



2026 - 2027 Academic Year
Obstetrics and Gynecology Clerkship Syllabus
Course #: COM 731
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

OB/Gyn is a unique and varied specialty with lessons to teach all medical students, regardless of planned future specialty. We consult with and work alongside nearly all specialties. The practice includes clinic visits and procedures, as well as outpatient and inpatient surgeries in the OR, and time spent on Labor and Delivery and in the Emergency Department. Women's Health Care includes both primary care and very specialized surgical and high-risk obstetric care.

Course Learning Objectives (Summary)

The overarching goals of the OB/Gyn clerkship are for students to:

- Improve and focus their history-taking skills
- Refine their physical examination techniques
- Develop a well-reasoned differential diagnosis
- Outline an appropriate initial diagnostic and treatment plan

Students are expected to achieve these goals by evaluating patients with both acute and chronic obstetric and gynecologic conditions across inpatient and outpatient settings.

In addition, the clerkship aims to prepare students to function effectively as physicians within the OB/Gyn clinical environment by:

- Assuming an appropriate level of responsibility and demonstrating a strong commitment to patient care
- Providing compassionate, patient-centered care
- Collaborating effectively as part of a multidisciplinary healthcare team
- Strengthening core clinical competencies, including history-taking, physical examinations, oral and written presentations, diagnostic reasoning, and basic procedures
- Applying a thoughtful, evidence-based approach to solving patient-centered clinical problems

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

All schedules are designed to remain within institutional duty hour limits.

Clinical Site Educational Activities

Each clinical site will inform students of available educational resources, including lectures, conferences, online modules, videos, and site-specific teaching sessions. Students are expected to take full advantage of these resources as part of their clinical learning experience.

Patient Care Responsibilities

Students must adhere to all patient care expectations set forth by the Clerkship Director, the clinical site, the M3 Clerkship General Handbook and the Student Handbook. Clinical sites may also have additional requirements not outlined in the handbook, such as immunizations, drug screening, background checks or dress code standards.

Professional behavior and strict patient confidentiality must be maintained at all times. Students should clearly identify themselves to patients as medical students and should not offer medical advice or perform procedures including pelvic exams without the direct supervision of a licensed provider.

Pre-Rotation Communication and Orientation

Students will be contacted by the Site Director or designee by the week prior to the start of the rotation. This communication will include onboarding procedures and instructions for when and where to report on the first day. If no instructions are received by the Wednesday before the rotation, students should contact the Clerkship Coordinator and Clerkship Director for assistance.

Unless otherwise specified, students are expected to report for orientation at 8:00 AM on the first Monday of the clerkship.

Orientation

Students will receive an orientation to the clinical site and rotation expectations. This may include self-directed materials, virtual sessions, and/or on-site orientation led by the Site Director or Preceptor. For private practice sites, the Preceptor or a designated team member will provide additional onboarding.

Rotation Schedule

Daily schedules are determined by the clinical team and supervising attending, within clerkship and institutional duty hour guidelines. OB/Gyn is a 24/7 specialty, and students may be expected to participate in clinical activities outside standard weekday hours—including nights and weekends—especially on Labor & Delivery.

Key Scheduling Notes

- First Monday: Orientation at the assigned site (typically 8:00 AM).
- Thursday Mornings (Weeks 1–5): Required OB/Gyn didactic sessions held remotely via Teams from 9:00 AM to 12:00 PM. Students must attend and actively participate.
- Week 6 Thursday: No didactic session; students continue clinical duties.
- Final Friday: NBME Shelf Exam for OB/Gyn.

Learning Activities

Overview

Students will be assigned to one of several clinical sites across California and will work with one or more attending physicians (Preceptors) under the coordination of the site's Director. Preceptors are responsible for delivering hands-on clinical education through observation and direct student-patient interactions. They will provide formative feedback and submit evaluations that contribute to the student's final clerkship grade.

In addition to clinical responsibilities, students must attend weekly remote didactic sessions held on Thursday mornings from 9:00 AM to noon via Teams. Each student is required to:

- Deliver a 20-minute presentation during the six-week rotation,
- Submit two clinical notes to the Clerkship Director,
- Complete logs of clinical and procedural experience,
- Fully participate in all didactic activities.

Teaching Techniques and Evaluation Methodology

- Students must attend scheduled weekly three-hour remote didactic sessions via Teams during the first five weeks of each track. The sixth week will be reserved for independent study and preparation for the Shelf exam. Student performance in didactic presentations and active participation in discussions will contribute to the final grade.
- Students are required to maintain an electronic log of all required patient care activities throughout the clerkship.
- Students will be evaluated by their preceptors through periodic oral feedback and continuous observation of clinical performance.
- Preceptors are responsible for completing both the Mid-Clerkship and End-of-Clerkship evaluation forms. Students must submit their completed Mid-Clerkship Evaluation Form to the OB/Gyn Clerkship Director via Teams.

- At the conclusion of the rotation, students must complete evaluations of their assigned preceptor(s), clinical site, and the overall clerkship.
- All evaluations will be submitted through the secure web-based platform, MedHub.
- On the final day of the clerkship, students will take the NBME Shelf Exam for OB/Gyn. The shelf exam score will form the primary basis of the student's final grade, which may be adjusted based on clinical performance and participation in didactic activities. (See the section on Grading for additional details.)

Weekly Didactic Session Participation

Students are expected to attend all weekly didactic sessions and actively engage with cameras turned on, unless their physical location prohibits video use. Attendance and participation are considered part of the professionalism and didactic components of the clerkship grade.

Unexcused absences may result in grade penalties or required remedial assignments at the discretion of the Clerkship Director.

Student Topic Presentations

At the beginning of the rotation, each student must select their top three preferred presentation topics from the list sent to them by email and posted on Teams and return their top 3 choices to the Clerkship Director. Topics will be assigned based on the order in which preferences are received. If none of the preferred topics are available, a topic will be assigned by the Clerkship Director. This assignment is designed to help students learn how to apply evidence-based medicine and primary literature to clinical decision-making in OB/Gyn practice.

Presentation Guidelines:

- Create a PowerPoint presentation 20 minutes in length.
- Keep slides focused and concise, with approximately 20 slides (including references).
- Incorporate clinical relevance; case examples are encouraged, but board-style questions are not necessary as they will be supplied by the Clerkship Director.
- Use reliable, evidence-based sources such as peer-reviewed journal articles or UpToDate. Avoid non-professional sources like WebMD or general internet searches.
- Submit your finalized presentation to the Clerkship Director **no later than Tuesday at 9:00 AM** of the presentation week to allow time for review and feedback.
- After presenting, upload your PowerPoint file to the designated folder in Teams so classmates may access it.

Clinic and Specialty Notes

Each student must submit two clinical notes during the rotation via the Assignments tab in Teams:

- Required: One OB/Gyn Clinic Note using the provided template posted on Teams.
- Elective: One additional note, which may be either a Clinic Note (if requested by the Clerkship Director), OB L&D Note, Delivery Note, or Operative Note, based on the student's clinical experience.

Notes will be reviewed by the Clerkship Director, and detailed feedback will be provided in Teams. Evaluation will be based on:

- Adherence to the note template
- Clinical thoroughness and organization
- Completeness and thoughtfulness of the differential diagnosis and medical decision-making
- Complexity of the patient’s chief complaint – a problem with more than one potential diagnoses allows the student to demonstrate their medical decision making skills and obtain feedback

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>Required Clinical Experiences (“Must see cases”)</p>	<ul style="list-style-type: none"> • Abnormal Gyn condition (vaginal discharge, abnormal pap smear, malignancy, sexually transmitted disease, breast pain/lump) • Labor and delivery (normal, complicated) • Normal Gynecologic condition (menstrual cycle, menopause, pap smears, mammograms) • Obstetric/pregnancy condition (complicated pregnancies, Diabetes in pregnancy, HTN in pregnancy) • Reproductive issues (contraception, sexual dysfunction, infertility)
<p>Required Procedures (“Must do procedures”)</p>	<ul style="list-style-type: none"> • Uterine ultrasound (OB/Gyn-specific) • Pelvic exam (OB/Gyn-specific) • Finger stick glucose • Foley catheter placement

	<ul style="list-style-type: none"> • Peripheral IV placement • Urine dipstick analysis (as available) • Venipuncture
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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

Preceptor Responsibilities

All attending physicians (Preceptors) are expected to provide:

- Daily supervision (may be direct or indirect but readily available)
- Direct observation of basic skills
- Teaching and guidance
- Constructive feedback
- Written and verbal assessment of student performance must be performed at mid-clerkship and upon completion of the rotation
- Mid-Clerkship written assessments are required and must be completed by the midpoint of the rotation (typically by the end of week 3)
- Final Student Evaluations on MedHub are appreciated as soon as possible after completion of the clerkship (It's easier to remember that way!) no later than the end of 2 weeks following the clerkship
- Preceptors are prohibited from medically treating the medical students that they are supervising and from engaging in personal relationships with students that violate sexual harassment policies
- Students should not perform pelvic exams without the preceptor physically present

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 history and examination and present that patient to the preceptor, on average once per day.
- Students must submit notes as required to the Clerkship Director.
- Assign additional patient experiences that may include focused exams on follow-up patients.
- Ensure student experiences are hands-on, with oral patient presentations to preceptors.

- Provide constructive feedback on physical exam, differential diagnosis, and treatment and documentation.
- Assign brief readings (preferably from recent primary literature) on interesting patient topics as appropriate.

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 including speculum exam
- Understanding of ancillary testing & data Formulation, differential diagnosis, and treatment plan
- Personal skills
- Professionalism
- Dress
- Demeanor
- Any other concerns

Guidelines for Documenting Student Performance

All questions on the evaluation form are weighted equally when assessing student performance. The **baseline expectation** for students is performance at the **High Pass** level. An **Honors** grade should be reserved for students who demonstrate **truly exceptional performance** across multiple domains. Students who are not meeting the minimum **Pass** level expectations must be **notified during the mid-clerkship evaluation**, and any concerns should be promptly **communicated to the Clerkship Director**. This allows sufficient time for the student to address and potentially remedy the issues. If you have had **insufficient contact** with the student in any domain, it is preferable to select “**Not Applicable / Insufficient Contact**” for that specific question.

Narrative comments are essential for a comprehensive evaluation. Please provide thoughtful and specific narrative feedback, highlighting both strengths and areas for improvement. Your narrative comments may boost a student’s clerkship score if their final clerkship grade is on the borderline between two grades.

Examples of Outpatient Preceptor Routine

Preparatory Activities (Each Morning)

- Review the day’s patient schedule: Meet with the student to discuss the upcoming clinic schedule.
- Assign independent patient encounters: Identify patients the student will evaluate independently, specifying the educational focus for each encounter.
- Designate shadowing opportunities: Identify patients the student will observe during your evaluation, providing context for what to focus on.
- Discuss learning objectives: Address any questions the student may have from assigned readings or self-directed learning completed the previous evening.

Patient Encounters

Preceptors are encouraged to use a variety of approaches over the course of the rotation, depending on the learning objectives and student progress:

- Direct observation: The preceptor sees the patient while the student observes.
- Independent encounter with presentation: The student interviews and/or examines the patient independently, then presents the findings to the preceptor. Both then return to the patient for a joint discussion and/or exam.
- Supervised encounter: The student interviews and/or examines the patient while the preceptor observes directly.

Short Debriefing (Immediately After Each Encounter)

- Engage in a brief reflection with the student on the encounter.
- Address outstanding questions or uncertainties.
- Highlight key teaching points and discuss plans for follow-up learning.

Daily Debriefing (End of Day)

- Conduct a more in-depth discussion of any unresolved clinical or educational questions.
- Review and reinforce the student's self-directed learning goals.
- Preview the following day's schedule, identifying learning opportunities and assigning targeted preparatory readings based on anticipated patient cases.

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

Preparing for your shelf exam:

- The shelf exam is challenging; you do need to study **outside of your clinical duties** to pass the test and particularly if you are interested in scoring high.
- You are highly encouraged to sign up for a student ACOG membership. This will give you access to all of the practice bulletins and other helpful resources.
 - <https://www.acog.org/membership/join/medical-students>
- Optional: You can also sign up for an AAGL student membership; this will give you access to many surgical videos (this now costs \$50).
 - <https://www.aagl.org/join/#membership-medical-students>

Additional helpful resources for preparing for OBGYN Clerkship:

YouTube informational video OBGYN (student perspective):

<https://www.youtube.com/watch?v=HaPmTDTOQQQ>

Procedure Ready OBGYN - Dr. Dorey Johns Hopkins

- Your Ob/Gyn Survival Guide: Tips and Tricks
https://www.youtube.com/watch?v=Kr_HmLCrJ7M
- YouTube Videos to help with learning anatomy and surgical skills:
<http://bit.ly/pimped-ob>
- Procedure Ready App (Clinical questions to expect in the OR and on the wards)
<https://app.procedureready.com>

Books:

- [Netter Atlas of Human Anatomy](#)
- [Obstetrics and Gynecology by Beckmann](#)

Apps:

- UpToDate
- Epocrates
- GoodRx
- LactMed – medications safe in breastfeeding
- ASCCP – Cervical cancer screening
- CDC STI guidelines
- ACOG app/website
- OB Wheel or dating

Good anatomy overview and description of surgical techniques:

- <http://www.atlasofpelvicsurgery.com/>

Uterine manipulator video (We use more updated equipment now, but the basics are the same)

- <https://www.mdedge.com/obgyn/article/89133/surgery/mastering-uterine-manipulator-basics-and-beyond>

Closing L/S incisions

- <https://www.youtube.com/watch?v=Vq7upevzgUc>
- <https://www.youtube.com/watch?v=UsfmhVDf39s>
- <https://www.youtube.com/watch?v=Akyr4zIBS9E>

Knot tying

- <https://www.youtube.com/watch?v=odu-8IQ1pWE>
- <https://www.youtube.com/watch?v=vscsS37tslw>

Surgery videos:

- L/S cystectomy
- <https://www.youtube.com/watch?v=FEfqu4ADaL0>

What the abdominal wall layers look like through an Optiview (most common entry technique):

- <https://www.youtube.com/watch?v=tkoOYx76P9s>

Hasson L/S entry video:

- <https://www.youtube.com/watch?v=Hf5DU2WQpiw>
- <https://www.youtube.com/watch?v=186fD0JKPCE>

Total vaginal hysterectomy videos:

- https://www.youtube.com/watch?v=IGUj_wF77Q4

AAGL has a TON of excellent videos and access is free for medical students:

- <https://aagl.org/about/>

Open unilateral salpingoophorectomy:

- <https://www.youtube.com/watch?v=Yv5KnJVPo9Q>

Open total abdominal hysterectomy:

- <https://www.youtube.com/watch?v=pzpTsiJSQ3U>

Open C-Sections

- <https://www.youtube.com/watch?v=JsOJYuHzhmc>
- <https://www.youtube.com/watch?v=N6T0LJVCpgc>
- <https://www.youtube.com/watch?v=5XOHGBfBmBA>

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	<p>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.</p> <p>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.</p>
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.

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

General Philosophy

While evaluation is an important part of the clinical education process and provides valuable insights into student performance, it is essential for both students and clinical faculty to recognize that the primary purpose of clinical experiences is not the generation of a grade. The focus should remain on gaining meaningful clinical experience, expanding foundational medical knowledge, providing high-quality patient care, and developing clinical competence.

Students are encouraged to pay close attention not only to the final grade earned but also to the detailed components of their evaluations along with narrative elements. These elements are designed to offer constructive feedback and guidance to support ongoing growth and improvement in clinical skills and professional development.

Detailed grading information on grading is covered below and in the **M3 Clerkship General Handbook**.

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, the preceptor, 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**
- **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>1. Integration & Application of Foundational Knowledge:</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>MSK 2.1-2.5; PC 1.7,1.8</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>2. History Taking, Differential Diagnoses, and Diagnosis:</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>PC 1.1-1.3, PC 1.5; MSK 2.1, 2.2</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>3. Management, Treatment, and Prevention Plans:</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>PC 1.6-1.8; MSK 2.2, 2.3; HC 5.1, 5.2</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>4. Use of Resources & Systems, Healthcare Delivery Systems, and Delivery Systems Improvement:</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>HC 5.1, 5.2; RP 6.1-6.3; PC 1.8</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>5. Communication with Medical Team and with Patients, Family Members, and Community:</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>C3.1, 3.2; PC 1.3, 1.4, 1.6</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>6. Professionalism:</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>PC 1.6; P 4.1 - 4.4; RP 6.1 - 6.4</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>7. Performance of Basic Clinical Procedures:</p> <p>Perform basic clinical procedures safely and competently, while maintaining patient comfort, adhering to infection control standards, and documenting accurately.</p>	<p>PC1.2, 1.3, 1.5, 1.7 ; C3.1, 3.2</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