



# **Obstetrics and Gynecology Clerkship Handbook 2025-2026**

# Clerkship Faculty and Staff



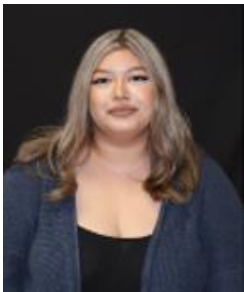
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# Introduction

OB/Gyn is a unique and varied specialty with lessons to teach all medical students, regardless of planned future specialty. 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. The specialty intersects with ethical and legal issues directly, where beliefs translate into actions—sometimes in emergent situations where there is little time to ponder. We consult with and work alongside nearly all specialties.

The entire range of human emotions is experienced during an OB/Gyn clerkship, from the awe-inspiring experience of welcoming a new human being into the world to the grief and sorrow of the loss of a desired pregnancy or a cancer diagnosis. We are proactive in providing contraceptive options that can literally change an individual's life trajectory. We identify teratogens and intervene to prevent harm to a person who is not yet conceived. We identify precancer, remove it, and prevent cervical cancer. We vaccinate individuals so the precancer never occurs.

Since things can go from routine to urgent literally in seconds, we are great team players. We recognize human factors in patient safety and use effective communication tools in emergency settings. We provide care and reassurance about topics that are literally the most personal ones anyone can imagine. We help individuals escape Intimate Partner Violence.

We mostly care for normal, healthy people going about their lives. We follow them over decades and watch their families grow and their priorities change. It is truly a privilege to experience everything an OB/Gyn clerkship offers, an experience you will never forget.

# Clerkship Goals

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

## 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

<b>Clerkship Learning Objectives (CLO)</b>	<b>Narrative</b>	<b>EPO</b>	<b>Assessment</b>
<b>CLO-1</b>	Demonstrate an adequate fund of foundational knowledge in the application of relevant basic science principles and concepts to the surgical and medical problems encountered in the field of OBGYN.	MSK 1-5, PC-7	NBME OBGYN Shelf and Preceptor and CD evaluations
<b>CLO-2</b>	Demonstrate skill in obtaining a focused and complaint-directed medical history and physical examination in the OBGYN setting and communicate both orally and in writing clear and concise presentations. Demonstrate the ability to interact with all levels of OBGYN staff and consultants as a team member.	PC 1-7, C 1&2, HC 1	Preceptor and CD evaluations
<b>CLO-3</b>	Identify relevant clinical historical and physical findings, understand the appropriate use of diagnostic studies and formulate reasonable and logical differential diagnoses for common complaints encountered in OBGYN	PC 1,2,5,7 MSK 1-3	NBME OBGYN Shelf and Preceptor and CD evaluations
<b>CLO-4</b>	Demonstrate an understanding of the effective use of medical resources. Develop the ability to interpret commonly ordered diagnostic studies, such as laboratory tests, EFM tracings and ultrasound. Effectively use available technology and educational resources to manage patients efficiently in the surveillance and prevention of disease.	PC 5,7,8 MSK 1-4	NBME OBGYN Shelf and Preceptor and CD evaluations
<b>CLO-5</b>	Demonstrate understanding of the principles of the treatment of disease, including treatment to stabilize unstable patients, and the rationale to assess and reassess in the monitoring of patients' progress.	PC 1,2,5,7 RP 2	NBME OBGYN Shelf and Preceptor and CD evaluations
<b>CLO-6</b>	Demonstrate professionalism during interactions with all OBGYN staff and consultants. As an active team member, participate in all aspects of patient care, and demonstrate professional, respectful, and effective patient centered communication with an understanding of the role of Human Factors in patient safety.	P 1-4, HC 1,2 RP 1,3,4	Preceptor and CD evaluations

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.

<b>Evaluation Question</b>	<b>Primary CLO(s)</b>	<b>Secondary CLO(s)</b>
Q1. History & PE	CLO-2	CLO-6
Q2. Differential Dx	CLO-3	CLO-1, CLO-4
Q3. Management Plan	CLO-4, CLO-5	CLO-1
Q4. Documentation	CLO-2	CLO-6
Q5. Oral Presentation	CLO-2	CLO-6
Q6. Evidence-Based Practice	CLO-1, CLO-4	CLO-5
Q7. Interprofessional Teamwork	CLO-6	CLO-2
Q8. Patient/Family Communication	CLO-6	CLO-2
Q9. Clinical Procedures	CLO-5	CLO-2, CLO-6
Q10. Systems/Safety	CLO-6	CLO-4

# Clerkship Educational 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 posted on Teams and email their 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 required.
- 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), 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

## **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, 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 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 and weekly schedules will be set by the Preceptor. 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.

## **Clinical Responsibilities and Expectations**

1. Students are directly responsible to the attending physician, unit staff, and preceptor at their clinical site. Local hospital or clinic policies must be followed at all times.
2. Any issues or concerns during the rotation should be promptly reported to the Clerkship Director and/or the Office of Medical Education.
3. Students must attend all clinical conferences relevant to their service. Attendance at additional educational activities is encouraged when it does not interfere with clinical responsibilities.
4. Any request to attend lectures or conferences at external institutions must be pre-approved by the supervising physician. If clinical duties (e.g., history and physicals) are impacted, additional approval from the Clerkship Director is required.
5. Clinical duties take precedence over external lectures and conferences. However, students must be excused to attend scheduled didactic sessions. Any other absences from clinical duties must be approved in advance by the clinical service and Clerkship Director.
6. Students are expected to regularly perform and document histories and physicals (H&Ps) or Clinic Notes. Notes will be reviewed by the preceptor and must also be submitted to the Clerkship Director for feedback.
7. The hospital chair or designee will clarify local policies regarding order entry and documentation. All student clinical activities, including writing orders or notes, must be supervised and co-signed by a licensed attending physician.
8. Students must maintain up-to-date immunizations. Failure to comply may result in removal from clinical duties.

# Clerkship 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 in the **M3 Clerkship General Handbook**.

## Information for Preceptors

Preceptors are the backbone of our clinical clerkship. Without you and others like you we literally would not exist. We recognize that teaching is time consuming and reduces your efficiency. We appreciate your willingness to share your time and expertise to help shape the future generation of physicians. We hope you find the experience to be rewarding and stimulating.

### 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 due 3 weeks from the beginning of the clerkship
- 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 goals can be met in different ways in different venues. 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 you see fit.

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.

# Required Clinical Experiences and Procedures

Many procedures are integral to the practice of obstetrics and gynecology. During the clerkship, students are expected to observe, assist with, or perform the following key procedures as appropriate to their level of training. Documentation of these procedures may occur during the OB/Gyn Clerkship or, if applicable, based on relevant clinical experiences prior to or following the rotation.

Your expected level of participation will vary depending on the specific procedure and your clinical readiness. You may be expected to:

- **Observe:** Watch your preceptor perform the procedure to learn proper technique and clinical reasoning.
- **Participate:** Assist directly in the procedure (e.g., "scrub in" or provide hands-on support) under close supervision.
- **Perform/Manage:** Complete the procedure yourself, with your preceptor directly supervising and monitoring your performance.

**Important:** No procedure may be performed by a student without the explicit approval and direct supervision of the assigned preceptor.

## Case and Procedure Logs

Students are required to log both must-see patient encounters and must-do procedures as part of their clinical training. This can be done easily through MedHub, including via the MedHub mobile app.

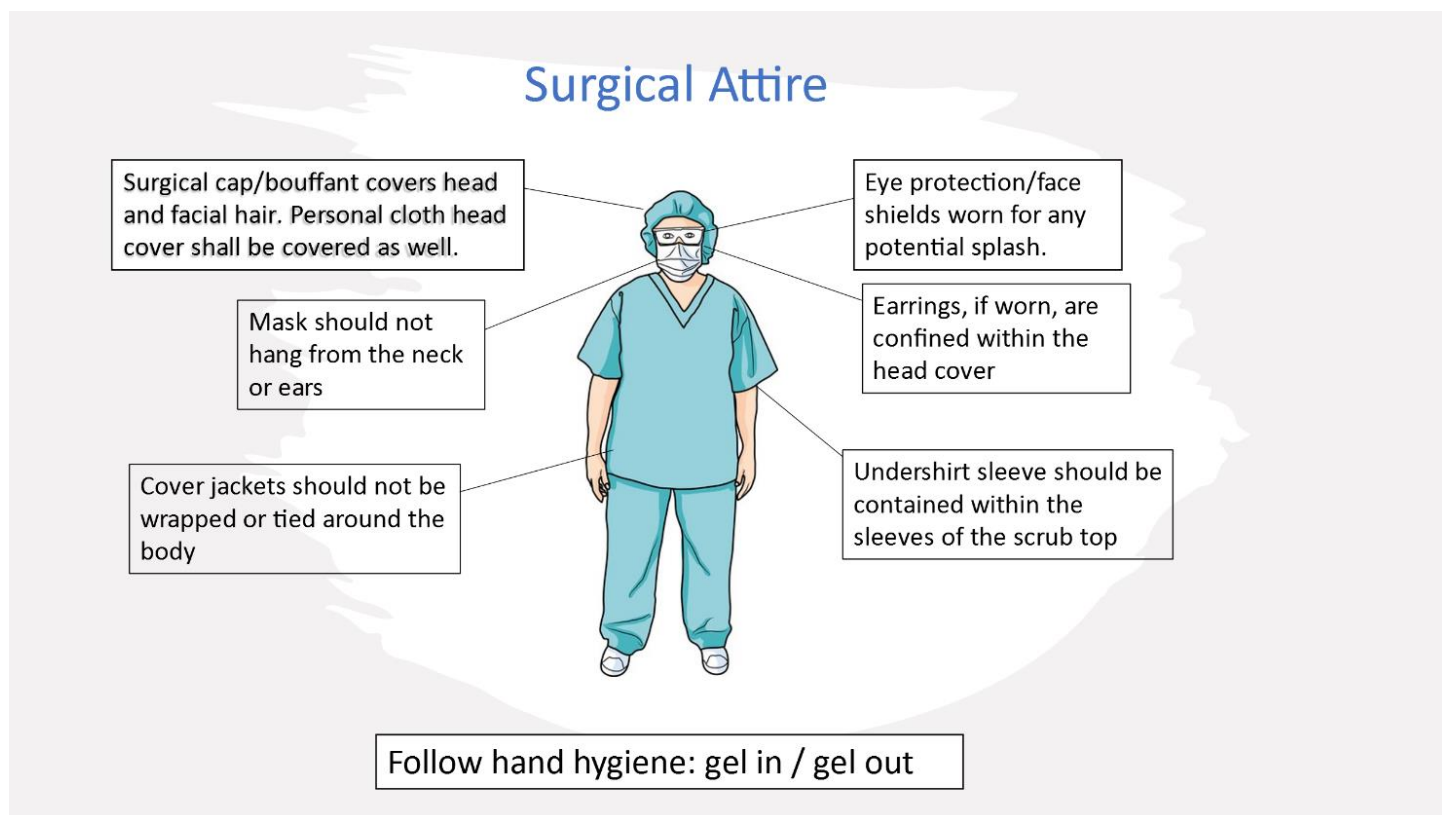
**Required Clinical Experiences (Must-See Cases)** are specialty-specific patient encounters that must be completed during each core clerkship. These are essential for ensuring adequate clinical exposure in each discipline.

Experience	Level of Participation
Abnormal Gyn condition (vaginal discharge, abnormal pap smear, malignancy, sexually transmitted disease, breast pain/lump)	Evaluate or Assist
Labor and delivery (normal, complicated)	Evaluate or Assist
Normal Gynecologic condition (menstrual cycle, menopause, pap smears, mammograms)	Evaluate or Assist
Obstetric/pregnancy condition (complicated pregnancies, Diabetes in pregnancy, HTN in pregnancy)	Evaluate or Assist
Reproductive issues (contraception, sexual dysfunction, infertility)	Evaluate or Assist

**Required Procedures (Must-Do Procedures)** are not limited to a specific specialty and may be completed and logged at any point during the M3 year. All required procedures must be completed and logged prior to the start of the M4 year.

Procedure	Level of Participation
Uterine ultrasound (OB/Gyn-specific)	Observe / Participate
Pelvic exam (OB/Gyn-specific)	Participate or Perform (if appropriate)
Finger stick glucose	Participate or Perform
Foley catheter placement	Participate or Perform
Peripheral IV placement	Participate or Perform
Urine dipstick analysis (as available)	Participate or Perform
Venipuncture	Participate or Perform

## Surgery Guidebook





- Please follow the attire guidelines as demonstrated in the picture above
- Please gel in and gel out or wash in and wash out when entering the ORs
- Please do not eat or drink in patient care areas in the peri-op space

#### How to prepare for your OR cases:

1. Read about the patient in advance. You should know what surgery the patient is having, the indication for surgery, and a little bit about this patient's past medical history (especially prior abdominal surgeries), recent labs.
2. Read about the surgery that is planned. Resources for reading about cases are listed on the next page.
3. Come early! This will give you time to make sure you can meet the patient before surgery with the surgeon in the preop area, introduce yourself to the OR team, write your name on the whiteboard, and make sure your gown and gloves are ready.

#### Things that you can do to be helpful in the OR:

1. Help with moving the patient from the gurney to the OR bed.
2. Move the gurney back to the hallway outside of the OR.
3. Turn on the OR lights when the case is about to start.
4. Help prepare the bed (attach stirrups, remove arm boards) and position the patient once they are under anesthesia.
5. Ask if you can place the Foley catheter, if needed.
6. Help with uterine manipulation (we often have a physician assistant to help with this; they can show you).
7. Assist with closing any incisions at the end of the case.
8. Ask if you can remove the Foley catheter, if one was placed during the case.
9. Help clean the patient at the end of surgery, dispose of surgical drapes in red bins.
10. Ask the anesthesia team after the case is done if you can bring the gurney back into the room.
11. Help the team to move the patient back to the gurney from the OR table.

## Recommended OB/Gyn Resources

#### Preparing for your shelf exam:

- Please see your OB/GYN student manual for a list of recommended resources.
- 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.
- The Beckmann textbook is helpful. Ask your school for any resources you can use and textbook recommendations at the time of your didactics.
- 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>

## Some helpful resources for preparing for gyn surgeries:

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=Vq7upcvzgUc>
- <https://www.youtube.com/watch?v=UsfmhVDf39s>
- <https://www.youtube.com/watch?v=Akyr4zlBS9E>

Knot tying

- <https://www.youtube.com/watch?v=odu-8lQ1pWE>
- <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=Hf5DU2WQpJw>
- <https://www.youtube.com/watch?v=186fD0JKPCE>

Total vaginal hysterectomy videos:

- [https://www.youtube.com/watch?v=IGUj\\_wF77Q4](https://www.youtube.com/watch?v=IGUj_wF77Q4)

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

- <https://www.aagl.org/resident/>

Open unilateral salpingo-oophorectomy:

- <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>

# 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.**