



Pediatrics
Clerkship Handbook
2025-2026

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Introduction

Welcome to the Pediatrics Clerkship! During this core rotation, third-year medical students will gain foundational knowledge and hands-on experience in the care of infants, children, and adolescents. This clerkship offers a unique opportunity to develop clinical skills in communication, physical examination, and diagnostic reasoning within the context of pediatric health and development. Through inpatient, outpatient, and newborn care experiences, students will learn to approach illness with an understanding of the dynamic physiological and psychosocial changes that occur throughout childhood. Our goal is to help you build confidence and competence in providing compassionate, family-centered care to our youngest patients.

Clerkship Goals and Learning Objectives

The primary goal of the Pediatrics Clerkship is to equip third-year medical students with the foundational knowledge, clinical skills, and professional attitudes essential for the care of infants, children, and adolescents. A complementary goal is to foster the development of independent learning habits that support life-long professional growth and adaptability in an evolving healthcare environment.

During this rotation, students are expected to achieve the following ten key objectives:

1. Understand Growth and Development

Acquire basic knowledge of physical, physiological, and psychosocial development from birth through adolescence and apply this understanding in clinical contexts.

Upon completion of the clerkship, students will be able to:

- Demonstrate an understanding of core biomedical, clinical, epidemiological, and social-behavioral knowledge required to care for pediatric patients.
- Interpret common diagnostic tests and procedures relevant to pediatric care.
- Describe the immunization schedule from birth through adolescence, identify gaps in vaccination, and provide appropriate counseling.
- Explain the indications, techniques, risks, and interpretations of common pediatric procedures.

2. Enhance Communication Skills

Develop effective communication strategies for engaging with pediatric patients and their families, including age-appropriate interactions and shared decision-making.

3. Perform Pediatric Physical Exams

Demonstrate competence and confidence in conducting physical examinations of infants, children, and adolescents.

4. Diagnose and Manage Common Pediatric Conditions

Acquire knowledge necessary for the recognition and initial management of common acute and chronic pediatric illnesses.

5. Strengthen Clinical Reasoning

Apply clinical problem-solving skills in the evaluation and care of pediatric patients, reinforcing habits essential for life-long learning and medical decision-making.

6. Appreciate Psychosocial Influences on Health

Understand the impact of family, community, culture, and social determinants on the health and well-being of children.

7. Promote Preventive Care and Health Supervision

Develop an approach to pediatric health supervision that emphasizes disease prevention, health promotion, and injury prevention across developmental stages.

8. Exhibit Professionalism

Model professional behaviors and attitudes appropriate for clinical practice, including responsibility, respect, empathy, and integrity.

9. Understand Pediatric-Specific Care Models

Gain insight into the unique approaches pediatricians take in the care of children and adolescents, including family-centered care and multidisciplinary collaboration.

10. Contribute to the Health Care Team

Recognize the mission of the healthcare team and the physician's role within it, contributing meaningfully to interprofessional collaboration and patient-centered care.

Educational Program Objectives (EPOs) & Course Learning Objectives (CLOs)

The clerkship curriculum is structured around the six ACGME Core Competencies, ensuring alignment with nationally recognized standards for medical education. These competencies are mapped to the **Educational Program Objectives (EPOs)**, as illustrated in the table below. Student performance in each competency area is assessed through the students' final evaluation. Additionally, the **Course Learning Objectives (CLOs)** are aligned with the EPOs, providing a framework for instructional goals and evaluation criteria, as shown in the second table.

General Competency	Educational Program Objectives
PC1: Patient Care	PC1: Clinical History Taking PC2: Patient Examination PC3: Medical Notes PC4: Oral Presentations PC5: Medical Skills PC6: Patient Care Teams PC7: Patient Management PC8: Cost Effective Comparison in Treatment
MSK2: Medical and Scientific Knowledge	MSK1: Knowledge of Medical Practices MSK2: Problem Solving & Diagnosis MSK3: Medical Treatment MSK4: Life-Long Learning MSK5: Research or Knowledge Expansion
C3: Communication and Interpersonal Skills	C1: Communication Medical Team C2: Communication with Patient, Family and Community
P4: Professionalism	P1: Ethical Behavior P2: Ethical Responsibility P3: Ethical Principles and Boundaries P4: Professional Relationships
HC5: Health Care Systems	HC1: Healthcare Delivery Systems HC2: Delivery Systems Improvement
RP6: Reflective Practice and Personal Development	RP1: Personal Assessment RP2: Time Management RP3: Stress/Wellness Management RP4: Conflict Resolution

Clerkship Learning Objectives (CLO)	Narrative	EPO	Assessment*
CLO-1	DIAGNOSTIC DECISION MAKING Demonstrate knowledge of common medical problems in Pediatrics and key factors to consider in patient history, physical examination, and diagnostic tests. Gather patient related histories and physical examination findings and apply knowledge of scientifically established standards to develop diagnoses and differential diagnoses of acute and chronic system-based conditions encountered in Pediatrics, with sensitivity to differing cultures and backgrounds.	PC1- PC8 MSK1- MSK5	1,2,4,5
CLO-2	HISTORY TAKING, PHYSICAL EXAMINATION, AND CASE PRESENTATION Demonstrate an ability to obtain a patient's history, perform physical examination, prepare legible, comprehensive, and focused patient workups, and orally present them in logical, organized, and succinct manner.	PC1- PC8 MSK1- MSK5 C1-C2 P1-P4	1, 2, 4, 5, 6
CLO-3	MEDICAL MANAGEMENT Demonstrate knowledge of evidence-based management and treatment options for common conditions and diseases encountered in Pediatrics, with understanding and sensitivity to cultural and personal differences, based on gathered clinical information and laboratory data.	PC1- PC8 MSK1- MSK5	1, 2, 4, 5, 6
CLO-4	COMMUNICATION WITH PATIENTS AND COLLEAGUES Demonstrate appropriate listening skills and effective verbal and non-verbal techniques to communicate with patients and colleagues and ongoing commitment to self-directed learning regarding effective doctor-patient communication skills. Demonstrate the ability to communicate organized presentations and encounters both orally and in writing that include the unique clinical information appropriate to Pediatrics, with all members of the healthcare professions, patients, families, from a broad range of cultures and backgrounds.	C1-C2 P1-P4 RP1- RP4	1, 4, 5
CLO-5	PREVENTION Demonstrate knowledge of primary, secondary, and tertiary prevention and address preventive health care issues as a routine part of the assessment of patients.	PC1- PC8 MSK1- MSK5 C1-C2 P1-P4	1, 2, 4, 5
CLO-6	FOUNDATIONAL KNOWLEDGE Demonstrate knowledge of the basic sciences and pathophysiologic principles behind the manifestations of the disease conditions.	MSK1- MSK5	1, 2, 5

*** Assessment options:**

1. Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Masters Colloquium, Clinical Case Based Learning (SDL) and Medical Skills courses.
2. Faculty and resident direct observation and evaluations during clinical clerkships.
3. Patient case logs.
4. Objective Structured Clinical Exam (OSCE).
5. Medical Skills: Standardized patient, simulation exercises
6. USMLE Step 1 and 2 Exam

The Preceptor Evaluation of Student Performance form, detailed in the M3 General Handbook including all 10 questions and grading rubrics, 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	Primary CLO(s)	Secondary CLO(s)
Q1. History & PE	CLO-2	CLO-1, CLO-4
Q2. Differential Dx	CLO-1	CLO-6
Q3. Management Plan	CLO-3	CLO-1, CLO-6
Q4. Documentation	CLO-2	CLO-4
Q5. Oral Presentation	CLO-2	CLO-4
Q6. Evidence-Based Practice	CLO-6	CLO-1, CLO-3
Q7. Interprofessional Teamwork	CLO-4	CLO-2
Q8. Patient/Family Communication	CLO-4	CLO-3, CLO-5
Q9. Clinical Procedures	CLO-3	CLO-4
Q10. Systems/Safety	CLO-3	CLO-4, CLO-5

Clerkship Educational Activities

Pediatric didactics

Sessions are held virtually on Mondays from 5:15 to 7:45 PM. Students will receive a Microsoft Teams or Zoom invitation in advance. The schedule may be adjusted to accommodate campus holidays and other changes.

Ambulatory (Outpatient) Pediatrics

The outpatient component of the rotation centers on general pediatric care. You will spend most of your clinical time in an outpatient office, gaining exposure to a wide range of patient encounters. These will include routine health maintenance visits, acute care for patients ranging from newborns to adolescents, and follow-ups for both acute and chronic conditions. The emphasis will be on caring for general pediatric patients. On the first day of your rotation, you are expected to report to your assigned outpatient office by 9:00 a.m. Afterward, you should arrive at the start time designated by your clinical site preceptor.

Experienced staff physicians who are dedicated to medical education will serve as your preceptors. They will closely supervise your clinical activities to help you refine your pediatric data collection skills and deepen your medical knowledge. Preceptors are committed to maximizing your learning during each clinic session.

You are expected to collect and document clinical data using the SOAP format (Subjective, Objective, Assessment, Plan). This practice will enhance your clinical reasoning and communication skills.

As a medical specialty, pediatrics demands both a broad and deep knowledge base. Pediatric patients present unique challenges due to the wide range of ages and developmental stages, requiring an individualized and adaptable approach to each encounter. Gathering clinical information from children is a distinct skill that often calls for both mental agility and physical creativity.

Many of our clinical rotation sites utilize electronic medical record (EMR) systems. These may include federally compliant platforms featuring tools like “smart files” or “smart lists.” While these tools can aid documentation, students must also understand the clinical reasoning behind each element of the exam and the importance of accurate, purposeful documentation.

Expectations for Outpatient Pediatrics

1. **Clarify Expectations:** At the start of your rotation, discuss your preceptor’s specific expectations for your role and responsibilities in clinic.
2. **Clinical Encounters:** Perform history and physical exams (H&Ps) on assigned patients and document your findings in the electronic medical record (EMR).

3. **Clinical Reasoning & Communication:** Focus on accurate data collection, effective organization and prioritization of clinical information, and clear communication in both oral presentations and written notes.
4. **Seek Feedback:** Proactively request feedback from your preceptor at the end of each clinic day to support your growth and development.
5. **Pocket Card Sign-Offs:** Ensure your preceptor signs off on completed diagnoses and procedures listed on your Pocket Card as they are encountered.
6. **Mid-Rotation Evaluation:** Request a mid-clerkship evaluation from your preceptor, have them complete and sign the form, and submit it via Canvas by the end of **Week 3** of your rotation.

Inpatient Pediatrics

Inpatient pediatrics operates 24/7, including evenings, weekends, and holidays. This rotation will introduce you to key aspects of managing hospitalized pediatric patients. This experience will strengthen your clinical skills, particularly in history taking, documentation, and presenting patients effectively during rounds.

Hospital-based pediatric care often involves multidisciplinary teams and close coordination with families. As part of the care team, you will participate in the work-up and monitoring of your patients. Always consult with your Attending before sharing results with patients, family members, or caregivers.

Expectations for Inpatient Pediatrics

1. **Daily Workflow:** Follow the daily routine and responsibilities as directed by your Attending physician.
2. **Clinical Documentation:** Perform and document admission history and physicals (H&Ps), conduct daily exams, and write progress notes for the patients you are assigned.
3. **Pre-Round Preparation:** Gather and review lab results, imaging, and consultant notes in preparation for rounds. You are expected to present your patients clearly, concisely, and be ready to respond to questions during rounds.
4. **Active Involvement:** Remain engaged in your patients' care, including specialty consults and procedures. Confirm with your Attending if you may observe or accompany your patient during procedures.
5. **Orders and Discharge Planning:** Learn the components of hospital admission orders and discharge planning, and understand their role in safe transitions of care.
6. **Documentation of Experience:** Ask your preceptor to sign off on relevant diagnoses and procedures on your Pocket Card as they are completed.

On-Call Responsibilities

- One "long call" evening, where your workday could be extended until 7:00 p.m.
- One full weekend day of hospital duty.

You will coordinate and schedule these responsibilities in advance with your Attending. Please note that your total clinical hours must not exceed **80 hours per week**, in compliance with duty hour regulations.

Nursery Rounds

With the exception of the Kaiser and AHMC locations, students may participate in Nursery rounds at Sutter Hospital if this is included in the schedule arranged by their preceptor. Please confirm with your preceptor whether Nursery rounds are part of your assigned rotation.

Circumcision Observations

If you are interested in observing a circumcision, the following physicians welcome student observers:

- Dr. Philip Traquair – during office hours – to be arranged with *American River Pediatrics*
- Dr. Daniel McCrimons – Saturdays at *East Sacramento Pediatric Medical Group*
- Dr. Angelo Nazareno – *Timberlake Pediatrics*

Important Note: Circumcision schedules may vary, and occasionally patients do not arrive for their appointments. To increase the likelihood of observing a procedure, consider attending on a day when multiple circumcisions are scheduled.

To minimize disruptions to clinic staff, please coordinate with your peers and share known circumcision schedules among yourselves rather than calling the offices directly.

NBME Shelf Exam

Shelf Exam Preparation

To prepare for the Pediatrics Shelf exam, students most commonly use *PreTest: Pediatrics* and *Case Files: Pediatrics* as primary review resources. Additional helpful texts include *First Aid for Pediatrics*, *NMS Pediatrics*, *Blueprints: Pediatrics*, and question banks such as USMLE World (UWorld) or Kaplan QBank. Most successful students complete at least two comprehensive board review activities—typically a combination of a question-based resource like PreTest and a QBank—to solidify their knowledge and clinical reasoning skills.

Exam Details

The NBME Pediatrics Shelf Exam is administered on the last Friday of the clerkship. Exam details, including the location and login instructions, will be emailed to you by the Wednesday or Thursday before the exam.

The exam consists of approximately 110 multiple-choice questions, to be completed in 2 hours and 45 minutes. It is administered on your personal laptop and proctored by the Clerkship Coordinator team. Only your student ID may be brought into the exam room; all other items must be left outside.

Failure and Remediation

If you do not pass the Shelf exam, you will have one opportunity to retake it within three weeks. Failure to pass the retake will result in a “Y” grade, and your case will be reviewed by the Student Promotions Committee for a remediation plan, as outlined in CNUCOM’s progression policy.

Clerkship Assessment Components

The following elements are required to successfully complete the Pediatrics Clerkship:

- NBME Pediatrics Shelf Examination
- Clinical Preceptor Evaluations
- Didactic Participation and Attendance
- History & Physical Note
- Case Presentation
- Professionalism
- “Must See” List & Patient Encounter Log

All assignments must be submitted no later than one week following the NBME Shelf Exam. Late submissions will be subject to a reduction in credit.

History and Physical (H&P) Notes

You are expected to submit two complete H&P write-ups, one every other week for the first four weeks of the rotation. These should be based on patients you personally evaluated during the rotation. The purpose of this activity is to provide you with individualized feedback on your documentation skills.

- All H&Ps must be de-identified and uploaded to the appropriate Canvas site.
- Do not email patient notes to the Clerkship Director.
- Timely completion and submission of both H&Ps is required to pass the course.

Pediatric History and Physical Template

Patient Initials: _____

Student Name: _____

Date: _____

CHIEF COMPLAINT

A phrase, best using the patient's "own words."

HISTORY OF PRESENT ILLNESS

This patient is a ____-year-old ____ [race] ____ [male/female] presenting with a complaint of _____ for the past _____.

This is where you tell the patient's story. Be sure to include all the HPI elements you elicited from the patient.

Mnemonic: OLD CARTS – Onset, Location, Duration, Character, Aggravating/Relieving Factors, Related Symptoms, Timing, Severity

PAST MEDICAL HISTORY

Medical illnesses (including psychiatric): _____

Include diseases common in this age group that were screened but negative.

Childhood Illnesses: _____

PAST SURGICAL HISTORY

[Any inpatient or outpatient surgical procedures]

BIRTH HISTORY

Born to a ____-year-old G ____ P ____ Ab ____ L ____ woman at ____ weeks gestation.

Delivered by [NSVD / C-section]; discharged after ____ days in Nursery.

DEVELOPMENTAL HISTORY

PREVENTIVE HEALTH

[Immunizations, screenings as appropriate]

MEDICATIONS

Name | Dosage | Frequency | Indication

ALLERGIES

[List allergies and reactions – meds, foods, environmental]

FAMILY HISTORY

[Parents, siblings, grandparents: conditions like HTN, DM, stroke, cancer, etc.]

SOCIAL HISTORY

Living situation, school, caregivers

EtOH / Tobacco / Drug use

Diet, Exercise, Travel, Sick Contacts, Pets, Hobbies

REVIEW OF SYSTEMS

Constitutional | HEENT | Respiratory | Cardiac | GI | GU | MSK | Skin | Endocrine | Neuro | Psych

PHYSICAL EXAMINATION

Vital Signs: Temp: ____ Pulse: ____ RR: ____ BP: ____ (arm/position) O2 Sat: ____ on ____

Height: ____ Weight: ____ BMI: ____

General Appearance: HEENT: Respiratory: Cardiac: Abdomen: GU: MSK: Skin: Neuro: Lymph:

[Describe any + or – findings relevant to the patient's complaints]

LABS / STUDIES REVIEWED

[List labs/imaging reviewed. Do not list labs you ordered as part of your plan as those are list below under PLAN]

MEDICAL DECISION MAKING & DIFFERENTIAL DIAGNOSIS

List primary diagnosis and support with history/PE findings. If applicable, list and justify differentials.

Diagnoses:

- Primary working diagnosis

- Secondary diagnosis *(not differential diagnoses)*

MANAGEMENT PLAN

[Include planned diagnostics, immediate treatments, patient education, and follow-up.]

[List these in a bullet point manner, of action steps you will take]

1. xxx

2. xxx

Case Presentation

As part of your Pediatric Clerkship, you will deliver a brief case presentation on a patient you encountered during your rotation. Choose a case that you found particularly interesting, perhaps due to a unique presentation, an unexpected diagnosis, or a valuable learning point. The goal of this exercise is to help you build your clinical reasoning and presentation skills, which are essential for residency and beyond.

Your presentation should be delivered using PowerPoint slides and last approximately 8 minutes, followed by a short Q&A session. Use slides to highlight key information but avoid reading directly from them. You may include de-identified images or lab results if they are relevant to the case. All patient information must be compliant with HIPAA guidelines and fully de-identified.

EXAMPLE

I. The Case

a. **One-liner summary**

Example: "A 4-year-old male presents to the ED with nasal pain."

b. **Key symptoms and presentation**

Example: Difficulty breathing, visible mass in nostril

c. **Review of Systems (ROS)** – Include relevant positives/negatives

d. **Physical Exam Findings**

e. **Labs and Imaging Results**

f. **Differential Diagnosis**

Note: Emphasize the pertinent positives and negatives in sections C, D and E.

II. The Diagnosis

a. **Background** – Brief overview of the condition, epidemiology, pathophysiology

b. **Clinical Features** – Signs, symptoms, and risk factors

c. **Management and Treatment** – Diagnostics, interventions, follow-up

d. **Conclusion** – Clinical takeaway or learning point from the case

Required Clinical Experiences (“Must See Cases”)

Must See Cases: Students must maintain a log of specific diagnoses encountered during the clerkship, ensuring that a minimum of two conditions are documented from each diagnostic category via MedHub. These should also be uploaded to Assignments on Canvas.

Patient Encounter Log: Record the age, sex, and diagnosis of every patient you see during the clerkship via MedHub.

Required Clinical Experiences (“Must See Cases”)

Experience	Level of Participation
Abdominal pain, Nausea/vomiting, Dehydration, Diarrhea, Electrolyte or acid-base disorder	Evaluate or Assist
Asthma (chronic cough/wheeze), Acute cough/wheeze, Dyspnea/respiratory distress, Allergies	Evaluate or Assist
ADHD/behavior or developmental problem, Headache	Evaluate or Assist
Ear pain/URI, pharyngitis/URI, Skin disorder, Fever (infant < 3 mos; child > 3 mos), Joint/limb pain/injury	Evaluate or Assist
Health Maintenance: Infant (0–12 mos) well child visit; determine immunization needs, provide immunization, circumcision	Evaluate or Assist
Health Maintenance: Toddler (1–4 yrs) well child visit; prescription writing, anemia, child abuse and neglect	Evaluate or Assist
Health Maintenance: School-age (5–11 yrs) well child visit; growth problems, plot growth curve, calculate/plot BMI	Evaluate or Assist
Health Maintenance: Adolescent (12–18 yrs) well child visit; substance use/HEADSSS assessment, GU assessment	Evaluate or Assist

Recommended Pediatric Resources

To support your clinical learning and exam preparation during the Pediatrics Clerkship, the following textbooks and review materials are recommended. These resources are widely used across medical institutions and provide a strong foundation in pediatric medicine.

Core Textbooks

These references are recommended for comprehensive understanding and clinical context:

- Berkowitz's Pediatrics: A Primary Care Approach, 4th ed. American Academy of Pediatrics, 2011.
- Bright Futures Guidelines: Pocket Guide, 3rd ed. American Academy of Pediatrics, 2008.
- Current Diagnosis and Treatment: Pediatrics, 22nd ed. Hay WW et al. McGraw-Hill Education, 2014.
- The Harriet Lane Handbook, 20th ed. Engorn B, Flerlage J (Eds.). Elsevier, 2014.
- Nelson Textbook of Pediatrics, 20th ed. Kliegman RM et al. Elsevier, 2015.
- NMS Pediatrics, Dworkin PH.
- Pediatrics for Medical Students, 3rd ed. Bernstein D, Shelov SP, 2012.
- Red Book: Report of the Committee on Infectious Diseases. American Academy of Pediatrics.
- Smith's Recognizable Patterns of Human Malformation, 7th ed. Jones KL.
- Zitelli's Atlas of Pediatric Physical Diagnosis, 6th ed. Zitelli BJ, McIntire SC.
- UpToDate
- [IABLE's 7.5-hour basic breastfeeding online training](#)

Recommended Review Books

These are helpful for targeted review and shelf exam preparation:

- BRS Pediatrics – Brown EG, Miller DA
- Case Files: Pediatrics – Toy EC et al.
- First Aid for the Pediatrics Clerkship – Stead LG, Kaufman N, Waseem M
- Pediatrics PreTest Self-Assessment and Review – Yetman RJ, Hormann MJ

Summary of Core Clerkship Policies and Expectations

All third-year medical students are expected to follow the policies outlined in the **M3 Clerkship General Handbook**. This guide establishes consistent standards across all core clerkships, supporting a professional, equitable, and safe learning environment. Below is a high-level summary of key policies. Students are responsible for reviewing the full handbook for details. For full policy details, grading rubrics, and institutional resources, please refer to the M3 Clerkship General Handbook.

Professionalism Expectations

Students must demonstrate integrity, accountability, respect, and ethical behavior at all times. Professional lapses—such as tardiness, dishonesty, or unprofessional conduct—may result in grade penalties, formal remediation, or referral to the Student Promotions Committee.

Patient Confidentiality & HIPAA Compliance

Students must strictly protect patient privacy. This includes not accessing unauthorized records, avoiding discussions in public areas, and never storing PHI on personal devices. Violations may result in disciplinary action or dismissal from clinical duties.

Preceptor Responsibilities

Preceptors are responsible for daily supervision, direct observation, clinical teaching, and timely feedback. They must complete mid-clerkship and final evaluations (including narrative comments on strengths and areas for growth) within three weeks of the rotation's end. Narrative comments may support grade adjustments in borderline cases. Preceptors may not medically treat students under their supervision. Best practices include encouraging independent patient encounters, assigning focused tasks, and using brief debriefings and readings to enhance learning.

Clerkship Clinical Supervision

All patient care activities must occur under the supervision of licensed professionals. Students are expected to work within their level of training and seek guidance when needed. Preceptors are responsible for real-time oversight and feedback.

Formative Feedback and Mid-Clerkship Evaluations

Students are expected to seek and respond to regular feedback throughout the rotation. Preceptors will provide ongoing feedback on clinical skills, professionalism, and communication. A formal mid-clerkship evaluation is required to assess progress and set goals for improvement. Feedback plays a critical role in student development and contributes to the final evaluation.

Attendance and Absences

Full attendance and punctual arrival is expected. Excused absences may be granted for illness, emergencies, or approved events, with advance notice and documentation. Excessive or unexcused absences must be made up and may impact your professionalism evaluation.

Clinical Rotation Duty Hours

Students must not exceed **80 hours per week** of clinical duties (averaged over four weeks). Students must have **10 hours off between shifts, 1 full day off per 7-day week**, and are limited in the frequency of overnight call. These guidelines protect wellness and patient safety.

Immunization and Screening Requirements

Students must maintain up-to-date immunizations, including annual TB testing and a tetanus-diphtheria booster every 10 years. Site-specific immunizations may also be required. All documentation must be complete at least one month before third- and fourth-year clinical coursework. Incomplete records may delay rotations or graduation. A background check and drug screening are required before clinical work; random or for-cause screenings may occur throughout enrollment.

Workplace Injuries & Needlestick Protocols

Students must report all workplace exposures immediately, follow proper first-aid procedures, and seek medical care at designated facilities. CNUCOM students are covered under **Workers' Compensation** for clinical-related injuries.

Mistreatment and Harassment

Any behavior that undermines student dignity or creates a hostile learning environment is strictly prohibited. This includes verbal abuse, discrimination, or exclusion. Concerns can be reported confidentially to the Clerkship Director, Clinical Education, or Student Affairs.

Clerkship Grading

Final clerkship grades are based on a combination of:

- **NBME Shelf Exam performance** (nationally standardized exam)
- **Clinical evaluations** by preceptors and Clerkship Directors
- **Didactic participation and assignments** Grades may be adjusted based on clinical performance and professionalism. A "Y" grade may be issued for incomplete or remediated components.

Preceptor Evaluation of Student Performance Form

Preceptors must complete student evaluations within three weeks post-rotation using a standardized rubric across ten domains (e.g., history-taking, clinical reasoning, communication, professionalism). Ratings range from "Fail" to "Honors," with "Insufficient Contact" as an option when applicable. Be sure to review the actual questions in the **M3 Clerkship General Handbook**.

Student Evaluation of Clinical Experiences

At the end of each clerkship, students must complete evaluations of their preceptor, clinical site, and overall rotation. These evaluations are submitted through a secure online system and are reviewed only after a threshold is met to ensure anonymity. Honest, constructive feedback is essential for improving the quality of clinical education.

For full policy details, grading rubrics, and access to institutional support, please consult the M3 Clerkship General Handbook.