

Preceptor Training and Supervision Responsibility Policy

I. Purpose

The purpose of the *Preceptor Training and Supervision Responsibility Policy* is to ensure the students are provided an appropriate supervised learning environment for their clinical education by preceptors including residents and fellows.

II. Scope/Coverage

This policy applies to all community clinical preceptors and post-graduate trainees (residents, fellows) that are involved with onsite clinical education of medical students registered in the Doctor of Medicine (MD) program at CNUCOM. Preceptors are required to be ranked as faculty at CNUCOM and to undergo preceptor training prior to providing any clinical supervision to the students.

III. Policy Statement

A. Preceptor Training

1. All preceptors, residents and fellows are required to complete preceptor training, which includes an orientation to their roles and responsibilities as teachers.
2. Attestation Form to verify completion of the training is collected and monitored centrally by the Department of Clinical Medicine. The core contents of Preceptor Training shall include the following topics:
 - (a) Clinical Rotation orientation
 - (b) Mid-point evaluation
 - (c) Timely end of Course Evaluation
 - (d) Understanding Evaluation rubric, Program Learning Outcomes (PLO) and Competencies
 - (e) AAMC Core Entrustable Professional Activities (CEPA)
 - (f) Mistreatment Policy
 - (g) Adequate level of student supervision at clinical rotation site
 - (h) Anti-Harassment Policy
 - (i) Methods of Feedback
 - (j) No Medical treatment of Student by Preceptor
 - (k) Required Clinical Cases "Must cases"

3. Preceptors, Residents and fellows who will teach medical students are provided a copy of the clerkship handbook that summarizes objectives.

B. Preceptor Supervision Responsibility

Preceptors will provide the student with the following:

- (a) Orientation to the clinical setting, clinic staff and workflow.
- (b) Continuous supervision of student's clinical activities necessary to ensure student and patient safety.
- (c) Monitor student competency to ensure that the level of responsibility delegated to a medical student is appropriate to the student's level of training and experience.
- (d) Provide a hands-on clinical experience for the student.
- (e) Direct observation of the basic skills of history taking and performance of physical examinations.
- (f) Teaching and guidance impromptu as appropriate from physician preceptor.
- (g) Verbal assessment and feedback of student performance must be performed mid-clerkship and discuss areas of strength and areas needing attention.
- (h) Written and verbal assessment of student overall performance upon completion of the clerkship rotation.
- (i) Final evaluation via electronic form, is due no later than 2 weeks from the completion of the clerkship.
- (j) Dedicated one-on-one time once (and preferably twice a week) to review a topic in depth.
- (k) Preceptors are not allowed to precept another medical student from different medical or Osteopathic school while simultaneously supervising a CNUCOM

medical student.

- (l) Preceptors are prohibited from medically treating the medical students that they are supervising. No supervising of student when there has been a previous physician-patient relationship.
- (m) Prohibition of student abuse or mistreatment.
- (n) Immediate notification of Clerkship Director in the event concerns arise regarding student's performance or professionalism.
- (o) Each clerkship specialty will seek to provide the student with a broad exposure of medical conditions commonly encountered in the particular specialty. Each student will keep a log of patient encounters as well in addition to required clinical encounters.
- (p) Follow Duty Hours based on Accreditation Council for Graduate Medical Education (ACGME) recommendations.
 - An 80-hour weekly limit, averaged over four weeks;
 - An adequate rest period, which should consist of 10 hours of rest between duty periods;
 - A 24-hour limit on continuous duty, and up to six added hours for continuity of care and education;
 - One day in seven free from patient care and educational obligations, averaged over four weeks;
 - In-house call no more than once every three nights, averaged over four weeks.
- (q) Guide students on the required dress code.
 - (i) In clinical areas (including clinical simulation) students will wear clean, white clinic jackets with a nametag, over business attire or scrubs, as appropriate. The student shall dress in a manner appropriate for a physician in clinical care settings. Some affiliated hospitals will have dress codes that are more stringent, and students assigned to those locations must abide by the hospital dress code.
 - (ii) On services where scrub suits are indicated, these suits will be provided by the facility.
 - (iii) Approved identification will be worn as required by the facility.

- (iv) Personal protective equipment (PPE) as indicated and are provided by the facility.

- (r) Rotation Attendance:
 - (i) Attendance is mandatory except for personal emergencies or as arranged with the clerkship director and preceptor. Student must make arrangements in advance with preceptor and clerkship director to perform any required make up work. Student shall be allowed a maximum of one day per 4 weeks of clinical work. In the M4 year, the students are allowed the following excused absences: 4 days/4-week rotation or 2 days/2-week rotation.

- (s) Follow the CNUCOM Anti-harassment and Anti-mistreatment policy: California Northstate University is committed to providing a work environment free of harassment, disrespectful or other unprofessional conduct. University policy prohibits conduct that is disrespectful or unprofessional, as well as harassment. The University's anti-harassment policy applies to all persons involved in the operation of the University. Prohibited harassment, disrespectful or unprofessional conduct includes, but is not limited to, the following behavior:
 - i. Verbal conduct such as public humiliation, epithets, derogatory jokes, disparaging or deprecating comments, slurs or unwanted sexual advances, invitations or comments.
 - ii. Visual displays such as derogatory and/or sexually-oriented posters, photography, cartoons, drawings or gestures.
 - iii. Physical conduct including intimidation, assault, unwanted touching, intentionally blocking normal movement or interfering with work because of sex, race or any other protected basis.
 - iv. Threats and demands to submit to sexual requests as a condition of continued employment, appropriate evaluations or to avoid some other loss, and offers of employment benefits in return for sexual favors.
 - v. Retaliation for reporting or threatening to report harassment.
 - vi. Communication via electronic media of any type that includes any conduct that is prohibited by state and/or federal law, or by University policy.



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