



# **Clinical Clerkship Handbook**

## **Surgery**

**2024 - 2025**

## Table of Contents

Clinical Clerkship Directors and Coordinators .....	4
Introduction.....	5
Mission Statement:.....	5
Academic Requirements for Graduation.....	6
The Clinical Clerkship Program .....	9
CNUCOM Years 3 and 4 Requirements.....	9
Overview of CNUCOM Clinical Clerkship Program .....	10
General Clerkship Guidelines .....	10
Orientation .....	11
General Student Protocols .....	12
DRESS CODE.....	12
Student Health Services -- Immunization Requirements .....	12
Needle Stick Policy.....	13
Anti-Harassment and Anti-Mistreatment.....	14
Reporting for Service .....	16
Attendance Policy.....	16
Excused vs. unexcused absences .....	16
Communication .....	17
Responsibilities and Duties.....	17
Malpractice Insurance .....	18
National Residency Match Program (NRMP) and Residency Interviewing .....	18
Evaluation and Grading.....	19
General Philosophy.....	19
Clerkship Commendation and Early Warning Forms: .....	19
Grading Policies .....	19
NBME Subject (Shelf) Examination.....	22

Determination of Final Grade.....	23
Evaluation of Clinical Assignment.....	27
Disputes.....	27
Rotation Schedule .....	27
Duty Hours Restrictions.....	28
Curricular Materials.....	28
Goals and Objectives of Clinical Courses.....	28
Objectives for the Surgery Clerkship: .....	29
Information for Attending and Preceptors:.....	31
Appendix.....	37
Clerkship Commendation Form.....	37
Clerkship Early Warning Form .....	37
Clerkship Student Performance Evaluation.....	38
Evaluation of the Preceptor .....	42

## CLINICAL CLERKSHIP DIRECTORS AND COORDINATORS

### **Surgery Clerkship Director:**

Eldo E. Frezza, MD; MBA; FACS

[Eldo.Frezza@cnsu.edu](mailto:Eldo.Frezza@cnsu.edu)

Office: (916) 686-7850

Cell: (956) 357-7355

### **Clerkship Coordinators:**

Rosamaria Cerezo

[Rosamaria.Cerezo@cnsu.edu](mailto:Rosamaria.Cerezo@cnsu.edu)

Office: 916-686-7856

## 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

<b>Intro to Clinical Clerkships</b>	2 Days
<b>Courses/Clerkships</b>	
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>
<b>Total</b>	<b>46 weeks</b>

#### Year 4 Coursework

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

## OVERVIEW OF CNUCOM CLINICAL 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](http://www.dfeh.ca.gov) and [www.eeoc.gov](http://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.

## Grading Overview

The final clerkship grade based on the following components:

- Preceptor evaluations (this grade will include professionalism), contributing 40% of the final clerkship grade;
- NBME subject exam, passing set at 5th percentile below mean), contributing 35% of the final clerkship grade;
- Oral presentation contributing approximately 5% of the final clerkship grade;
- Attendance and participation at CNUCOM weekly meetings for didactics, debriefing, case discussions contributing 10% of the final clerkship grade.
- One history and physical write-up turned in to the clerkship director weekly, except the last week, in aggregate, contributing to approximately 10% of the final clerkship grade.

Attendance is required at all didactic sessions. An unexcused absence may result in a penalty or assignment of remedial work at the Clerkship Director's discretion.

## Details of Grading Components

**Preceptor evaluations** completed after a defined period with the preceptor (as indicated in the section on rotation schedules). Substantial weight is placed on students' aggregate assessment by preceptors since it is the day-to-day performance in practice that is the standard to which the student should aspire.

Preceptors will evaluate students on various medical knowledge (including examination skills, ability to localize pathological processes, generate a differential diagnosis, and develop an initial plan for evaluation and treatment). Humanism and empathy (ability to establish rapport with patients, maintain focus on patient comfort and dignity, and integrate family into assessment and treatment plans). Professionalism (including communication skills, interactions with patients, families and medical staff, dress, timeliness in the execution of duties, and record-keeping). Rankings for these attributes will be assigned based on an eight-point Likert scale. A higher score may boost a borderline final grade in a category or by favorable narrative comments.

- **7, 8: Exceeds expectations** (the highest rank representing outstanding or exceptional performance at a level higher than expected for the level of training; should be reserved for truly unusual students whose knowledge, actions, compassion, or professionalism are uncommonly refined and consistently executed in an exceptional way);
- **5, 6: Above expectations** (representing substantially high-quality performance beyond that generally expected of students at this level of training; knowledge, skills, attitudes, or behaviors especially meriting commendation or comment);
- **3, 4: Meets expectations** (appropriate for the level of training; no concerns or deficits that will not correct with further education or experience of normal processes; the average performance for a student at this level);

- **2: Below expectations** (consistently insufficient performance in a given domain that requires further evaluation and remediation; deficiencies in knowledge, skills, attitudes, or behaviors that need addressing before promotion beyond current level; will trigger an investigation by Clerkship Director and other academic or administrative staff at the college level; may result in failing grade and development of a remediation plan);
- **1: Unacceptable** (inappropriate, dangerous, or substandard knowledge, skills, attitudes, or behaviors that merit reprimand or vigorous intervention; variance in conduct that endangers patient or staff welfare, or that disrupts the normal function of the caregiving team; may be confined to a single incident if sufficiently severe; will trigger an investigation by Clerkship Director, notification of Assistant Dean or Associate Dean for Student Affairs, and Chair of Student Evaluation and Promotions Committee; may result in failing grade or disciplinary action);
- **0: Not observed** (will not influence grading evaluation; a simple statement that a given domain or behavior was not sufficiently observed by the preceptor to allow meaningful assessment).

**Attending preceptors, please note:** While completing 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. Supportive narrative comments may increase the final clerkship grade for students with a borderline final score.

The Clerkship Director will review all narrative comments by preceptors when determining final grades for the clerkship rotation.

Student's grade for the clerkship rotation may be raised based on exceptionally persuasive narrative comments from an attending preceptor or Likert scale rankings consistently in the higher range of several categories.

Student's grades may not be revised downward based on an attending preceptor's narrative comments unless such comments raise grave concerns about a student's professional integrity or medical knowledge. The Clerkship Director shall investigate further and report to the Phase B Subcommittee Chair within one week of the rotation's conclusion.

## NBME SUBJECT (SHELF) EXAMINATION


The NBME Subject Examination (Shelf Exam) is an assessment of fundamental medical knowledge. This examination has excellent psychometric properties and statistical validity to assess student knowledge over various data. The trend nationally is to set the passing grade for the third-year Surgery clerkship at about the 5<sup>th</sup> percentile. Performance at or above this level represents a knowledge base sufficient for the non-specialist, third-year clinical clerk to proceed with training in other clinical disciplines.

Students not performing at or above the 5th percentile will be required to remediate the exam. Students will be given up to two additional attempts to reach this benchmark over the five weeks following the end of surgery clerkship-

The NBME exam administration begins at 8:00 am on the last Friday of the clerkship at the College of Medicine. Standard NBME timing will apply (i.e., 1.5 minutes per question). Students arriving late for the examination will not have extra time for completion.

# Clinical History and Physicals

Clinical History and Physical are fundamental for students on a clinical clerkship. Will be submitted according to the surgical manual schedule.



## 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

Week 1: Perioperative Issue, Fluid	Week 5: Critical Care
Week 2: Alimentary Tract and Abdominal Surgery	Week 6: SHELF Exam (on campus)
Week 3: Breast, Endocrine, and Pancreas	
Week 4: Trauma	

*Dr. Eldo Frezza*

Eldo Frezza, MD; MBA; FACS  
Surgery Clerkship Director

More Information :  
@ Eldo.Frezza@cnsu.edu

THANK YOU

## DETERMINATION OF FINAL GRADE

Grading as follows:

- Honors: 90-100%
- High Pass: 80-89%
- Pass: 60-79%
- Fail: Below 60%

Special circumstances

1. Students with median preceptor evaluations 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 Surgery, but who receive median preceptor evaluations greater than or equal to "meets expectations" will receive a Y grade until the exam is retaken.
- 3.

**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 8-point Likert Scale
3. The score calculated in step 2 is multiplied by 0.40. The weighted score for the preceptor portion of the grade (maximum 40 points).

### NBME portion

1. The scaled NBME score is multiplied by 0.35, yielding a weighted MCQ score (maximum 35 points).

### Combined score

1. The weighted median preceptor evaluation and the Equated Percent Correct Score (ECPS) of the NBME summed to provide a raw score. Points from the required H&Ps, oral presentations, and didactic attendance are added to the raw score to achieve the final percentage score. The grading places 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 higher grades evaluation. Superior knowledge (as measured by an examination) does not itself guarantee a high grade.

**Minimum criteria for passing.** A student will receive a minimal passing grade (70%) in the surgery clerkship provided all of the following criteria are met:

1. An ECPS score on the NBME Subject Examination in Surgery of  $\geq$  (5<sup>th</sup> percentile)
2. A median combined score from preceptor evaluations of "meets expectations"
3. Satisfactory completion of H&Ps, didactic preparation, and oral presentation.



**Grade of Failure.** A student may receive a failing grade in the surgery 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 assignments including but not limited to required H&Ps, oral presentation, or proper documentation of cases seen.
4. Inability to pass NBME greater than 5<sup>th</sup> percentile nationally.

### **Lapses of professionalism or low preceptor ratings.**

Professional behavior (discussed elsewhere) is the sine qua non of being a physician. The clerkship director will investigate any allegation of a lapse in professionalism in the surgery clerkship. Such include, but are not limited to, cheating, plagiarism, or failure to fulfill patient care responsibilities or demonstrate empathy. If the allegation of a lapse in professionalism is substantiated, or if the rating of "below expectations" or less is 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 also referred to the Student Evaluation and Promotions Committee for further consideration. A "incomplete" grade may be assigned, and remediation may be required.

### **Details of remediation of borderline performance; Y grade options.**

#### ***Failing NBME score, acceptable preceptor evaluations.***

A student who receives ratings from preceptors at or above the "meets expectations" level, but who scores less than passing (5<sup>th</sup> percentile) on the NBME Subject Examination in Surgery, may be assigned at the discretion of the clerkship director a Y grade. The student may remediate the Y grade by taking the examination a second time, the time frame 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 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 will result in the assignment of a passing grade of "70%". Failure of the second performance will receive further consideration by the Student Evaluation and Performance Committee.

#### ***Passing 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. An investigation by the clerkship director will define such details. A serious breach of professional behavior such as one that endangers patient safety or confidentiality seriously disrupts the healthcare team, lack of empathy, or frank dishonesty - may be determined not to be remediable and may result in the assignment of a failing ("F") grade. In cases where lapses are less severe, such as inability to take a complete medical history, inadequate neurologic examination, or insufficient knowledge base, the clerkship

director will develop a plan in consultation with appropriate COM faculty for remediation. Part of that remediation plan will include an assessment method applicable to the domain requiring further training. If remediation is successful, the maximum final grade assigned shall be "70%."

**Minimum criteria for passing.** A student will receive a minimal passing grade (70%) in the Surgery clerkship provided all of the following criteria are met:

1. A score on the NBME Subject Examination in Surgery 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
4. Attendance and participation in Didactic sessions

**Minimum criteria for failure.** A student may receive a failing grade in the Surgery clerkship if any of the following criteria:

1. Substantiated lapse of professionalism (explained below) or
2. Substantiated ratings of less than "meets expectations" from a preceptor or
3. Failure to complete (or unsatisfactory completion of) required components of the clerkship (including but not limited to required H&Ps, oral presentation, or didactic attendance).

### **Lapses of professionalism or low preceptor ratings.**

Professional behavior (discussed elsewhere)

The clerkship director will investigate any allegation of a lapse in professionalism. Such include but are not limited to cheating, plagiarism, lack of empathy, or failure to fulfill patient care responsibilities. Likewise, any score of "below expectations" or less by any preceptor will warrant an investigation. If the allegation of a lapse in professionalism is substantiated or the rating of "below expectations" or less 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. Followed by referral to the Student Evaluation and Promotions Committee for further consideration. Y "incomplete" grade may be assigned, and remediation may be required.

## 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

### Goals and Objectives of Clinical Courses

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.

## Objectives for the Surgery Clerkship:

Clerkship Learning Objectives	Narrative	PLOs	Assessment
CLO-1	Demonstrate the ability to <b>communicate</b> 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.	<p>PLO-1</p> <p>PLO-3</p> <p>PLO-4</p>	Preceptor Evaluation
CLO-2	Demonstrate knowledge of scientifically established standards for developing <b>diagnoses</b> and differential diagnoses of acute and chronic system-based conditions encountered in surgery and apply their knowledge while reflecting sensitivity to differing cultures and personal backgrounds.	<p>PLO-1</p> <p>PLO-2</p> <p>PLO-3</p> <p>PLO-4</p>	Shelf Examination
CLO-3	Demonstrate knowledge of evidence-based <b>management</b> of acute and chronic diseases encountered in Surgery and apply this knowledge reflecting sensitivity to differing cultures and personal backgrounds.	<p>PLO-1</p> <p>PLO-2</p> <p>PLO-3</p> <p>PLO-4</p>	Shelf Examination
CLO-4	Demonstrate the ability to effectively advocate for healthy lifestyles and the <b>prevention</b> of diseases and demonstrate knowledge of the evolving recommendations for the screening and treatment of chronic disease.	<p>PLO-1</p> <p>PLO-2</p>	Shelf Examination

		PLO-3 PLO-4	
CLO-5	<b>Foundational knowledge</b> 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.	PLO-2	Shelf Examination
CLO-6	The student will demonstrate <b>professionalism</b> through dedication to the standards of the medical profession, upholding the ethical principles of honesty, integrity, compassion, and dedication to excellence while continuing to <b>self-reflect</b> and engage in independent learning as a means to self-improvement.	PLO-2 PLO-6	Preceptor Evaluation  (Professionalism and Practice based improvement and learning)

### SURGERY MUST-SEE CASES

<b>Required Clinical Experiences: SURGERY</b>				
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](https://www.youtube.com/watch?v=kmtJiAga_8Q)

- **DEMO HOW TO SUTURE**

- [https://www.google.com/search?q=how+to+suture+step+by+step&og=how+to+suture&aqs=chrome.2.69i57j0i512l9.12351j0j4&sourceid=chrome&ie=UTF-8#kpvalbx=\\_M2BdZOavNduB0PEP3NKYgAw\\_30](https://www.google.com/search?q=how+to+suture+step+by+step&og=how+to+suture&aqs=chrome.2.69i57j0i512l9.12351j0j4&sourceid=chrome&ie=UTF-8#kpvalbx=_M2BdZOavNduB0PEP3NKYgAw_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&og=CENTRAL+LINE+INSERTION&ags=chrome.0.0i131i433i512j0i512l9.4815j0j4&sourceid=chrome&ie=UTF-8#fpstate=ive&vld=cid:e1938482,vid:Hujzn\\_PF118](https://www.google.com/search?q=central+line+insertion&og=CENTRAL+LINE+INSERTION&ags=chrome.0.0i131i433i512j0i512l9.4815j0j4&sourceid=chrome&ie=UTF-8#fpstate=ive&vld=cid:e1938482,vid:Hujzn_PF118)
- **FOREING BODY REMOVAL FROM FINGER**
- <https://www.youtube.com/watch?v=8A38afofBlk>
- **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&og=INTUBATION+&ags=chrome.1.69i57j0i67i650l3j0i433i512j0i512j0i433i512j0i67i650j0i512l2.6246j0j4&sourceid=chrome&ie=UTF-8#fpstate=ive&vld=cid:ab334d92,vid:-M3OlfmKjO8>
- **NASOGASTRIC TUBE PLACEMENT**
- <https://www.google.com/search?q=nasogastric+tube+placement+video&og=NASOGASTRIC+TUBE+PLACEMENT&ags=chrome.8.0i512l10.8991j0j9&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&og=WET+TO+DRY+DRESSING+VIDEO&ags=chrome.0.0i512j0i22i30j0i390i650l3.34503j1j9&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&og=PERIPHERAL+IV+PLACEMENT+VIDEO&ags=chrome..69i57j0i22i30l2j0i390i650l4.17255j0j9&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

- a) improve and focus history taking
- b) improve and 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 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:** \_\_\_\_\_



### 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
  - e.
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: \_\_\_\_\_

Clerkship Specialty: \_\_\_\_\_

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

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 area 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]