2026 - 2027 Academic Year
Internal Medicine Clerkship Syllabus
Course #: COM 711
Year: M3

Course Dates: Varies

Credits Hours: 1 credit per week

Offered as: 8-week rotation (6 weeks core Internal Medicine | 2-week IM selective)

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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.

Table of Contents

Course Description

Welcome to the Internal Medicine Clerkship! During this core rotation, you will be immersed in the care of adult patients with a wide range of acute and chronic medical conditions in the inpatient setting. Internal Medicine forms the backbone of adult medical care and emphasizes diagnostic reasoning, thoughtful management of complex illnesses, and patient-centered decision-making. Through your experiences on general medicine wards and subspecialty consult teams, you will develop the skills necessary to care for hospitalized adults across the spectrum of health and disease.

You will also learn to:

- Generate and prioritize comprehensive differential diagnoses
- Develop, present, and refine assessment and management plans
- Integrate physical exam findings with laboratory and imaging data
- Communicate clearly and effectively with patients, families, and healthcare teams
- Engage in clinical decision-making amidst diagnostic and therapeutic uncertainty

Your educational experience will be guided by preceptor-supervised clinical care, structured didactic sessions, bedside teaching, and independent study. You will participate in multidisciplinary rounds, write daily progress notes, deliver oral presentations, and engage in discussions that reinforce the principles of internal medicine.

Whether or not you plan to pursue internal medicine as a career, the skills and habits of mind you cultivate during this rotation will serve you across all areas of medicine. We look forward to supporting your development and helping you grow into a thoughtful, compassionate, and effective clinician.

Course Learning Objectives (Summary)

1. Diagnostic Decision Making

- Identify and synthesize clinical problems to form logical differential diagnoses using history and physical exam findings.
- Select and interpret diagnostic tests using probability-based reasoning, test performance metrics, and patient preferences.
- Apply evidence-based resources, clinical guidelines, and cost considerations to diagnostic decision making.
- Recognize uncertainty in testing and communicate diagnostic reasoning clearly to patients and healthcare teams.

2. Case Presentation

- Prepare comprehensive and focused oral and written case presentations tailored to clinical context.
- Structure information logically, prioritizing key positives/negatives and linking history to diagnosis and management plans.
- Adapt presentation length and detail based on setting (e.g., new vs. follow-up patient, written vs. oral).
- Seek and incorporate feedback regularly to refine case presentation skills.

3. History Taking & Physical Examination

- Conduct organized and thorough patient histories including preventive, family, social, and medication information.
- Perform physical exams using correct techniques with attention to patient comfort, modesty, and sociocultural factors.
- Adapt the scope of exam based on clinical context and time constraints.
- Maintain hygiene, professionalism, and respect during patient encounters.

4. Communication & Relationships

- Build empathetic, respectful relationships using active listening and clear verbal/non-verbal communication.
- Involve patients in shared decision-making by understanding their values, preferences, and emotional needs.
- Manage difficult conversations (e.g., breaking bad news, discussing end-of-life issues) with guidance.
- Work collaboratively and respectfully with the healthcare team, demonstrating professionalism and accountability.

5. Interpretation of Clinical Information

- Independently interpret key lab results and diagnostic tests (e.g., CBC, ECG, chest X-ray) relevant to internal medicine.
- Use test characteristics and likelihood ratios to estimate disease probability before and after testing.
- Understand indications, cost, critical values, and pathophysiologic implications of diagnostic studies.
- Communicate results clearly and follow up on testing outcomes to ensure patient safety and continuity of care.

6. Therapeutic Decision Making

- Develop evidence-based, individualized treatment plans considering risks, benefits, and patient values.
- Monitor therapy effectiveness and adjust treatment based on goals of care and patient response.
- Safely write prescriptions and educate patients about medication use and side effects.
- Consult other professionals when needed and recognize when care goals shift toward palliation.

7. Bioethics of Care

- Understand core ethical principles, informed consent, and legal aspects of care, including end-of-life decisions.
- Respect patient autonomy, privacy, and rights to refuse care, including complex or costly interventions.
- Engage in ethical discussions with patients and families, and participate in interdisciplinary case reviews.
- Recognize and manage ethical dilemmas related to genetics, confidentiality, and resource limitations.

8. Self-Directed Learning

- Formulate focused clinical questions and conduct critical literature searches to answer them.
- Critically appraise studies on diagnosis and treatment using structured frameworks.
- Recognize knowledge gaps and seek peer or faculty support to enhance learning.
- Regularly use feedback and self-assessment tools to guide continuous improvement.

9. Prevention

- Identify high-risk patients and provide routine counseling and screening for major adult health conditions.
- Understand vaccine recommendations and preventive measures tailored to age, risk factors, and comorbidities.
- Perform and interpret common preventive exams and tests (e.g., Pap smear, lipid profile, PSA).
- Promote shared responsibility in prevention by encouraging healthy behaviors and respecting patient autonomy.

10. Coordination of Care

- Collaborate with consultants, nurses, social workers, and community providers to ensure comprehensive care.
- Manage transitions across care settings (e.g., hospital to home or rehab) with clear communication and planning.
- Reconcile medications at each transition and ensure accurate hand-offs.
- Assess social support systems and modify care plans to address barriers at home or in the community.

11. Geriatric Care

- Recognize atypical presentations of disease and manage common geriatric syndromes (e.g., falls, delirium).
- Tailor history and physical exams to accommodate sensory, cognitive, and functional limitations.
- Limit polypharmacy and involve families in decision-making about goals of care and advance directives.
- Understand Medicare principles, screen appropriately, and coordinate interdisciplinary care.

12. Basic Procedures

- Know indications, risks, and steps for performing basic clinical procedures (e.g., venipuncture, NG tube, ECG).
- Obtain informed consent and explain procedures using patient-friendly language.
- Demonstrate sterile technique, proficiency, and documentation skills.
- Prioritize patient comfort, safety, and dignity before, during, and after procedures.

13. Nutrition

- Understand the link between diet and disease, nutritional deficiencies, and needs in chronic illness.
- Take a focused nutritional history and identify signs of malnutrition on physical exam.
- Provide counseling on diet for conditions like diabetes, obesity, hypertension, and heart disease.
- Recognize when to refer to a dietician and respect cultural factors influencing food choices.

14. Community Health Care

- Incorporate public health concepts like prevalence and social determinants into clinical decision-making.
- Use community and government resources to support underserved or at-risk patients.
- Recognize barriers to care (e.g., financial, cultural) and develop strategies to mitigate them.
- Engage in population health thinking and value diverse roles within the healthcare team.

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.

Rotation Structure

The Internal Medicine clerkship is an 8-week rotation consisting of 6 weeks of core internal medicine and a 2-week "2+ selective." The selective may be completed either in additional core internal medicine or in an approved subspecialty (e.g., cardiology, endocrinology, nephrology), allowing students to deepen core skills or explore specific areas of interest. Completion of the 2-week selective is a graduation requirement and may be fulfilled during either the M3 or M4 year.

Schedule

Daily and Weekly Schedule

Students will work Monday through Sunday with 1 day off from clinical and educational responsibilities each week. Students on inpatient services are expected to work one weekend day based on service and attending expectations. Students will not be required to take overnight call. Important variations in the schedule are:

- The clerkship director will provide orientation to the Internal Medicine clerkship at 1pm on first Monday of the rotation.

- Monday afternoons are reserved for didactics, virtual cases, and independent study time. All students will be excused from clinical responsibilities by noon on Mondays.
- The students are excused from clinical responsibilities on the last Thursday of the clerkship to study for the NBME Subject Exam.
- The last Friday of the rotation is reserved for the NBME Subject Exam.

Attendance: Mandatory except for personal emergencies or as arranged with the clerkship director and preceptor.

Hours: Daily schedules are determined by the clinical team and supervising attending, within clerkship and institutional duty hour guidelines, but generally not earlier than 6:00 AM or later than 7:00 PM.

History and Physical reports submitted to Clerkship Director
History and physical notes are an essential part of clinical participation: Students are expected to create, on average, one daily or every other day during the 6-week core Internal Medicine portion of the clerkship. Attending preceptors may have additional requirements such as daily SOAP notes as part of delivering effective clinical care.

Students are required to submit 2 history and physical reports to the Clerkship Director. First H&P is due by end of week 3 and second H&P is due by week 5. These reports should be submitted to Canvas. It is important these reports are HIPAA compliant and omit any specific identifying data (name, date of birth, etc.)

A write up that is judged sub-standard by the clerkship director will be returned to the student for revision and re-evaluation. Failure to meet these requirements may result in assignment of remedial work before receiving a final grade in the clerkship rotation (including, but not limited to, additional written or clinical assignments, oral examination, or written essay examination).

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.	
Required Clinical Experiences ("Must see cases")	• Cardiac conditions (acute MI, chest pain, CHF, arrhythmias) • Pulmonary conditions (COPD, pneumonia, SOB, asthma) • GI conditions (GI bleed, PUD, Nausea/vomiting, diarrhea, gallstones) • Renal conditions (HTN, kidney stone, pyelonephritis, retention, electrolytes) • Hematology/Oncology (malignancy, anemia, thrombocytopenia) • Rheumatologic conditions (SLE, arthritis, joint pain) • Endocrine conditions (Diabetes, thyroid)
Required Procedures ("Must do procedures")	• Arterial blood gas • EKG placement and interpretation • Finger stick glucose • Foley catheter placement • Nasogastric tube placement • Peripheral I.V. placement • Rectal exam • Urine dipstick (as available) • Venipuncture

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 - typically by the midpoint of the 6-week core Internal Medicine portion of the clerkship (end of week 3)
- Complete a final evaluation with both ratings and narrative comments in a timely manner
- Support student participation in clinical and didactic activities

Additional specific responsibilities: These expectations may be met across a variety of clinical settings. At minimum, we request the following of attending preceptors:

- Allow each student to perform one complete focused history and examination and present that patient 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 2 H&P write ups for the entire clerkship to the clerkship director.
- Assign additional patient experiences that may include focused exams on follow-up patients.
- On inpatient services, allow students to follow 2-3 patients (depending on complexity).
- Exposure to 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 evaluations upon completion of the rotation. These evaluations are due no later than 2 weeks after the completion of the clerkships.
- Assign brief readings (preferably from recent primary literature) on interesting patient topics as you see fit.

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

Books:

- **Step-Up to Medicine (5th Edition)** – A high-yield review book that covers essential topics in internal medicine with clear outlines and helpful diagrams.
- **Harrison's Principles of Internal Medicine (21st Edition)** – The go-to reference for in-depth understanding, though best for deeper dives into topics rather than quick reviews.
- **Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine (7th Edition)** – Perfect for quick reference on the wards, organized by common clinical problems.

Question Banks:

- **UWorld Step 2 CK QBank** – Essential for both learning and preparing for the shelf exam; detailed explanations are very helpful.

Online Resources:

- **UpToDate** – For quick look-ups and evidence-based management plans while on the wards.

Apps:

- **MDCalc** – Clinical decision tools and risk calculators.
- **Epocrates** – Quick reference for drug interactions, dosing, and side effects.
- **UpToDate Mobile App** – Fast, evidence-based clinical information.

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:

Skills Log	Students are required to log a set of "**Must See Clinical Experiences**" unique to each clerkship. In addition, they are required to log a set of "**Must Do Clinical Procedures**" 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).

Clinical Evaluations	All students are required to obtain a **Mid-Clerkship Evaluation** 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. At the conclusion of the rotation, the site director (preceptor) is responsible for submitting a formal **Preceptor Evaluation of Student**, which includes scaled performance ratings across the ten (10) Clerkship Learning Objectives (CLOs) and a written narrative evaluation of the student's performance.
Oral Presentation	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.
Shelf Exam	The **NBME Subject Shelf Examination** 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.

Grading Rubric for History and Physical reports:

Score	Exceeds Expectations	Meets Expectations	Needs Improvement
1) History	• Includes **all** key components in HPI • Other areas of history (CC, Past Medical History, Medications, Allergies, Family History, Social History and Review of Systems) fully addressed	• Identifies **most** key components of HPI • Other areas of history (CC, Past Medical History, Medications, Allergies, Family History, Social History and Review of Systems) are adequately addressed	• Identifies **some** key components of HPI • Other areas of history (CC, Past Medical History, Medications, Allergies, Family History, Social History and Review of Systems) are not fully addressed
2) Physical Exam	• **All** key components of physical exam are included	• **Most** key components of physical exam are included	• **Some** key components of physical exam are included
3) Laboratory and Investigations	• **All** relevant known other objective data reported (laboratory, radiological and other test results) listed. **Note:** for test results that are not available, please state which tests are ordered/pending.	• **Most** relevant known other objective data reported (laboratory, radiological and other test results) listed.	• **Some** relevant known other objective data reported (laboratory, radiological and other test results) listed.
4) Assessment	• **All** key differential diagnoses are identified with thoughtful and convincing reasoning for their inclusion. • Supportive information from pertinent positive and negatives in H&P and objective data included.	• **Most** differential diagnoses are identified with some reasoning for their inclusion included. • **Most** supportive information from pertinent positive and negatives in H&P and objective data included.	• **Some** differential diagnoses are identified with some reasoning for their inclusion included. • **Some** supportive information from pertinent positive and negatives in H&P and objective data included.
5) Plan/ Problem-Based Patient Management	• **Excellent** and well-prioritized plan • **All** considerations are addressed (consultation, education, follow-up, etc.) • **Convincing** evidence that the patient is safe in the short-term and will benefit from the plan in the long-term	• **Most** Short- and long-term management considerations are presented, with **good** indication that a higher degree of thought and consideration of the big picture for management is indicated • Many aspects of short and long-term management are considered	• Short- and long-term management considerations are presented, with **some** indication that a higher degree of thought and consideration of the big picture for management is indicated • Some aspects of short and long-term management are considered

Oral Presentation: Each student will be required to make one case presentation with discussion of one clinical subject during Monday didactics sessions. Presentations will include case presentation and discussion of clinical disorder. Clinical subject discussion will include: general introduction (significance of disorder, incidence, etc.), general clinical presentation, differential diagnosis, evaluation, treatment and

anything else important to this topic.

Grading: Based on the following criteria

1. Organization of material presented
2. Focused with appropriate time
3. Provides main elements of History and Physical: focused but pertinent negatives and positives presented
4. Differential diagnosis: includes important considerations/good thought process about what is most likely
5. Presentation well researched/material with educational merit
6. Presentations skills: General interaction/knowledge of material/appropriately answering questions

Attendance and Participation: This portion of the Internal Medicine Clerkship grade will be based on professionalism during clerkship rotations, general participation in discussions during the Monday didactic sessions and completing all requested work.

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 (≥ 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
1. Integration & Application of Foundational Knowledge: Integrate biomedical, clinical, and social science knowledge to explain disease mechanisms, guide diagnostic reasoning, and apply evidence-based principles to patient care decisions.	**MSK 2.1-2.5; PC 1.7,1.8**	EPA 7 – Form clinical questions and retrieve evidence.	Ongoing daily one-to one evaluation of the student by the preceptor. End of rotation one-to-one and written evaluation of the student by the preceptor. National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.
2. History Taking, Differential Diagnoses, and Diagnosis: Elicit comprehensive, focused patient's history and perform logical, accurate physical examinations to prioritize and justify differential diagnoses through sound clinical reasoning.	**PC 1.1-1.3, PC 1.5; MSK 2.1, 2.2**	EPA 1 – Gather a history and perform a physical examination; EPA 2 – Prioritize a differential diagnosis EPA 5 – Document a clinical encounter in the patient record	Ongoing daily one-to one evaluation of the student by the preceptor. End of rotation one-to-one and written evaluation of the student by the preceptor. National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.
3. Management, Treatment, and Prevention Plans: 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.	**PC 1.6-1.8; MSK 2.2, 2.3; HC 5.1, 5.2**	EPA 3 – Recommend and interpret diagnostic and screening tests. EPA 4 – Enter and discuss orders and prescriptions. EPA 10 – Recognize a patient requiring urgent care and initiate evaluation	Ongoing daily one-to one evaluation of the student by the preceptor. End of rotation one-to-one and written evaluation of the student by the preceptor. National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.

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

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