



**2026 - 2027 Academic Year**  
**Family Medicine Clerkship Syllabus**  
**Course #: COM 701**  
**Year: M3**

**Course Dates:** Varies

**Credits Hours:** 1 credit per week

**Offered as:** 6-week rotation

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Every effort will be made to adhere to the contents of this syllabus. However, this document is subject to changes in the event of unforeseen, extenuating circumstances. Students will be notified as soon as possible if changes in the syllabus become necessary.

Additionally, this syllabus provides clerkship-specific expectations and requirements. All students are also subject to the policies outlined in the M3 Clerkship General Handbook. Where differences exist, clerkship-specific requirements in this syllabus apply, provided they do not conflict with institutional policies.

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## Course Description

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 outpatient 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 with in the office setting. Patients may present with acute or chronic conditions, or 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 this 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.

## Course Learning Objectives (Summary)

The overarching goals of the Family Medicine Clerkship are to help students strengthen foundational clinical skills and apply them across a broad range of patient presentations. Family Medicine offers an ideal setting for integrating clinical reasoning, evidence-based practice, and patient-centered care. During the clerkship, students will:

- **Refine history-taking skills:** Develop the ability to obtain a comprehensive, accurate, and efficient patient history tailored to various clinical scenarios. Emphasis is placed on eliciting key clinical information while demonstrating effective communication and cultural humility.
- **Refine physical examination skills:** Conduct focused and complete physical examinations appropriate to the patient's presentation and begin to interpret physical findings in the context of clinical reasoning.
- **Develop a reasonable differential diagnosis:** Generate thoughtful and prioritized differential diagnoses using a problem-based, evidence-informed approach, taking into account clinical context and disease prevalence.
- **Formulate an initial diagnostic and treatment plan:** Outline appropriate diagnostic workups and management strategies that reflect clinical guidelines, patient values, and resource availability. Plans should incorporate preventive care, chronic disease management, and acute care principles.

These goals will be achieved through supervised clinical experiences, direct patient care, and continuous

feedback from preceptors, helping students build the core competencies essential to the practice of Family Medicine.

Detailed learning objectives and assessment mapping can be reviewed below.

### **Educational Framework and Competency Alignment**

This clerkship is aligned with nationally recognized frameworks for medical education, including the Accreditation Council for Graduate Medical Education (ACGME) Core Competencies, the institution’s Educational Program Objectives (EPOs), and the Association of American Medical Colleges (AAMC) Core Entrustable Professional Activities (EPAs).

The curriculum is designed to support development across the following competency domains:

- Patient Care
- Medical Knowledge
- Communication and Interpersonal Skills
- Professionalism
- Systems-Based Practice
- Practice-Based Learning and Improvement

Course learning objectives, instructional activities, and assessment methods are intentionally aligned with these domains to ensure a comprehensive and competency-based educational experience. Detailed mapping of learning objectives to EPOs and EPAs is provided in the Appendix.

### **Prerequisites**

Students must successfully pass all M1 and M2 courses and must successfully pass Step 1 before starting any M3 clerkships.

### **Rotation Information**

Rotation locations, directors, preceptors and contacts are subject to change.	
Rotation locations, directors, preceptors, contacts	Please refer to the catalog M3 for rotation locations, directors, preceptors and contacts.

### **Schedule**

#### **Reporting for Service**

Prior to the first day of the clerkship, students should contact their assigned preceptors or contact person at their assigned clinic site to obtain details about when and where to report.

#### **Rotation schedule / Duty Hours**

- Days and hours: Daily schedules are determined by the clinical team and supervising attending, within clerkship and institutional duty hour guidelines
- Didactic sessions:
  - Didactic sessions will be held on Thursdays at 9:00am during weeks 1-5; there is no didactic session during week 6. The first didactic session may be held as a hybrid in-person/remote; subsequent sessions will be remote.
- NBME Subject Exam: scheduled for the last Friday of the rotation.

## Learning Activities

### Must See Clinical Experiences and Must Do Procedures

Students are required to maintain a log of designated “**Must See**” clinical experiences and “**Must Do**” procedures using the institutional tracking system (e.g., MedHub).

- **Must See Clinical Experiences** are specialty-specific patient encounters that represent core conditions essential to the clerkship’s educational objectives. Students are expected to actively seek and document these encounters during the rotation.
- **Must Do Procedures** are core clinical skills expected across clerkships and should be logged throughout the M3 year, regardless of when or where they are performed. All required procedures should be completed prior to the start of the M4 year if possible.

Your participation goal varies from procedure to procedure. You may either:

- **Observe** (watch your preceptor perform and learn)
- **Participate** (“scrub-in” or hands on helping involvement)
- **Perform/Manage** (actually perform the procedure, but with Preceptor monitoring your performance)

Note: procedures should not be performed by a student without the explicit approval of your preceptor

Students are expected to make consistent progress toward completing required experiences and procedures throughout the rotation. The Clerkship Director will monitor completion.

Failure to complete required clinical experiences or procedures may result in remediation, additional assigned work (e.g., case reports or alternative learning activities), or impact the final grade.

<p><b>Required Clinical Experiences (“Must see cases”)</b></p>	<ul style="list-style-type: none"> <li>• Cardiac conditions (chest pain, CHF, arrhythmias)</li> <li>• Pulmonary conditions (COPD, pneumonia, SOB, asthma)</li> <li>• Neurological conditions (Headache, dizziness)</li> <li>• Renal/GU conditions (HTN, kidney stone, dysuria, retention, electrolytes)</li> <li>• Musculoskeletal conditions (joint pain, injury, leg swelling)</li> <li>• Endocrine conditions (Diabetes, thyroid)</li> <li>• Dermatologic conditions (rashes, moles)</li> </ul>
<p><b>Required Procedures (“Must do procedures”)</b></p>	<ul style="list-style-type: none"> <li>• There are no clerkship-specific required procedures for the Family Medicine clerkship. Students are expected to continue logging core clinical procedures in accordance with M3 program requirements.</li> </ul>

## Student Responsibilities & Expectations

Students are expected to actively participate in all clinical and educational activities and function as engaged members of the healthcare team. Responsibilities include:

- Participating in patient care under appropriate supervision, including history-taking, physical examination, and clinical reasoning
- Preparing and delivering oral case presentations
- Completing clinical documentation as expected by the clinical site and clerkship
- Attending all required clinical sessions, didactics, and assigned activities
- Demonstrating professionalism, including punctuality, accountability, and respectful communication

- Seeking and incorporating feedback to improve clinical performance

All clinical activities must be performed under the supervision of a licensed provider, and students should not perform procedures or provide medical advice independently.

### **Preceptor Responsibilities and Expectations**

Preceptors are expected to:

- Provide direct supervision appropriate to the student's level of training
- Observe and provide feedback on core clinical skills, including history-taking, physical examination, and clinical reasoning
- Offer ongoing formative feedback and complete a mid-clerkship evaluation by the midpoint of the rotation
- Complete a final evaluation with both ratings and narrative comments in a timely manner
- Support student participation in clinical and didactic activities

### **Assignments and Requirements**

Students are required to complete all assigned coursework and clinical documentation as part of the clerkship. These may include:

- Written clinical documentation (e.g., history & physicals, progress notes, or case write-ups)
- Oral or written presentations
- Participation in didactic sessions and discussions
- Completion of required clinical logs (Must See cases and procedures)

All assignments must be completed and submitted as directed. Failure to complete required assignments may result in remediation or impact the final grade.

### **Course Materials**

#### **Library/Learning Resources:**

The CNUCOM Library and Learning Resource Center is available for students, faculty, and staff. This center includes: Library Facility and Collection, Computer resources, CNUCOM Electronic Library, and Interlibrary Loan Program. CNUCOM Resource Center maintains an Electronic Learning Resources System to provide information resources to students, faculty, and staff, and serve as an entry point for all users to meet their academic and research needs.

## Required/Recommended Textbook(s), Material(s), and Equipment

Recommended
<ol style="list-style-type: none"> <li>1. UpToDate</li> <li>2. OpenEvidence.com</li> <li>3. U World question bank has been recommended by students taking this clerkship</li> <li>4. The Curbsiders podcast- audio, video, and written notes</li> <li>5. Familydoctor.org</li> <li>6. USPSTF Prevention Taskforce smartphone app</li> <li>7. CDC STI Tx guide smartphone app</li> <li>8. CDC Vaccine Schedules smartphone app</li> </ol>

## Assessment

### Assessment Components

Student performance in the clerkship is based on multiple components, including:

- NBME Shelf Examination
- Clinical performance evaluations by preceptors
- Clerkship Director assessment
- Completion of required assignments and participation in didactic activities
- Completion of required clinical logs

### Assessment of Achievement of Learning Objectives

Student achievement of the course learning objectives is evaluated through the following methods:

<b>Skills Log</b>	<p>Students are required to log a set of “<b>Must See Clinical Experiences</b>” unique to each clerkship. In addition, they are required to log a set of “<b>Must Do Clinical Procedures</b>” over the course of the M3 and M4 years. Failure to complete these logs may lead to a lowering of the clerkship grade (at the discretion of clerkship director).</p>
<b>Clinical Evaluations</b>	<p>All students are required to obtain a <b>Mid-Clerkship Evaluation</b> for any rotation lasting four (4) weeks or longer. This written evaluation must be completed by a supervising preceptor, reviewed face-to-face with the student, and submitted to the clerkship director for review. This must be completed by the midpoint of the rotation. Students are responsible for ensuring completion.</p> <p>At the conclusion of the rotation, the site director (preceptor) is responsible for</p>

	submitting a formal <b>Preceptor Evaluation of Student</b> , which includes scaled performance ratings across the ten (10) Clerkship Learning Objectives (CLOs) and a written narrative evaluation of the student’s performance.
<b>Oral Presentation</b>	Students may be required to present oral case reports and/or clinical summaries on the wards, in clinic, and/or in didactics. These presentations will be assessed for accuracy and relevance by their preceptors, and by their clerkship director.
<b>Shelf Exam</b>	The <b>NBME Subject Shelf Examination</b> for all clerkships in which a shelf examination will be administered. Students must pass this exam at the 5th percentile or above to pass the clerkship.

**Formative and Summative Assessments**

▪ **Formative Assessments**

- In person, mid-clerkship formative assessment will be provided by supervising preceptor.
- Ongoing formative assessments will be provided throughout the rotation by the supervising preceptor and/or resident.

▪ **Summative Assessment**

- A final summative assessment will be performed at the end of the rotation. Each preceptor is required to submit a completed end-of-rotation evaluation.
- See Rotation Grading section below for additional details.

**Rotation Grading**

Final grades are based on a combination of NBME shelf exam performance, clinical evaluations, and clerkship director assessment. The NBME shelf exam establishes the initial grade tier, which may be adjusted based on clinical and didactic performance.		
#	Components	Notes/Explanation
	NBME shelf exam	
	Preceptor evaluation of performance	See below for Preceptor Evaluation of Student Performance Form that shows questions and assessment rubric.
	Clerkship director assessment	Including performance on required didactic activities, which may include case presentations and write-ups, completion of required assignments, completion of clinical logs

The final clerkship grade reflects both **knowledge and clinical performance**.

- The **NBME shelf exam determines the initial grade tier** (Honors, High Pass, or Pass) based on national percentile performance.
- **Clinical evaluations and clerkship director assessment** are used to adjust the final grade based on observed performance in patient care, clinical reasoning, communication, and professionalism. Professionalism is a core component of clinical performance and may directly impact the final grade.

Strong clinical performance may result in an upward adjustment of the final grade, while deficiencies in clinical performance or professionalism may result in a lower final grade, regardless of exam score.

A high exam score alone does not guarantee a final grade of Honors, and a passing, but lower exam score may be offset by strong clinical performance, at the discretion of the Clerkship Director.

Successful completion of the course is based on the following:

1. Demonstrating professional and ethical behavior
2. Passing the NBME shelf exam ( $\geq$  5th percentile)
  - Students below this threshold may be eligible for a “Quick Retake”
  - Failure of the retake requires formal remediation
3. Demonstrating satisfactory clinical performance
4. Completing required assignments and didactic activities

Failure to meet any of these requirements may result in remediation.

Details of the grading criteria and weighting methodology are outlined in the **M3 Clerkship General Handbook**.

## **Course Policies**

**Students are expected to comply with all CNU and COM policies.**

### **Attendance**

Students are expected to attend all scheduled activities during their clinical clerkships, as full participation and punctual arrival is essential for both professional development and clinical competency. However, we recognize that life events may occasionally necessitate time away from clerkship responsibilities. Refer to [4420 Attendance and Absence Policy](#) for additional details.

Clear, timely communication between the student and the Clerkship Director is essential in managing any episode of absence from clerkship activities.

All missed time must be addressed in accordance with the Attendance Policy. Excused absences may require make-up time, depending on the number of days missed and the clerkship’s duration. Unexcused absences will always require make-up and may carry consequences related to professional conduct. Students are responsible for working collaboratively with the Clerkship

Director to develop and complete a make-up plan that ensures all required clinical experiences and educational objectives are fulfilled.

### **Clinical Duty Hours**

Clinical duty hours are designed to support student well-being, patient safety, and effective learning. Refer to [4409 Clerkship Duty Hours Policy](#) for additional details.

Key expectations include:

- **Maximum 80 hours per week**, averaged over four weeks
- **No more than 24 consecutive hours** of clinical duties (with limited additional time for transitions of care)
- **Minimum 10 hours off** between scheduled shifts
- **No more frequent than every 3rd night call**, averaged over time
- **At least one full day off (24 hours) every 7 days**, averaged over four weeks

Students who have concerns about fatigue, safety, or duty hour violations are encouraged to report them to the Clerkship Director or the Office of Medical Education.

### **Use of Artificial Intelligence (AI)**

Use of AI in this course must align with the California Northstate University Artificial Intelligence Use Policy. For more information, please see the [CNU Artificial Intelligence \(AI\) Use Policy](#).

### **Remediation**

Students who do not successfully pass the course (those receiving a grade of “Y” or “F”) will be referred to the Student Promotion Committee (SPC) and a remediation plan will be developed.

### **Remediation Exam Dates**

The dates will be determined by the clerkship director.

### **Student Evaluations of Course, Faculty, and Rotation Site**

Students are required to complete evaluations of the rotation (course), preceptor, and rotation site. The goal for course evaluations is 100% student participation. Evaluations are submitted electronically.

## Appendix

### Detailed Learning Objectives and Assessment Mapping

The following table provides detailed alignment of course objectives with EPAs, program objectives, and assessment methods for accreditation purposes.

Clerkship Learning Outcomes (CLOs)	Educational Program Objectives (EPOs)	AAMC Core EPAs Alignment	Assessment Methods
<p><b>1. Integration &amp; Application of Foundational Knowledge:</b></p> <p>Integrate biomedical, clinical, and social science knowledge to explain disease mechanisms, guide diagnostic reasoning, and apply evidence-based principles to patient care decisions.</p>	<p><b>MSK 2.1-2.5; PC 1.7,1.8</b></p>	<p>EPA 7 – Form clinical questions and retrieve evidence.</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p> <p>National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.</p>
<p><b>2. History Taking, Differential Diagnoses, and Diagnosis:</b></p> <p>Elicit comprehensive, focused patient's history and perform logical, accurate physical examinations to prioritize and justify differential diagnoses through sound clinical reasoning.</p>	<p><b>PC 1.1-1.3, PC 1.5; MSK 2.1, 2.2</b></p>	<p>EPA 1 – Gather a history and perform a physical examination;</p> <p>EPA 2 – Prioritize a differential diagnosis</p> <p>EPA 5 – Document a clinical encounter in the patient record</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p> <p>National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.</p>
<p><b>3. Management, Treatment, and Prevention Plans:</b></p> <p>Develop and justify patient-centered management and prevention plans that include appropriate diagnostic testing, treatment selection, and timely response to urgent or emergent clinical issues.</p>	<p><b>PC 1.6-1.8; MSK 2.2, 2.3; HC 5.1, 5.2</b></p>	<p>EPA 3 – Recommend and interpret diagnostic and screening tests.</p> <p>EPA 4 – Enter and discuss orders and prescriptions.</p> <p>EPA 10 – Recognize a patient requiring urgent care and initiate evaluation</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p> <p>National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.</p>

<p><b>4. Use of Resources &amp; Systems, Healthcare Delivery Systems, and Delivery Systems Improvement:</b></p> <p>Recognize patient safety risks and system-based issues, using principles of quality improvement, resource stewardship, and advocacy to enhance healthcare delivery.</p>	<p><b>HC 5.1, 5.2; RP 6.1-6.3; PC 1.8</b></p>	<p>EPA 13 – Identify system failures and contribute to a culture of safety and improvement</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>
<p><b>5. Communication with Medical Team and with Patients, Family Members, and Community:</b></p> <p>Communicate effectively, respectfully, and compassionately with patients, families, colleagues and interprofessional team members, demonstrating cultural sensitivity, professionalism, and clarity in both oral and written exchanges.</p>	<p><b>C3.1, 3.2; PC 1.3, 1.4, 1.6</b></p>	<p>EPA 6 – Provide an oral presentation;</p> <p>EPA 8 – Give or receive a patient handover to transition care responsibility</p> <p>EPA 9 – Collaborate as part of an interprofessional team</p> <p>EPA 11 – Obtain informed consent for tests and/or procedures</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>
<p><b>6. Professionalism:</b></p> <p>Demonstrate integrity, accountability, ethical judgment, and respect in all professional interactions while maintaining a commitment to patient welfare, diversity, and self-improvement.</p>	<p><b>PC 1.6; P 4.1 - 4.4; RP 6.1 - 6.4</b></p>	<p>EPA 8 – Give or receive a patient handover to transition care responsibility</p> <p>EPA 9 – Collaborate as part of an interprofessional team; EPA 12 – Perform safe transitions of care</p> <p>EPA 11 – Obtain informed consent for tests and/or procedures</p> <p>EPA 13 – Contribute to a culture of safety</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>
<p><b>7. Performance of Basic Clinical Procedures:</b></p> <p>Perform basic clinical procedures safely and competently, while maintaining patient comfort, adhering to infection control standards, and documenting accurately.</p>	<p><b>PC1.2, 1.3, 1.5, 1.7; C3.1, 3.2</b></p>	<p>EPA 12 – Perform general procedures of a physician</p> <p>EPA 5 – Document a clinical encounter in the patient record</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>

Key: EPO = Educational Program Objective (#1=Patient Care; #2=Medical & Scientific Knowledge; #3=Communication and Interpersonal Skills; #4=Professionalism; #5=Health Care Systems; #6=Reflective Practice and Personal Development)

## Preceptor Evaluation of Student Performance Grading Rubric

Preceptors are expected to complete an evaluation for each student within three weeks of the student's completion of their clinical rotation, using the evaluation questions and grading rubric provided below.

### Q1. How effectively did the student gather essential details during the patient history and perform a thorough, logical physical examination?

Fail	Misses key history elements or physical exam findings; lacks a systematic approach.
Poor	Gathers basic information but omits significant details; H&P is incomplete or inconsistent.
Pass	Obtains most essential information, performs a systematic H&P, minor details may be missed.
High pass	Consistently gathers comprehensive histories and performs thorough, organized physical exams.
Honors	Demonstrates exceptional skill in obtaining H&Ps, even in complex cases.
Not applicable	Insufficient contact

### Q2. How well did the student prioritize and justify potential diagnoses based on the clinical encounter?

Fail	Struggles to develop a differential diagnosis or includes irrelevant possibilities.
Poor	Lists basic differentials but has difficulty prioritizing or justifying them.
Pass	Produces reasonable differential diagnoses with some prioritization and justification.
High pass	Creates well-reasoned, prioritized differentials with strong clinical justification.
Honors	Provides nuanced, prioritized differential diagnoses with exceptional clinical reasoning.
Not applicable	Insufficient contact

### Q3. How effectively did the student develop a sound management plan, including clinical reasoning, recommendation and interpretation of diagnostic tests, treatment selection, recognition of urgent/emergent issues, and justification of their decisions?

Fail	Disorganized plan; poor reasoning; inappropriate or missing diagnostics; misses urgency.
Poor	Basic plan; key gaps in reasoning or diagnostics; urgency often missed.
Pass	Sound plan; logical reasoning; appropriate diagnostics; recognizes urgency.
High pass	Clear, well-reasoned plan; effective diagnostics; manages urgency well.
Honors	Outstanding plan; sharp reasoning; precise diagnostics; expertly addresses urgency.
Not applicable	Insufficient contact

### Q4. How accurately and effectively did the student document clinical encounters (including admission notes, progress notes, procedure notes, outpatient notes, etc.)?

Fail	Documentation is unclear, incomplete, or inaccurate.
Poor	Includes basic information but lacks organization or misses key elements.
Pass	Documents most relevant details accurately and concisely.
High pass	Consistently produces clear, thorough, and well-organized documentation.
Honors	Documentation is exemplary, capturing all relevant details and showing exceptional clarity.
Not applicable	Insufficient contact

**Q5. How well did the student organize, tailor, and deliver oral presentations of clinical encounters?**

Fail	Presentations are disorganized, incomplete, or difficult to follow.
Poor	Basic structure is present, but significant details are omitted or unclear.
Pass	Provides organized, clear presentations with minor omissions.
High pass	Consistently delivers concise, well-structured presentations.
Honors	Excels in presenting, even under pressure, with exceptional clarity and precision.
Not applicable	Insufficient contact

**Q6. How effectively did the student generate clinical questions, retrieve evidence, and integrate medical and scientific knowledge into patient care?**

Fail	Doesn't ask questions or use evidence; relies on flawed reasoning.
Poor	Inconsistent use of questions or evidence; limited application.
Pass	Asks relevant questions; uses and applies evidence appropriately.
High pass	Consistently uses strong evidence and reasoning in decisions.
Honors	Insightful, evidence-driven thinker; integrates knowledge expertly into care.
Not applicable	Insufficient contact

**Q7. How effectively did the student communicate and collaborate with the interprofessional team, including during handoffs and transitions of care, demonstrating clarity, respect, and professionalism?**

Fail	Unclear, unprofessional, or ineffective; poor teamwork.
Poor	Inconsistent or vague; limited collaboration; handoffs lack structure.
Pass	Clear, respectful, and accurate; works well with team; handoffs are adequate.
High pass	Consistently clear and collaborative; effective, well-structured handoffs.
Honors	Excellent communicator and team player; handoffs are seamless and complete.
Not applicable	Insufficient contact

**Q8. How effectively did the student communicate with patients and families from diverse backgrounds, incorporate social and cultural factors into clinical care, and explain risks, benefits, and alternatives to support informed decision-making with clear language and compassion?**

Fail	Ineffective or inappropriate communication; disregards cultural or social factors; fails to support informed decisions.
Poor	Basic communication; limited consideration of diversity or shared decision-making.
Pass	Clear, respectful communication; incorporates social and cultural context; explains options reasonably.
High pass	Consistently effective and culturally sensitive; supports informed, patient-centered decisions.
Honors	Exceptional communicator; deeply integrates cultural awareness and shared decision-making.

**Q9. How competently and confidently did the student perform basic clinical procedures and communicate with patients during the process, while ensuring patient and healthcare team safety?**

Fail	Struggles with procedural skills or patient communication.
Poor	Performs basic procedures but lacks confidence or consistency.
Pass	Safely performs procedures with minor guidance.
High pass	Performs procedures confidently and competently.
Honors	Demonstrates exceptional skill and patient-centered communication during procedures.
Not applicable	Insufficient contact

**Q10. To what extent did the student identify safety risks or system issues in patient care delivery and take appropriate steps to address them? (e.g., *Noticing frequent order entry errors, workflow inefficiencies, or recognizing inconsistent use of interpreter services and advocating for proper language support.*)**

Fail	Misses safety or system issues; may contribute to harm.
Poor	Recognizes issues only when prompted; limited action.
Pass	Identifies issues and communicates appropriately; needs guidance to act.
High pass	Proactively identifies and helps address issues.
Honors	Anticipates risks, acts independently, and leads or contributes to improvements.
Not applicable	Insufficient contact

The Preceptor Evaluation of Student Performance form has been thoughtfully mapped to the specific Course Learning Objectives (CLOs) for each clerkship. The table below outlines how each evaluation question aligns with the relevant CLOs to ensure consistency between assessment and curricular goals.

Evaluation Question	CLOs	EPOs
Q1. History & PE	CLO-2, CLO-1, CLO-6	PC 1.1–1.3, 1.5–1.8; MSK 2.1–2.5; P 4.1–4.4; RP 6.1–6.4
Q2. Differential Dx	CLO-2, CLO-1	PC 1.1–1.3, 1.5, 1.7, 1.8; MSK 2.1–2.5
Q3. Management Plan	CLO-3, CLO-1, CLO-5	PC 1.3–1.8; MSK 2.1–2.5; C 3.1, 3.2; HC 5.1, 5.2
Q4. Documentation	CLO-2, CLO-5, CLO-6	PC 1.1–1.6; MSK 2.1, 2.2; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q5. Oral Presentation	CLO-5, CLO-2, CLO-6	PC 1.1–1.6; MSK 2.1, 2.2; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q6. Evidence-Based Practice	CLO-1, CLO-4, CLO-5	PC 1.3, 1.4, 1.6–1.8; MSK 2.1–2.5; C 3.1, 3.2; HC 5.1, 5.2; RP 6.1–6.3
Q7. Interprofessional Teamwork	CLO-6, CLO-5	PC 1.3, 1.4, 1.6; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q8. Patient/Family Communication	CLO-6, CLO-5	PC 1.3, 1.4, 1.6; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q9. Clinical Procedures	CLO-7, CLO-6	PC 1.2, 1.3, 1.5–1.7; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q10. Systems/Safety	CLO-4, CLO-5, CLO-6	PC 1.3, 1.4, 1.6, 1.8; C 3.1, 3.2; P 4.1–4.4; HC 5.1, 5.2; RP 6.1–6.4