten 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 preceding to starting clinical course work and may be subject to further screening at random or for cause during enrollment at CNUCOM.

Medical Requirements for Away Clerkships

All medical forms for away clerkships are sent to the Director of Student Affairs (do not send them to the Medical Director of Student Health Services). Each Hospital or school has different requirements. Some are more stringent than CNUCOM requirements. If anything is missing, it is the student's 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, students may not initiate clinical coursework. Immunizations must be up to date at least one month before the start of the third and fourth years. If a student's immunizations are not up to date, they will be unable to start clinical duties and the academic year resulting in graduation delay.

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 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.

Anti-Harassment and Anti-Mistreatment

California Northstate University is committed to providing a work environment free of harassment, disrespectful, or 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, including the perception of these characteristics, or association with a person possessing these characteristics. **All such conduct violates University policy.**

The University's anti-harassment policy applies to all persons involved in the University's operation. It prohibits harassment, disrespectful or unprofessional conduct by any employee of the University, including supervisors and managers, 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 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 for submitting 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 includes any conduct prohibited by state and federal law, or by University policy.

Sexual harassment does not need to be motivated by sexual desire to be unlawful to violate this policy. Perceived or actual hostile acts toward an employee because of gender can amount to sexual harassment, regardless of whether the treatment is motivated by 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, or Human Resources of the University as soon as possible after the incident. You will provide details of the incident or incidents, names of individuals involved, and witnesses' names. 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 a practical, thorough, and objective investigation of the allegations.

Suppose the University determines that harassment or other prohibited conduct has occurred, effective remedial action will follow according to the circumstances involved. Any employee determined by the University to be responsible for harassment or other wrongful 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 quickly and fairly resolve. The Federal Equal Employment Opportunity Commission and the California Department of Fair Employment and Housing can investigate and prosecute prohibited harassment complaints in employment. If you think you were harassed or retaliated against for resisting or complaining, you may file a complaint with the appropriate agency. Find the nearest office by visiting the agency websites at www.dfeh.ca.gov and www.eeoc.gov.

Reporting for Service

Before starting the clerkship, students should review their schedules to determine the location and time to start the first day. Students will be notified by email as to where they are to report. Unless otherwise arranged, students should prepare for orientation at 8:00 am on the first day of the clerkship.

Attendance Policy

It is an expectation that students will be present for all scheduled activities during their clinical clerkships, but there are events in all our lives that sometimes result in the need to miss one or more days from a clerkship. This policy aims to clarify and standardize reasons for excused absences and not the process of requesting absences or remediate for lost time.

The guidance contained in this policy covers a large majority of reasons for student absences observed over the years but not all-inclusive. Other events may cause a student to be absent, and there are also extenuating circumstances that may occur. In those cases, the Clerkship Director will make fair and well-reasoned decisions.

This policy supposes that CNUCOM medical students are hard-working professionals with a strong vested interest in their education.

Excused vs. unexcused absences

Event	Absence Excused?	Make Up Time Needed?	
		8 week	4 week
Student illnesses, including infections that could put patients or other staff at risk	Yes	If > 2 days missed	If > 1 day missed
Illness or death of an immediate family member	Yes	If > 3 days missed	If > 1 day missed
Presentation at a medical conference	Yes, if notification >2 months ahead	If > 2 days missed	If > 1 day missed
Religious or cultural holidays	Yes	If > 1 day missed	If > 1 day missed
Wedding (student is bride or groom)	Yes, if notification >2 months ahead	If > 2 days missed	If > 1 day missed
Residency interview or orientation	Yes	If > 2 days missed	If > 1 day missed
NBME exam – Skills exam in Year 4	Yes	If > 2 days missed	If > 1 day missed
All other	No	Yes – for all days missed	Yes – for all days missed

If make –up time is required as noted in the instances above, the Clerkship Directors will work directly with the on-site preceptors to arrange to have the student work additional days.

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, the planning should ideally begin before the lottery (The spring of the second year). Clerkships that do not have night or weekend calls are assigned to accommodate the event, avoiding missing any clerkship time.

For other events that can be planned, but become known after the clerkship schedule assignment, students should make a written request to the Clerkship Director regarding the proposed absence as soon as the event dates are known. Call schedules can sometimes be adjusted to free up a given weekend day or night.

For unforeseen events such as an illness or family emergency, students notify their preceptor/ward team and the clerkship office of any missed time and its duration as soon as possible.

Making up missed time

The Year 3-4 policy at CNUCOM is that students may have up to two days of excused absence on an eight-week clerkship before makeup time is required, and up to one day for a four-week clerkship. Unexcused absences will always require makeup time. Besides, they have the potential for being regarded as a breach of professionalism, which could be referred to in grade narratives and could affect a student's overall grade. It is the student's responsibility to work with the clerkship director to plan any necessary makeup time.

Consequences of unexcused absences

An unexcused absence is a potentially serious matter and may be a breach of professionalism. The clerkship director would counsel the student about such an episode. It would be essential to assess the student's professionalism competency in the clerkship grade narrative prepared.

Other potential consequences of unexcused absences will depend on the seriousness of the matter. They might include the inability to receive an honors grade on the clerkship, reduction of a clerkship grade, failure of a clerkship, counseling by the Assistant Dean of Student Affairs, or a formal Letter of Concern for the student's file, mainly if there is a pattern of absences across clerkships.

Responsibilities and Duties

1. While on clinical service, the student will be responsible for the personnel in charge of the unit involved. All students expected to comply with the general established rules of the Hospital or clinic.
2. All problems or difficulties should be communicated to the Office of Medical Education.
3. Students should attend all hospital conferences related to their clinical service. Besides, students should attend any other hospital conferences or educational programs of interest. The hospital educational programs' schedule should be obtained each week or month from the Clerkship Director or Preceptor or will be available

on the website. At his or her discretion, the Clerkship Director or Preceptor may make all or any part of such educational programs mandatory, including scheduled Morning Report sessions.

4. Any time spent away from the Hospital during regular duty hours for lectures, conferences, and other programs conducted at outside hospitals or universities must be pre-approved by the clinical service's supervising physician. If attendance at these programs will affect assigned hospital duties such as histories and physicals, this will need clearance with the Clerkship Director.

5. Although patient care assignments take precedence over lectures and conferences, the Hospital and attending physicians may allow students to participate. Absences from clinical duty must be cleared in advance by the director of the individual clinical service. If patient care assignments pre-empt attendance of mandatory lectures and conferences, this absence requires the Clerkship Director's clearance.

6. CNUCOM places great importance on the students performing histories and physicals (H&P's) in the affiliated clerkship sites. However, our related sites' sovereignty is acknowledged, and the CNUCOM policy integrated with each site's policy. The student should complete an average of at least one (1) H&P per day on the assigned service. The H&P's should be critiqued by appropriate personnel with feedback to the student. The student should have time and opportunity for patient follow-up.

7. The Chair for each specific Hospital will clarify the clinical clerk the Hospital's policy for medical order writing. All activities (orders are written or given, and patient care, progress notes) in a clinical setting are under the direction and supervision of an attending physician who assumes responsibility for the student and the patient.

9. Students are responsible for keeping their immunizations current. If immunizations are not current, the ability to participate in clinical training will be compromised. CNUCOM is required to ensure to the clinical sites that all student immunizations are current.

10. Students must provide proof of personal health insurance and HIPAA, BLS, ACLS, and OSHA training completion if requested by CNUCOM or a specific training site.

Malpractice Insurance

The professional liability insurance of CNUCOM covers all students on approved clinical clerkships within the United States during their MS 3 and MS 4 years. Students can obtain an insurance/eligibility letter from the CNU Office of Student Affairs or the COM Director of Student Affairs and Admissions.

National Residency Match Program (NRMP) and Residency Interviewing

Students will receive more detailed information on residency matching in the M-3 year. Students are also encouraged to explore the information on the Electronic Residency Application Service (ERAS) on the Association of American Medical Colleges (AAMC) website.

It is imperative that when students develop their academic plans and clerkship schedule for the senior year, they remember residency program interviews will typically occur during the months of mid-late November, December, and January. The number of interviews needed depends mostly on the competitiveness of the specialty selected and residency programs' location. Strongly advised that senior students should not attempt to schedule any core clerkships during the period they are interviewing for a residency program. Even though student's need to participate in residency interviews is essential for their future career, it is critical to recognize the importance of participation in clerkship activities equally. Clerkship directors expect full participation in any clerkship that has been scheduled and may not view positively a student's desire to seek an excused absence from clerkship participation.

EVALUATION AND GRADING

General Philosophy

While evaluation is an integral part of the clinical education process and can provide substantive performance information, students and clinical faculty alike must recognize that the generation of a grade is not the purpose of clinical experiences. The focus should be on gaining clinical experience, expanding fundamental knowledge, providing high-quality care, and developing clinical competence. Students must pay close attention not merely to the grade earned, but to the specific components of evaluations designed to provide feedback and guidance to improve future performance.

Clerkship Commendation and Early Warning Forms:

During clinical clerkships, there are times when the preceptor may witness some commendable or unsatisfactory behaviors of the students. The preceptors are encouraged to submit either the commendation form or the early warning form to the clerkship director. These will be revealed to the student by the clerkship director and placed in the student's record. The conditions are in the appendix.

GRADING POLICIES

Formative Feedback

Ongoing formative evaluation during the clerkship is essential to allow students to improve skills during the rotation. At a minimum, students may expect daily feedback from preceptors in the following areas:

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.

The frequency and mechanisms of formative feedback delivery are shown in the table.

Frequency	Mechanism
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 in didactic setting
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 for de-briefing
	Final examination
	Formal evaluation report by preceptor(s)
Ongoing	Monitoring patient log

Summative Evaluation

Current standards suggest a summative assessment based on a minimum of one comprehensive written examination, narrative observations by primary teaching faculty, and other observable performance-based measures.

Small- and large-group discussions administered throughout the third year in the Longitudinal Clerkship Curriculum. The clerkship curriculum will include clinical skills and case sessions during protected didactic days to refine examination skills.

CNU COM Clerkship Grading Policy

A student's final clerkship grade will be based on the following three components:

- Academic NBME Shelf Exam Results.
- Clinical Evaluation of Student by Preceptor in rotations.
- Clinical Evaluation of Student by Clerkship Director in didactics.

The NBME Shelf exam score is an empirical measurement of student knowledge in the particular specialty field. Students are scored against a large national cohort of similar third year medical students. CNSU-COM's policy is that students Shelf score will be graded based upon the following percentile results on Shelf:

- ≥ 5 = Pass
- ≥ 30 = High-Pass
- ≥ 75 = Honors

This NBME Shelf "grade" will be the starting point of the student's final grade.

But this Shelf grade will then be compared against a composite Clinical grade, generated from the combination of Clinical Evaluation by Preceptor, and Clinical Evaluation by Clerkship Director.

The Final Grade will then be determined as follows:

- The NBME Shelf exam grade will generally* be the starting point
- But the final grade can be moved up, or down, based upon student performance in the clinical segments (Preceptor and Didactic)*

Example Grading Scenario #1

- NBME score of "pass" but is in the upper half* of the "pass" range
- Combination of Preceptor and Didactics Score is "honors"
- Students final grade can be elevated (at discretion of CD) from pass to high-pass based upon superlative clinical performance.

Example Grading Scenario #2

- NBME score of "honors" but in the lower half* of the "honors" range
- Combination of Preceptor and Didactics Score is only "pass"
- Students final grade can be reduced (at discretion of CD) from honors to high-pass based upon less than stellar clinical performance.

An academic grade of pass, will not be lifted all the way to honors by even stellar clinical performance, but it can move the final grade up (or down) to the next adjacent grade level above (or below) their academic grade.

* Flexibility in the Grading System

Clerkship Directors may and can opt to tighten up the parameters, for example only allowing movement up or down...if Shelf is in upper or lower quarter of grade range (rather than the upper or lower half of the grade range). Doing so would give the Shelf move weight, as compared to clinical and didactics components.

Details of Preceptor Grade Component (Attending preceptors please note)

Numeric “5 Point Likert Scale” Scoring

Completion of the MedHub Educational Program Objectives (EPO) scores are important to help us assign student grades. Preceptors are asked to rank students on 15 areas of performance. These 15 topics are grouped and follow the COM General Competencies System:

- GC1 are questions about Patient Care (PC)
- GC2 cover Medical Skills and Knowledge (MSK)
- GC3 addressed Communication Skills (C)
- GC4 deals with Professionalism (P)
- GC5 deals with EMR and Healthcare Systems (HC)
- GC6 deals with Reflective Practice and Personal Development. (RP)

In each area of student performance, preceptors are asked to evaluate the student on a 1 to 5 Likert scale, with the 1 to 5 scale representing:

1. Fail – you believe the student should flunk the clerkship (and repeat)
2. Needs Improvement – performance not so low as to fail student, but in this area student should obtain remediation before passing
3. Pass – good performance sufficient (at this level of training and without remediation) to proceed forward with training
4. High-Pass – exemplary performance above average
5. **Honors** - outstanding performance

On average, a student performing at or above 3.0 on average will be considered to have Passed their preceptor evaluation. A student performing from 3.5-4.4 will be considered for the “High-Pass” grade. A student who averages 4.5 or above will be a candidate for an “**Honors**” grade. A student scoring below 3.0 will be seriously evaluated for necessary remediation. This could include additional course assignments, repeat of some or all of the clinical time in the clerkship, or might contribute to a failing grade in the clerkship. Any of the 15 topics ranked or graded as 1 (fail) will require full review by CD and possibly Student Evaluation & Promotions Committee (SPC), even in the case of the overall score reaching a passing average of 3.0 or above.

Narrative comments are critical to thorough student evaluation.

Preceptors provide narrative comments on each student, commenting on both strengths and weaknesses.

All narrative comments by preceptors will be reviewed by the Clerkship Director, along with the checklist scores when determining **final grades** for the clerkship rotation. Student’s numeric preceptor grade component for the clerkship rotation component may be raised or lowered based on exceptionally persuasive narrative comments from an attending preceptor. This is entirely at the discretion of the CD, and their own judgement of the narrative comments.

Details of Didactics Grade Component

The bulk of the **Final Grade** is based upon the above two components:

- The **Academic** NBME Grade
- The **Clinical** Preceptor Grade

But there is one final component, that similar to the Clinical Preceptor Grade, can bump the **Final Grade** up, or down. That final component is the Grade conferred during **Didactics** by the individual Clerkship Director. The specific structure used in the production of this component will not be specified here, as it can and does vary from clerkship specialty, to clerkship specialty, and may even vary somewhat from block to block, as the availability of resources (guest lecturers, lab availability, in-person vs virtual **didactics**, etc) is changing and active. At times, even the Clerkship Director themselves may change, and the new CD may recommend different grading ideas and rubrics from the former. But the sum-components of the **Didactics** experience that may be brought to play in the production of this **Didactics** component may include:

- Attendance
- Timely submission of assignments
 - Assignments may include
 - case reports
 - quizzes
 - mid-clerkship evaluations
 - clinical topical write-ups or presentations
 - other at discretion of CD
- Successful logging of “Must-See Cases”
- Ongoing logging of “Must-Do Procedures”
- Participation in Discussions
- Participation in Lab (if any)
- Grading of any of the above (vs pass/fail)

To be clear, the **Didactics** grade is entirely at the discretion of the Clerkship Director, and to reiterate cannot be subject to strict simplification or restriction in this document.

Professionalism and Remediation

Lapses of professionalism or low preceptor ratings. Professional behavior (discussed elsewhere) is the sine qua non of being a physician. Any allegation of a lapse in professionalism in the 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 NBME exam scores and other preceptor evaluations) may be grounds to receive a failing grade in the clerkship. The student will also be referred to the Student Evaluation and Promotions Committee for further consideration. Y “incomplete” grade may be assigned, and remediation may be required. Further details are discussed in the next section.

Details of remediation of borderline performance; Y grade options.


Scenario: 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 emergency medicine can be managed along one or both of the following pathways:

1. “Bad Test Day” – if the student feels he or she was prepared for the test, but suffered from some unforeseen problem such as illness, family or other stress, or other un-avoidable distraction that prevented them from performing up to par, that student may request a “quick re-take” of the Shelf exam. This must be explained to the Clerkship Director and the CD must agree that a quick re-take is justified. Quick means ideally that the student sits for the re-take in general within a week of the original exam date, or at most two weeks of original exam date. Note that this quick re-take is not intended to allow the student to study more. This presumes that they already did study enough, but just suffered from unforeseeable stresses on the test day.
2. If the student does require a quick retake test, and fails this second attempt...OR if the reason the student did not pass the first attempt was actually lack of study and preparation for the first test, then the student will be given a Y grade for the course. Student and CD then need to sit down and discuss the situation, and come up with a remediation plan. A remediation plan could involve:
 1. Identification of flex or other time where student can study more for a re-take test
 2. Deferral of an upcoming clerkship to create time for study
 3. Referral to student affairs for test preparation counseling
3. This plan must be documented in a SPC referral, signed by student and CD and the Chief of Clinical Education, and submitted to SPC for review and either approval, or other remediation recommendation.

The student may remediate the Y grade by taking the examination a final second, or third time (third if a “quick retake test” was allowed), the time frame to be determined in consultation with the clerkship director.

If the student passes the retake NBME exam (after the administration of a Y grade), their Y will then be upgraded to a Y/P grade, which is a passing grade, but the Y will remain along with the Pass. The maximum grade achievable upon remediation shall be that of “Y/Pass”.



CALIFORNIA NORTHSTATE UNIVERSITY
COLLEGE of MEDICINE

SURGICAL CLERKSHIP MANUAL

EXPECTATIONS FOR EACH CLASS

Prior to the start of each class, students should have completed the following:

- Review the assigned material
- Review the list of procedure videos

Students are expected to discuss interesting cases during each class (30 min)
Communication Issues and Questions (30min)

MANDATORY ASSIGNMENTS

- 2 H&P
- 2 Assessments

Additional Study Techniques

- Read and review 100 SHELF exam questions per week
- Write down the procedure you see in the hospital (Both the one you perform and the one you observe)

ATTENDANCE: All sessions are mandatory


- Students are permitted two (2) absences during their Surgery rotation.
 - If you are planning to be absent, please notify your preceptor and the Clerkship Director via email and phone call.
- The weekly classes will be hosted on Teams to allow all students from various sites to attend

CLERKSHIP WEIGHTED SCORES

Shelf Exam	30%
Preceptor Evaluation	50%
Didactic/Assignments/Class Participation	20%

COURSE LECTURE SCHEDULE Every Wednesday 4:00 - 6:00pm via Teams

<p>Week 1: Perioperative Issue, Fluid</p> <p>Week 2: Alimentary Tract and Abdominal Surgery</p> <p>Week 3: Breast, Endocrine, and Pancreas</p> <p>Week 4: Trauma</p>	<p>Week 5: Critical Care</p> <p>Week 6: SHELF Exam (on campus)</p>
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Eldo Frezza, MD; MBA; FACS
Surgery Clerkship Director

More Information :
@ Eldo.Frezza@cnsu.edu

THANK YOU

EVALUATION OF CLINICAL ASSIGNMENT

Following each clinical clerkship, students are to complete an evaluation of the preceptor, site, and clerkship online. Students will receive evaluation reminders via electronic mail. They should distinguish the assessment of these three portions of their experiences to provide the most useful feedback to CNUCOM. Only through honest, fair, and frank evaluations can problems be identified and corrected, and appropriate praise. Clinical faculty can view, via the electronic evaluation system, summary data of these evaluations only after a threshold number of assessments are complete 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.

ROTATION SCHEDULE

- **Rotation Sites – To be determined**
- **Daily and weekly schedule**

rational details of the daily and weekly schedule will be at the discretion of the attending physician. In general, students will work Monday through Sunday. Students on inpatient services may be required to come in one weekend day at the attending discretion. Students will not be needed to take a 24-hour call. Significant variations in the schedule are:

The first Monday morning of the rotation will begin at the clerkship rotation site to orient at the clinical sites on Teams.

Wednesday afternoons reserved for didactics at the CNU College of Medicine or online between 4–6 pm.

The last Friday of the rotation is for the NBME Subject Exam in the morning and integration conference in the afternoon. Both will take place at the CNU College of Medicine.

Students rotating through private offices will follow the schedule set by those physicians, including days when the office is not open.

DUTY HOURS RESTRICTIONS

The California Northstate University College of Medicine will follow the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME). In brief, these guidelines encompass the following for medical students:

"Duty hours" are defined as all clinical and academic activities related to the education of the medical student, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds, and conferences. Duty hours do not include reading and preparation time spent away from the duty site. Important points of this policy are:

1. Duty hours must be limited to 80 hours per week, averaged over four weeks, including all in-house call activities.
2. The in-house call must occur no more frequently than every third night.
3. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours, plus 4 hours for care transitions. Students may be on-site for up to 6 additional hours to participate in didactic activities.
4. Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over four weeks.
5. Will have 10 hr. break between shifts.

This policy is available on the College of Medicine website, the clerkship handbooks, and the faculty and preceptor handbooks.

Oversight of this policy will be the Clerkship Director's responsibility and the relevant Clerkship Site Director/s. Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion.

CURRICULAR MATERIALS

Educational Program Objectives (EPOs) and Course Learning Objectives (CLOs)

The following general objectives are expectations of competencies for each and all the clinical courses. They help students develop the necessary medical problem-solving skills, basic science integration, case management, procedural expertise, and professional demeanor.

All students need to review the Clinical Performance Assessment form to be familiar with the specific measures applied in performance evaluations on clinical clerkships.

The Curriculum follows the 6 ACGME Curriculum General Competencies. These are mapped to the Educational Program Objectives (EPOs) as indicated on the table below. The Final Evaluation of the students in MedHub assesses the student's performance in each area. The Clerkship Learning Objectives (CLOs) are mapped to the EPOs in the second

General Competency	Educational Program Objectives
PC1: Patient Care	PC1: Clinical History Taking PC2: Patient Examination PC3: Medical Notes PC4: Oral Presentations PC5: Medical Skills PC6: Patient Care Teams PC7: Patient Management PC8: Cost Effective Comparison in Treatment
MSK2: Medical and Scientific Knowledge	MSK1: Knowledge of Medical Practices MSK2: Problem Solving & Diagnosis MSK3: Medical Treatment MSK4: Life-Long Learning MSK5: Research or Knowledge Expansion
C3: Communication and Interpersonal Skills	C1: Communication Medical Team C2: Communication with Patient, Family and Community
P4: Professionalism	P1: Ethical Behavior P2: Ethical Responsibility P3: Ethical Principles and Boundaries P4: Professional Relationships
HC5: Health Care Systems	HC1: Healthcare Delivery Systems HC2: Delivery Systems Improvement
RP6: Reflective Practice and Personal Development	RP1: Personal Assessment RP2: Time Management RP3: Stress/Wellness Management RP4: Conflict Resolution

Clerkship Learning Objectives (CLO)	Narrative	EPO	Assessment
CLO-1	Demonstrate an adequate fund of foundational knowledge in the application of relevant basic science principles and concepts to the surgical and medical problems encountered in the field of general surgery.	MSK 1-5, PC-7	NBME General Surgery Shelf and Preceptor and CD Evaluations
CLO-2	Demonstrate skill in obtaining a focused and complaint-directed medical history and physical examination in the general surgery setting and communicate both orally and in writing clear and concise presentations. Demonstrate the ability to interact with all levels of general surgery staff and consultants as a team member.	PC 1-7, C 1&2, HC 1	Preceptor and CD evaluations
CLO-3	Identify relevant clinical historical and physical findings, understand the appropriate use of diagnostic studies and formulate reasonable and logical differential diagnoses for common complaints encountered in general surgery.	PC 1,2,5,7 MSK 1-3	NBME General Surgery Shelf and Preceptor and CD Evaluations
CLO-4	Demonstrate an understanding of the effective use of surgical resources. Develop the ability to interpret commonly ordered diagnostic studies, such as laboratory tests, imaging studies (e.g., X-rays, CT scans, MRIs), and ultrasounds. Effectively utilize available technology and educational resources to manage patients efficiently, particularly in the prevention, diagnosis, and surgical management of diseases.	PC 5,7,8 MSK 1-4	NBME General Surgery Shelf and Preceptor and CD evaluations
CLO-5	Demonstrate understanding of the principles of the treatment of disease, including treatment to stabilize unstable patients, and the rationale to assess and reassess in the monitoring of patients' progress.	PC 1,2,5,7 RP 2	NBME General Surgery Shelf and Preceptor and CD evaluations
CLO-6	Demonstrate professionalism during interactions with all general surgery staff and consultants. As an active team member, participate in all aspects of patient care, and demonstrate professional, respectful, and effective patient centered communication with an understanding of the role of Human Factors in patient safety.	P 1-4, HC 1,2 RP 1,3,4	Preceptor and CD evaluations

Surgery Must See Cases:

Required Clinical Experiences: SURGERY				
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				
Surgery	Acute Abdomen/Abdominal Pain (e.g. perforated ulcer, acute cholecystitis, diverticulitis, bowel obstruction)	Focused Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Surgery	Trauma (e.g. gunshot wound, stab wound, motor vehicle accident)	Focused Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Surgery	Common Benign Abdominal Pathology (e.g. biliary colic, diverticulosis, hernias, GERD, obesity)	Comprehensive Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Surgery	Common Malignant Abdominal Pathology (e.g. colorectal, pancreas, stomach, liver)	Comprehensive Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Surgery	Peri-operative Care of Patient Undergoing Anesthesia	Comprehensive Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Surgery	Elective Common Pathology (Breast disease, thoracic pathology or vascular pathology)	Comprehensive Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist

Definitions:

Assist: Student presence with preceptor, other students and patient during evaluation, examination, and treatment. Student will watch the activities of the preceptor or other students on the patient and provide feedback if necessary.

Perform: Student has direct active interaction with patient during evaluation, examination and treatment with final management plan proposed by student and discussed between the student and the preceptor. Continuity of care will be emphasized during the clerkship whenever possible and appropriate. For example, when a student has a role in the admission of a patient, whenever possible, the student will be expected to follow that patient throughout their treatment and hospitalization course and, upon discharge, into the outpatient setting.

It is preferable that students participate and/or manage the following **procedures**. In the event you are unable, or your site does not offer these procedures, it is permissible to **view approved subject matter via video resources.**

- Airway management
- Arterial blood gas
- CPR/ET intubation
- Chest tube placement
- Abdominal ultrasound
- Peripheral IV placement
- Foley catheter placement

- Nasogastric/feeding tube placement
 - Rectal exam
 - Skin suturing
 - Wet to dry dressing change
 - Abscess drainage
-
- **VIDEO MATERIAL FOR THE SURGICAL ROTATION**
-
- **CHEST TUBE**
 - <https://www.youtube.com/watch?v=OYTXSBaMQII>
-
- **FLUID MANAGEMENT**
 - <https://www.youtube.com/watch?v=KKKdG9g7OeM>
-
- **INTRODUCTORY CRITICAL CARE AND SHOCKS**
 - https://www.youtube.com/watch?v=kmtJiAga_8Q
-
- **DEMO HOW TO SUTURE**
 - https://www.google.com/search?q=how+to+suture+step+by+step&aq=chrome.2.69i57j0i512i9.12351j0j4&sourceid=chrome&ie=UTF-8#kpv= M2BdZOavNduBOPEP3NKYgAw_30
-
- **FOLEY CATHETER INSERTION STEP (NO VIDEO)**
 - <https://www.choc.org/programs-services/urology/foley-catheter-insertion-instructions/>
-
- **CENTRAL LINE PLACEMENT**
 - https://www.google.com/search?q=central+line+insertion&aq=CENTRAL+LINE+INSERTION&aq=chrome.0.0i131i433i512j0i512i9.4815j0j4&sourceid=chrome&ie=UTF-8#fpstate=ive&vld=cid:e1938482,vid:Hujzn_PF118
-
- **FOREING BODY REMOVAL FROM FINGER**
 - <https://www.youtube.com/watch?v=8A38afoBlk>
-
- **BURN TREATMENT AND DESCRIPTION (ANIMATION)**
 - <https://www.chop.edu/video/evaluating-and-treating-burn-injuries>
-
- **RAPID SEQUENCE INTUBATION (ANIMATION)**
 - <https://www.google.com/search?q=intubation+video&aq=INTUBATION+&aq=chrome.1.69i57j0i67i650i3j0i433i512j0i512j0i433i512j0i67i650j0i512i2.6246j0j4&sourceid=chrome&ie=UTF-8#fpstate=ive&vld=cid:ab334d92,vid:-M3OlfmKj08>
-
- **NASOGASTRIC TUBE PLACEMENT**
 - <https://www.google.com/search?q=nasogastric+tube+placement+video&aq=NASOGASTRIC+TUBE+PLACEMENT&aq=chrome.8.0i512i10.8991j0j9&sourceid=chrome&ie=UTF-8#fpstate=ive&vld=cid:a3b2a2fa,vid:1OakmxZDa5c>

- **WET TO DRY DRESSING (ANIMATION)**
- <https://www.google.com/search?q=wet+to+dry+dressing+video&aq=WET+TO+DRY+DRESSING+VIDEO&aqs=chrome..69i57j0i22i30j0i390i650l3.34503j1j9&sourceid=chrome&ie=UTF-8#fpstate=ive&vld=cid:e387f953,vid:r1GFgNdtop8>
- **PERIPHERAL IV PLACEMENT**
- <https://www.google.com/search?q=PERIPHERAL+IV+PLACEMENT+VIDEO&aq=PERIPHERAL+IV+PLACEMENT+VIDEO&aqs=chrome..69i57j0i22i30j0i390i650l4.17255j0j9&sourceid=chrome&ie=UTF-8#fpstate=ive&vld=cid:1eb6a87a,vid:aq8OwFalQ4I>

INFORMATION FOR ATTENDING AND PRECEPTORS:

Rotation schedule:

Days: Monday through Sunday

Exceptions:

- The first Monday morning of the rotation is for orientation of the students at the clerkship rotation sites (students will arrive at discretion of location).
- Wednesday afternoons are reserved for didactic sessions at College of Medicine.
- 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.

Hours: at discretion of attending. (Generally, not earlier than 7:00 AM or later than 7:00 PM.) Night call? Yes, variable

Maximum work hours per week: per ACGME duty hour's policy

Grading:

See Surgical Manual

Clerkship Goals:

The overarching goals of the clerkship are for students to

- improve and focus history taking
- improve and refine the physical examination
- develop a reasonable differential diagnosis; and
- outline an initial diagnostic and treatment plan.

We want students to meet these goals by examining patients with both acute and chronic surgical problems in both the 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.
- Written and verbal assessment of student performance must be performed at mid-clerkship and upon completion of the rotation. The written assessments are due no later than 3 weeks from the mid-point and completion of the clerkships, respectively.
- Preceptors are not allowed to precept another medical student from different medical or Osteopathic schools at the same time as supervising a CNU 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 history and examination and present that patient to the preceptor, on average once per day. Students should write up each evaluation overnight and submit it to the preceptor for comments (2-3 per week).
- Of these, students must also submit one write-up per week to the clerkship director.
- Assign additional patient experiences that may include focused exams on follow-up patients.
- On inpatient services, allow students to follow 3-5 patients (depending on complexity).
- Exposure to critical care 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 two evaluation forms per student: one mid-clerkship, and one upon completion of the rotation. (These will be available electronically or on paper as you prefer.) These evaluations are due no later than 3 weeks after the mid-point and completion of the clerkships, respectively.
- 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

Frequency	Mechanism
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 in didactic setting Checklist submitted by preceptor (since students rotate weekly)
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.

Examples of Outpatient Preceptor Routine

Note: These are basic examples. Development of bedside and in-office teaching techniques will be the focus of future faculty development workshops.

- Preparatory issues:
 - Meet with student each morning to review the schedule of patients;
 - Identify patients whom the student will evaluate independently (including the specific educational focus of the encounter);
 - Identify patients for whom the student will shadow the preceptor;
 - Discuss any questions from reading assignments or self-directed learning that student performed overnight.

- Patient encounter (several possible variations, preceptors are encouraged to use each of these techniques over the course of the rotation depending on the educational objective of the encounter):
 - Preceptor sees the patient and the student observes;
 - Student interviews and/or examines patient independently, presents patient to preceptor, student and preceptor then interview/examine patient together;
 - Student interviews and/or examines patient with preceptor observing.
 - Preceptors are encouraged to fill out brief student evaluation forms during or immediately after the patient encounter.

- Short debriefing (immediately following encounter): student and preceptor reflect on patient encounter; follow up on questions and teaching points; identify plan for further self-directed learning.

- Daily debriefing (at end of day): more leisurely discussion of any remaining questions; review plans for self-directed learning; review next day's patient schedule, assign any pertinent preparatory reading based on anticipated patient encounters.

College of Medicine Policy on Student Mistreatment & Abuse

Medical students should report any incidents of mistreatment or abuse to the CNU College of Medicine Assistant Dean for Student Affairs immediately. It is the policy of the CNU College of Medicine that mistreatment or abuse will not be tolerated. Anyone made aware of any such mistreatment or abuse should notify the COM Assistant Dean for Students Affairs. Please see page 13 for full policy.

FERPA

FERPA, the Family Educational Rights and Privacy Act of 1974, as Amended, protects the privacy of student educational records. It gives students the right to review their educational records, the right to request amendment to records they believe to be inaccurate, and the right to limit disclosure from those records. An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education.

As a Faculty Member, you need to know the difference between Directory Information and Personally

Identifiable Information or Educational Records:

Personally, Identifiable Information or Educational Records may not be released to anyone but the student and only then with the proper identification.

Parents and spouses must present the student's written and signed consent before the University may release Personally Identifiable Information or Educational Records to them.

(Please refer callers to the COM Registrar's Office)

General Practices to Keep in Mind:

- Please do not leave exams, papers, or any documents containing any portion of a student's Social Security Number, Personal Identification Number (PID), grade or grade point average outside your office door or in any area that is open access.
- Please do not record attendance by passing around the UCF Class Roster, which may contain the student's PID.
- Please do not provide grades or other Personally Identifiable Information/Education Records to your students via telephone or email.

APPENDIX

CLERKSHIP COMMENDATION FORM

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"/>	Teamwork
<input type="checkbox"/>	Clinical judgement	<input type="checkbox"/>	Leadership

Please include any additional comments:

Faculty name: _____ Faculty Signature _____

Title: _____

CLERKSHIP EARLY WARNING FORM

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"/>	Teamwork
<input type="checkbox"/>	Interpersonal relation and/or communication skills
<input type="checkbox"/>	Other

Please include additional comments:

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

Title: _____