

CNUCOM Clinical Faculty Orientation

Last revised: May 2026

Welcome!



Welcome to the [California Northstate University College of Medicine Clinical Faculty Orientation](#), created to support your engagement with our institution and ensure that all faculty members are equipped with the knowledge necessary to thrive in our academic environment. This orientation is a foundational part of our commitment to excellence in medical education and is intended to be revisited periodically to maintain alignment with the standards of quality and integrity that guide our program.

As educators, mentors, and role models, you play an integral role in shaping our students' journey into the medical profession. Through this orientation, we aim to familiarize you with the institutional values and goals, academic policies, and teaching guidelines that underpin our curriculum. This module also introduces core areas, including the school's mission, learning objectives, and academic standards.

Thank you for your dedication and commitment to fostering the next generation of physicians.

Mission | Vision | Values

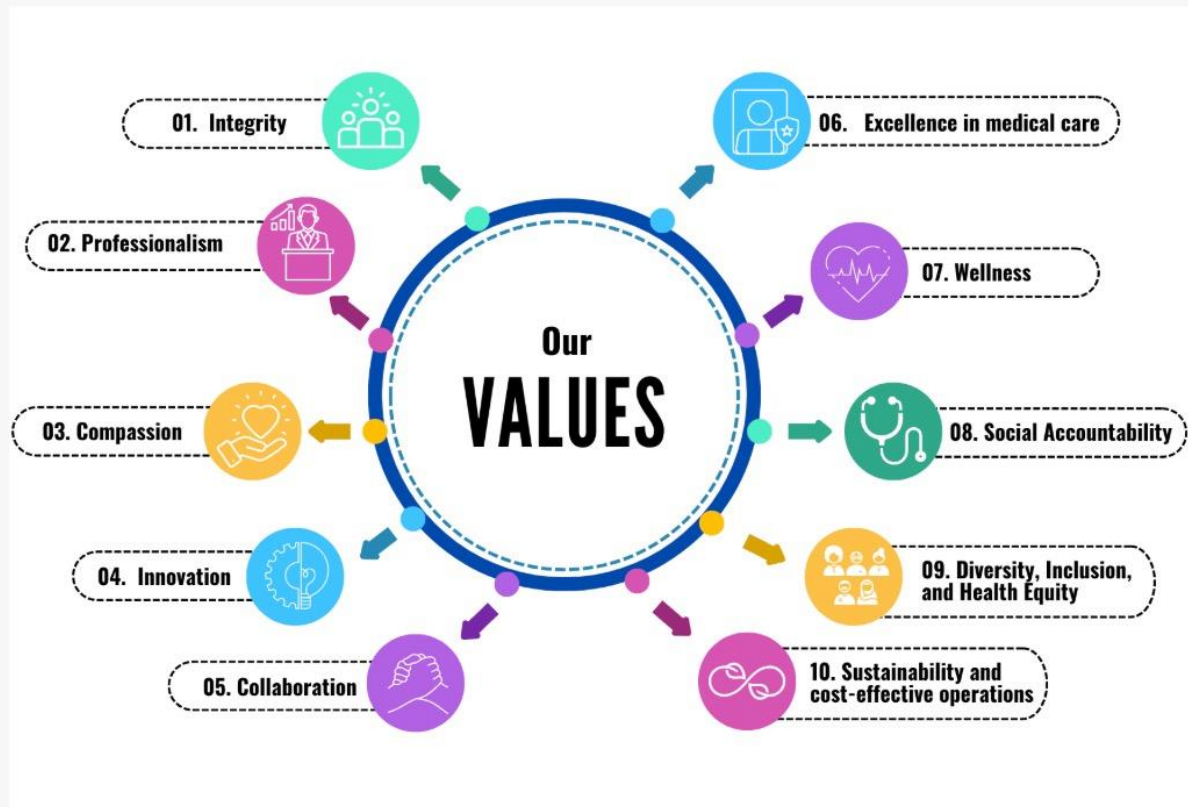
Our Mission

To advance the art and science of medicine through education, service, scholarship, social accountability, and wellness.

Our Vision

To prepare California's future physicians for the 21st century by leveraging innovation and emerging technologies.

The College of Medicine (COM) is committed to meet the nation's need for physicians with an emphasis on training in primary care with social accountability. CNUCOM is dedicated to educating students to become competent, patient-centered healthcare professionals. Education is provided using an innovative, integrated, clinical presentation based curriculum. The graduates of CNUCOM will have the knowledge and skills to perform as a physician and to work in a multi professional environment. The graduates will be well prepared to meet the health and medical challenges in the 21st century.



Understanding LCME Accreditation

What is the LCME?

- The Liaison Committee on Medical Education (LCME) is the accrediting body for medical schools in the United States and Canada. Its standards ensure consistent, high-quality education.

Why It Matters:

- Accreditation guarantees our graduates are prepared to enter residency programs and serve diverse patient populations.
- Compliance with LCME standards maintains our school's reputation and enables student eligibility for federal financial aid.

Your Role in LCME Compliance:

- Create a positive, inclusive learning environment that fosters growth.
- Provide thorough, timely evaluations of student performance.
- Align teaching and assessment with curriculum goals.

Overview of Clinical Education

Students participate in:

- Eight Core Clerkships:
 - Internal Medicine
 - Surgery
 - Pediatrics
 - Obstetrics and Gynecology
 - Psychiatry
 - Family Medicine
 - Neurology
 - Emergency Medicine
- Electives/Sub-Internships:
 - Opportunities for additional education in specialized fields.

Clerkship Syllabi

Each of our M3 clerkships have syllabi that include important information for each rotation. [Click here](#) to access our Clinical Preceptor website that has links to each syllabus.

Focus areas for each rotation are based on Association of American Medical Colleges (AAMC) foundational competencies:

- **Professionalism:** Demonstrates integrity, respect, and ethical reasoning, and promotes inclusion of differences in all interactions to improve health care for patients, communities, and populations.
- **Patient Care & Procedural Skills:** Demonstrates compassionate, effective, holistic, evidence-informed, and equitable patient-centered care.
- **Medical Knowledge:** Applies and integrates foundational knowledge to improve health care for patients and populations.
- **Practice Based Learning and Improvement:** Integrates feedback, evidence, and reflection to adapt behavior, foster improvement, and cultivate life-long learning.
- **Interpersonal and Communication Skills:** Effectively communicates and interacts with patients, caregivers, and the health care team to contribute to high-quality patient-centered care.
- **Systems Based Practice:** Applies knowledge of the larger context of health, including its social and structural determinants, and of systems and resources within and outside of health care, to optimize high quality care for patients, communities, and populations.

Key Teaching Expectations

Your Role as Clinical Faculty:

- Facilitate students' active involvement in patient care.
- Encourage critical thinking by discussing diagnoses, management plans, and evidence-based approaches.
- Use patient interactions as opportunities for teaching clinical skills, professionalism, and empathy.
- Direct Observation: Observe students performing histories and physicals to provide constructive feedback (for M3 Clerkship Students).

Incorporate Active Learning:

- Ask open-ended questions to encourage critical thinking: "What is the differential diagnosis?"
- Involve students in creating care plans, prioritizing tasks, and explaining treatments to patients.

Provide Constructive Feedback:

- Be specific: Highlight what the student did well and where they can improve.
- Example: "You presented the patient's case clearly, but let's focus on including all pertinent negatives in your history-taking next time."
- Deliver feedback promptly during or immediately after clinical interactions.
- Timely evaluation: Conduct a mid-clerkship evaluation to review progress and set goals (for M3 clerkship students).

Model Professionalism:

- Demonstrate respect, empathy, and teamwork in all interactions.
- Set an example for handling challenging situations with professionalism and poise.

Clinical Supervision

Appropriate Supervision: All medical students involved in patient care must be supervised by a faculty member or a licensed medical professional with the appropriate clinical privileges. This supervision can be direct or indirect, depending on the clinical situation, the student's experience, skill, and maturity, as well as the specific requirements of the rotation.

Scope of Practice: Supervision is limited to activities that are within the scope of practice of the supervising professionals. This includes ensuring that residents, fellows, and other licensed medical professionals like physician assistants and nurse practitioners, who often provide hands-on supervision, are themselves appropriately prepared to teach and oversee medical students.

Levels of Responsibility: Levels of responsibility can be assigned to students.

- **Observe:** Students observe tasks performed by more experienced clinicians.
- **Assist:** Students perform tasks or parts of tasks under direct supervision, specifically for skills or procedures.
- **Perform:** Students complete tasks under supervision, which can be direct or indirect, depending on their level of competence.

"Must See" Clinical Experiences

Each M3 Clerkship specialty includes a list of 5 to 8 "Must See" Clinical Experiences that students are expected to participate in and document. These experiences are designed to provide exposure to clinical scenarios unique to each specialty.

Although there may be some overlap between lists, students are encouraged to experience each specialty's distinct approach to the assessment and management of these clinical scenarios. The CNUCOM Clerkship Director for each specialty will monitor students to ensure they document all required experiences throughout the clerkship.

Surgery	Internal Medicine	Ob/Gyn	Family Medicine
Acute Abdomen /Abdominal Pain (perforated ulcer, acute cholecystitis)	Cardiac conditions (acute MI, chest pain, CHF, arrhythmias)	Obstetric/pregnancy condition (complicated pregnancies, Diabetes in pregnancy)	Cardiac conditions (chest pain, CHF, arrhythmias)
Common Benign Abdominal Pathology (biliary colic, diverticulosis, hernias)	Pulmonary condition (COPD, pneumonia, SOB, asthma)	Labor and delivery (normal, complicated)	Pulmonary condition (COPD, pneumonia, SOB, asthma)
Common Malignant Abdominal Pathology (colorectal,pancreas, stomach, liver)	GI condition (GI bleed, PUD, Nausea/vomiting, diarrhea, gall stones)	Normal gyn conditions (menstrual cycle, menopause, pap smears, mammos)	Neurological conditions (Headache, dizziness)
Trauma (gunshot wound, stab wound, motor vehicle accident)	Renal condition (HTN, kidney stone, pyelonephritis, retention, electrolytes)	Abnormal Gyn condition (vaginal discharge, abnormal pap, malignancy, STDs, breast pain/lump)	Renal/ GU conditions (HTN, kidney stone, dysuria, retention, electrolytes)
Elective Common Pathology (Breast disease, thoracic pathology or vascular pathology)	Heme/Oncology (malignancy, anemia, thrombocytopenia)	Reproductive issues (contraception, sexual dysfunction, infertility)	Musculoskeletal conditions (joint pain, injury, leg swelling)
Peri-operative Care of Patient Undergoing Anesthesia	Rheumatologic (SLE, arthritis, joint pain)		Endocrine condition (Diabetes, thyroid)
	Endocrine condition (Diabetes, thyroid)		Dermatologic condition (rashes, moles)

Emergency Medicine	Pediatrics	Psychiatry	Neurology
Surgical emergency (Appendicitis, acute abdomen)	Abdominal pain, Nausea /vomiting, Dehydration, Diarrhea, Electrolyte / acid base disorder	Affective Disorders (Depression, Bipolar)	Stroke/TIA
Medical emergency (poisoning, cardiac issues, sepsis, stroke, GI bleed)	Asthma (chronic cough/wheeze), Acute cough/wheeze, Allergies	Substance Use Disorders	Episodic disorder (headache seizure)
Trauma/injury (closed head injury, fractures, laceration)	ADHD/behavior or Development problem, Headache	Anxiety Disorders/PTSD/OCD	Coma/altered mental status (strongly recommended if possible)
OB emergency	Ear pain/URI, pharyngitis/URI, Skin disorder, Fever: infant < 3 mos; child > 3 mos	Personality Disorders	Neuro degenerative disease (dementia, movement disorder)
Pediatric emergency	Health Maintenance: Infant (0-12 mos) well child visit; Determine immunization needs, circumcision	Psychotic Disorders (Schizophrenia and related disorders)	Peripheral neurologic disease (neuropathy, neuromuscular disease)
Psychiatric emergency	Health Maintenance: toddler (1-4 yrs) well child visit; Prescription writing; anemia; child abuse and neglect		
	Health Maintenance: school-age (5-11 year) well child visit; Growth problem, growth curve, calculate/plot BMI		
	Health Maintenance: adolescent (12-18 yrs) well child visit; Substance abuse/HEADSSS assessment		

"Must Do" Procedures

Throughout the M3 clerkship year, students are expected to perform or assist with a range of procedures to help them develop their clinical skills. They are required to document participation in the following 24 procedures over the course of the year, ensuring exposure to key practices within each specialty's scope of practice:

- Abdominal ultrasound
- Airway management
- Arterial blood gas
- Basic life support
- Breast examination
- Cervix biopsy or surgical procedure
- Chest tube placement
- CPR/ET intubation
- Delivery of an infant
- EKG placement & interpretation
- Finger stick glucose
- Foley placement (male/female)
- Intramuscular (IM) injection
- Lumbar puncture
- Mammogram
- Nasogastric tube placement
- Pap smear
- Peripheral I.V. placement
- PPD placement
- Rectal exam
- Skin suturing
- Urine dipstick
- Venipuncture

This list spans all eight M3 clerkships. For example, a student might place an IV during their Internal Medicine, Emergency Medicine, Pediatrics, or other specialty rotations. It is their responsibility to document participation in all 24 procedures at least once throughout the M3 year.

Grading Policy

Clinical evaluations are a vital part of determining a student's clerkship or elective grade. Detailed and timely submissions ensure an accurate assessment of performance.

- Competency-based evaluation forms should be used.
- Evaluations should ideally be completed during the last few days of the rotation, while impressions are still fresh.
- All evaluations must be submitted within 3 weeks after the rotation ends to meet LCME-mandated timelines.
- Objective assessments of clinical knowledge, skills, and professionalism should be included.

Grading Scale

Our evaluation form includes questions rated on a 5-point scale. Below are guidelines to help faculty interpret and assign each score.

One to Five Scale

Scale	Grade	Offer a Job?	Import	Range	%
1	Fail	"No offer / Fire"	Fail	<2	
2	Poor	"I'm not sure about hiring this doc"	Remediate	<3	
3	Pass	"This would be a fine hire"	Pass	3-3.5	60%
4	High-Pass	"I'd hire this doc above others"	High-Pass	3.5-4.5	70%
5	Honors	"I'd pay a sign-on bonus to get this doc"	Honors	4.5-5	90%

Mid-Rotation Evaluations

Mid-Rotation Evaluation for M3 Clerkship Students (required)

At the midpoint of the clerkship, usually around 2–3 weeks after the start of a rotation, students are responsible for bringing a paper copy of the "Mid-Clerkship Evaluation" form to one of their preceptors.

If presented with this form, we encourage preceptors to take the time to sit with the student and review the questions together to provide honest and constructive feedback—referred to as "formative" opinions—on the student's performance.

This assessment is not part of the student's transcript, but used as a tool to identify and address any problem areas or deficits while there is still time to improve. The goal is to help the student achieve a stronger final evaluation or grade by the end of the clerkship. Constructive criticism is encouraged to support the student's growth.

Mid-Rotation Evaluation for M4 Students (recommended)

At the midpoint of the rotation, a one-on-one discussion with the student is encouraged. Provide honest and constructive "formative" feedback on their performance.

As with M3 students, this assessment is not part of the transcript and is intended to help the student identify areas for improvement while there is still time to address them. The goal is to enhance the final evaluation by providing actionable insights. Constructive criticism is welcomed to support the student's continued development.

Narrative Evaluations Part 1

Strengths and Areas for Improvement

Both M3 and M4 preceptors play a critical role in submitting narrative evaluations for students, and thoughtful entries are essential. The first part of the narrative includes a text field where detailed feedback—both positive and constructive—can be provided.

This feedback does not appear on the student's transcript but is available for students to review and learn from, making it an invaluable part of their education. Below are examples from real evaluations:

Strengths (direct comments):

- "Student demonstrated kindness and competence throughout her shifts. She showed consistent enthusiasm for learning and engaged with all types of patients. Her professionalism made her a pleasure to work with."
- "Student was quick to develop assessments and plans, showing good clinical judgment and follow-up. She was well-liked by both staff and patients."
- "Student's eagerness to learn stood out. She was an active and engaged participant during every shift."

Areas for improvement (constructive feedback):

- "Her differential diagnoses were solid but could benefit from further expansion as her experience grows."
- "Improving efficiency and time management will take her clinical skills to the next level."

Providing specific, actionable feedback—both strengths and areas for growth—is highly valued. Please be as thorough and descriptive as possible.

Narrative Evaluations Part 2

Summary for MSPE (Medical School Performance Evaluation)

The second narrative entry, known as the "Overall Comment," serves as a summary that often appears in the student's MSPE, which is submitted to residency programs and future employers. This summary should be well-written, balanced, and professional. While constructive feedback is valuable, this section should focus on a more polished and circumspect overview of the student's performance.

Example Summary:

- "Student performed admirably during her rotation in the Emergency Department. Preceptors noted her professionalism, calm demeanor, and eagerness to learn. She was consistently involved in patient care, demonstrating a solid foundation of medical knowledge and strong clinical skills. Her active engagement with patients and team members alike highlighted her dedication to learning and growth. Student shows great promise as she transitions to residency and will undoubtedly make an excellent physician."

Additional Notes:

- Narrative evaluations are carefully considered when assigning final grades. Strong narratives can influence decisions, especially when numeric scores and written evaluations differ.
- The final summary narrative is reviewed and may be edited by the Clerkship or M4 Director to ensure clarity, professionalism, and alignment with transcript standards. Constructive feedback should primarily reside in the "Strengths and Areas for Improvement" section, leaving the final summary focused on overall performance.
- Your thoughtful contributions to these narratives are critical for student development and success.

Duty Hours

Preceptors must adhere to our duty hour guidelines, which are similar to ACGME standards.

Work Hours:

- Maximum of 80 hours per week, including all in-house call or didactic activities (averaged over 4 weeks).
- 80 hours per week is a maximum limit, not a target.
- The typical goal for most clerkships is around 40 hours per week.

Rest Periods:

- A minimum rest period of 10 hours between shifts.

In-House Call:

- In-house call no more than once every four nights (averaged over four weeks).
- A 24-hour limit on continuous duty when taking overnight call.
- Up to 4 additional hours may be allowed if needed for continuity of care (e.g., sign-outs).

Time Off:

- One day in seven should be free from patient care or educational obligations (averaged over 4 weeks).

Students must be allowed to attend certain CNUCOM functions, including:

- One half-day didactic session weekly for M3 clerkship students (the specific day depends on the clerkship).
- Other events, such as interviews, certain tests, conferences, or committee meetings.
- These events must be approved in advance by the Clerkship Director or M4 Director.

Attendance | Absences | Schedule Changes

Students are allowed:

- One excused absence per 4 weeks.

Students are responsible for:

- Notifying the Preceptor and Clerkship Director before or, at the latest, on the day of the absence.
- Delivering the completed [Absence Form](#) to the Clerkship Director.
- Any missed days beyond one day per 4 weeks must be made up by working extra shifts on days off or during the student's upcoming flex time.

Schedule changes:

- If a student requests a change and the modification is simple to implement, feel free to make the change. However, please note that you are not obligated to accommodate schedule changes and changes should not be last-minute modifications unless absolutely necessary. Students are instructed to make every effort to fit into your schedule.
- If a student misses a scheduled shift without prior notice, please notify us by email. However, it is the student's responsibility to submit the appropriate absence report paperwork to the Clerkship Director.

Needlestick or Similar Exposure Injuries

In the event a student sustains an injury while on duty, please follow these steps to ensure proper care and reporting:

Seek immediate medical attention:

- Direct the student to seek medical attention.
- For needlestick injuries, the student should go to the emergency department or urgent care for evaluation and treatment.
- Preceptors should not attempt to manage or treat the injury themselves.

Notify clerkship leadership:

- Once the student has been referred for care, please promptly notify the relevant Clerkship Director to ensure appropriate follow-up and documentation.

- M3 Director:

Dr. Theodore Hoehn
theodore.hoehn@cnsu.edu
(916) 718-9045

- M4 Co-Director:

Dr. Leonard Ranasinghe
leonard.ranasinghe@cnsu.edu
(916) 496-5072

- M4 Co-Director:

Dr. Marketa Leisure
marketa.leisure@cnsu.edu
(434) 242-2511

Following this protocol helps ensure that students receive timely and appropriate medical care while maintaining institutional oversight and support.

Compliance | Zero Tolerance

Compliance Essentials

HIPAA: Maintain patient confidentiality in all teaching interactions. Ensure that no identifiable patient information is included in student presentations or discussions. [Click here](#) if you would like to learn more about HIPAA.

FERPA: Protect the confidentiality of student educational records, including evaluations and feedback. [Click here](#) if you would like to learn more about FERPA.

Preceptors should not provide medical treatment to the students they supervise. Additionally, supervising a student with whom there is a prior physician-patient relationship is prohibited.

Zero Tolerance Policy

CNUCOM has a [zero tolerance](#) policy regarding:

- Abusive behavior from preceptors or students.
- Mistreatment of students or patients.
- Discrimination based on race, ethnicity, religion, or gender.

For more information, please refer to the [AAMC website](#) on harassment.

Reporting Student Concerns

When to Report:

- Concerns about student professionalism or academic performance.
- Instances of mistreatment or harassment involving students.
- Patient safety issues during student involvement in clinical care.

How to Report:

- Escalate concerns to the Clerkship Director, the M3 Director, the M4 Director, or Student Affairs Office.

Why Reporting is Important:

- Helps address issues early and supports the student's development.
- Ensures a safe learning and clinical environment for all.

Knowledge Review

1. Preceptors must finish student evaluations: *

- Within three weeks after the end of a rotation
- Within three months after the end of a rotation

2. True or False -- All students involved in patient care must be supervised by a faculty member or a licensed medical professional with the appropriate clinical privileges, which can be direct or indirect, depending on the clinical situation, the student's experience, skill, and maturity, as well as the specific requirements of the rotation. *

- True
- False

3. How much tolerance is there for abuse, harassment, or discrimination? *

- Zero
- "Three strikes and you're out"

4. Student hours shall not exceed: *

- 80 hours per week (based on a 4 week average)
- 80 hours per week, unless a student asks for work more than that

5. Shifts or hours missed due to illness or excused absences: *

- Must be made up, if there is more than 1 absence in a 4 week rotation
- Will be excused if the excuse is legitimate

Attestation

- By checking this checkbox, I acknowledge that I have reviewed and understand the policies, guidelines, and expectations outlined for supervising and educating CNUCOM medical students.

I commit to upholding the standards of excellence in medical education, ensuring patient safety, and maintaining a supportive and professional learning environment.

I am prepared to implement the practices outlined in my interactions with CNUCOM medical students. *