



# **Family Medicine Clerkship Handbook 2024-2025**

## Clinical Clerkship Director and Coordinators

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## Introduction

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

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

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

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

### Goal of the Family Medicine Clerkship

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

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 table.

General Competency	Educational Program Objectives
<b>PC1: Patient Care</b>	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
<b>MSK2: Medical and Scientific Knowledge</b>	MSK1: Knowledge of Medical Practices MSK2: Problem Solving & Diagnosis MSK3: Medical Treatment MSK4: Life-Long Learning MSK5: Research or Knowledge Expansion
<b>C3: Communication and Interpersonal Skills</b>	C1: Communication Medical Team C2: Communication with Patient, Family and Community
<b>P4: Professionalism</b>	P1: Ethical Behavior P2: Ethical Responsibility P3: Ethical Principles and Boundaries P4: Professional Relationships
<b>HC5: Health Care Systems</b>	HC1: Healthcare Delivery Systems HC2: Delivery Systems Improvement
<b>RP6: Reflective Practice and Personal Development</b>	RP1: Personal Assessment RP2: Time Management RP3: Stress/Wellness Management RP4: Conflict Resolution

Clerkship Learning Objectives (CLO)	Narrative	EPO	Assessment
<b>CLO-1</b>	Demonstrate the ability to communicate effectively relevant medical information, both orally and in writing, with all members of the healthcare profession, patients and families from a broad range of cultures and backgrounds.	PC1-8 MSK3,5 C1,2 P1-4 RP4	preceptor evaluations CD evaluation
<b>CLO-2</b>	Demonstrate knowledge of scientifically established standards for developing diagnoses and differential diagnoses of acute and chronic system-based conditions encountered in family medicine and apply their knowledge while reflecting sensitivity to differing cultures and personal backgrounds.	PC1,2,5,7 MSK1-3 C1,2 P2,3 HC1,2	NBME FM Shelf exam preceptor evaluations CD evaluations
<b>CLO-3</b>	Demonstrate knowledge of evidence-based management of acute and chronic diseases encountered in Family Medicine and apply this knowledge reflecting sensitivity to differing cultures and personal backgrounds.	PC5-8 MSK1-3 C1,2 P1-3 HC1,2	NBME FM Shelf exam preceptor evaluations CD evaluations
<b>CLO-4</b>	Demonstrate the ability to effectively advocate for healthy life-styles and the prevention of diseases and demonstrate knowledge of the evolving recommendations for the screening and treatment of chronic disease.	PC7 P2,3 HC1	NBME FM Shelf exam preceptor evaluations CD evaluations
<b>CLO-5</b>	Foundational knowledge of the structure and function of the major organ systems, including the molecular, biochemical and cellular mechanisms for maintaining homeostasis, as well as understanding of the pathogenesis of disease, interventions and effective treatment.	PC1,2,5,7 MSK1-5	NBME FM Shelf exam preceptor evaluations CD evaluations
<b>CLO-6</b>	The student will demonstrate professionalism through dedication to the standards of the medical profession, upholding the ethical principles of honesty, integrity, compassion and dedication to excellence while continuing to self-reflect and engage in independent learning as a means to self-improvement.	PC1-8 MSK4,5 C1,2 P1-4 HC1,2 RP1-4	preceptor evaluations CD evaluations

## Must See Conditions During Family Medicine Clerkship

**Table 3: Must See Conditions**

<b>Required Clinical Experiences: FAMILY PRACTICE</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				
Family Practice	Cardiac conditions (chest pain, CHF, arrhythmias)	Focused Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Family Practice	Pulmonary condition (COPD, pneumonia, SOB, asthma)	Focused Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Family Practice	Neurological conditions (Headache, dizziness)	Focused Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Family Practice	Renal/ GU conditions (HTN, kidney stone, dysuria, retention, electrolytes)	Comprehensive Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Family Practice	Musculoskeletal conditions (joint pain, injury, leg swelling)	Comprehensive Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Family Practice	Endocrine condition (Diabetes, thyroid)	Comprehensive Evaluation	Inpatient/Ambulatory	Perform
		Treatment/Management		Assist
Family Practice	Dermatologic condition (rashes, moles)	Focused Evaluation	Ambulatory	Perform
		Treatment/Management		Assist

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

## Student Policies

### Duty Hours

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

### Anti-Harassment and Anti-Mistreatment

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

disrespectful or unprofessional, as well as harassment based on:

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

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

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

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

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

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

If you believe that you have been the subject of harassment or other prohibited conduct, bring your complaint to the attention to one of the following: your supervisor, Clerkship Director, Clinical Sciences Senior Chairperson, Assistant Dean of Student Affairs and/or Human Resources of the University as soon as possible after the incident. You will be asked to provide details of the

incident or incidents, names of individuals involved and names of any witnesses. It would be best to communicate your complaint in writing, but this is not mandatory. Supervisors will refer all complaints involving harassment or other prohibited conduct to Human Resources. The University will immediately undertake an effective, thorough and objective investigation of the allegations.

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

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

## Dress Code

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

## Student Health Services -- Immunization Requirements

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

1. TB clearance must be updated each year. If you have had a negative PPD previously, you must get another one done annually. Reactors must complete a CXR or Tuberculosis blood (IGRA) test (preferred).
2. Td or Tdap (diphtheria tetanus booster) must be renewed every 10 years.



3. Certain clinical sites will have added immunization requirements. Please check with the Office of Student Affairs and Admissions if you have any questions.
4. Students must undergo a urine drug screening at CNUCOM's expense prior to starting clinical coursework and may be subject to further screening at random or for cause at any time during enrollment at CNUCOM.

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### Medical Requirements for Away Clerkships

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

### Incomplete Immunizations

If immunizations are not up-to-date at any time, students may be withdrawn from clinical coursework. Immunizations must be up-to-date at least one month prior to the start of the third and fourth years. If a student's immunizations are not up-to-date, he or she will be notified and may be unable to start the academic year on time. This start may be delayed one month or more, until these immunizations are brought up-to-date. This could potentially delay graduation for those students who have not maintained current immunizations.

### Needle Stick Policy

#### Student Responsibilities

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

#### Accidental/Occupational Exposure Procedure

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

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

## Information for Attendings and Preceptors

### **Rotation schedule:**

Days: Monday through Friday

#### Exceptions:

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

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

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

Night call? No.

Maximum work hours per week: per ACGME duty hours policy

### **Clerkship Goals:**

The overarching goals of the clerkship are to

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

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

### **Preceptor Responsibilities:**

All attending physicians and residents are expected to provide:

- Daily supervision.
- Direct observation of basic skills.
- Teaching and guidance.
- Constructive feedback.
- Verbal assessment and feedback of student performance must be performed at mid-clerkship. Written and verbal assessment of student performance to be done upon completion of the rotation. Written assessments are due no later than 3 weeks from the completion of the clerkship.
- Preceptors are not allowed to precept another medical student from different medical or Osteopathic school while simultaneously supervising a CNSU COM medical student.
- Preceptors are prohibited from medically treating the medical students that they are supervising.

**Specific responsibilities.** These goals can be met in different ways in different venues.

At minimum, we request the following of attending preceptors:

- Allow each student to perform one complete focused history and physical examination and present the case to the preceptor, on average once per day. Students will write/type up each evaluation and submit it to the preceptor for comments.
- Students must also submit one write up per week to the clerkship director by the end of each of the first five weeks.
- Assign additional patient experiences that may include focused exams on follow-up patients.
- On inpatient services, allow students to follow 5-6 patients (depending on complexity).
- Exposure to a critical care setting is highly desirable.
- Ensure student experiences are hands-on, with oral patient presentations to preceptors.
- Provide constructive feedback on physical exam, differential diagnosis, and treatment.
- Fill out one evaluation form per student upon completion of the rotation. (These will

be available electronically via link by email.) These evaluations are due no later than 3 weeks after the completion of the clerkship.

- Attend one half-day workshop annually at College of Medicine to provide feedback on clerkship rotation and organization.
- Assign brief readings (preferably from recent primary literature) on interesting patient topics as you see fit.

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

**Cognitive skills**

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

**Personal skills**

- Professionalism
- Dress
- Demeanor
- Any other concerns

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

**Frequency and Mechanism of Formative Feedback**

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

**Documenting student performance**

**Attending preceptors please note: while completion of the checklists is necessary for assigning student grades, narrative comments are critical to thorough student evaluation. PLEASE provide narrative comments on each student, commenting on both strengths and weaknesses. Your narrative comments may boost a student’s clerkship**

**score if their final clerkship grade is on the borderline between two letter grades. Likewise, choosing the higher rankings in a category on rating scales may provide evidence of superior performance in borderline cases.**

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

## Information for Students

### Reporting for Service

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

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

### Attendance Policy

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

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

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

Event	Absence	Make Up Needed
Illness including infections that	Excused	If > 1 day missed

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

### Communication

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

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

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

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

### Making up missed time

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

## Consequences of unexcused absences

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

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

## Student Responsibilities and Duties

1. While on clinical service, the student will at all times be responsible to the personnel in charge of the unit involved. In addition, all students will be expected to comply with the general rules established by the hospital or clinic at which they have been assigned.
2. All problems or difficulties should be communicated to the Clerkship Director.
3. Students should attend all conferences, if any, related to their clinical service. In addition, students should attempt to attend any other conferences or educational programs of interest. If Morning Report sessions are scheduled, attendance is mandatory.
4. Any time spent away from the hospital or clinic during regular duty hours to attend lectures, conferences, and other programs must be pre-approved by the supervising physician of the clinical service and Clerkship Director.
5. Although patient care assignments take precedence over lectures and conferences, attending physicians and preceptors are encouraged to allow students to attend scheduled lectures. Absences from clinical duty must be cleared in advance by the director of the individual clinical service.
6. CNUCOM places great the importance in the students performing histories and physicals (H&P's) in the affiliated clerkship sites. However, the sovereignty of our affiliated sites is acknowledged and CNUCOM policy will be integrated with each individual site's policy.

8. Students are responsible to keep their immunizations current. If immunizations are not kept current, the ability to participate in clinical training will be denied. CNUCOM is required to ensure to the clinical sites that all student immunizations are current.

9. Students are required to provide proof of personal health insurance and written compliance with HIPAA, if requested by CNUCOM or a specific training site.

## CNU COM Clerkship Grading Policy

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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:

- $\geq 5$  = Pass
- $\geq 30$  = High-Pass
- $\geq 75$  = 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.

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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.

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### \* **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

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**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. A “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 free 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”.

## Evaluation of Clinical Assignment

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



**California Northstate University  
College of Medicine**

**Clerkship Commendation Form**

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

**Name of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Clerkship:** \_\_\_\_\_

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

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

Please include any additional comments:

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**Faculty name:** \_\_\_\_\_ **Faculty Signature** \_\_\_\_\_

**Title:** \_\_\_\_\_

**California Northstate University  
College of Medicine**

**Clerkship Early Warning Form**

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

**Name of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Clerkship:** \_\_\_\_\_

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

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

Please include additional comments:

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**Faculty Name:** \_\_\_\_\_ **Faculty Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_