



Family Medicine Clerkship Handbook 2025-2026

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Introduction

Family Medicine is an essential component of the primary care infrastructure of the US health care delivery system. This primary care specialty provides first contact, ongoing, and preventive care to all patients regardless of age, gender, culture, care setting, or type of problem. The Family Medicine outpatient clinical experience allows students to understand how context influences the diagnostic process and management decisions. Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations.

By the end of the Family Medicine clerkship, students should have developed the basic skills and cognitive structures required to understand the content of the Family Medicine clerkship and the role of family physicians in delivering primary care. The Family Medicine clerkship syllabus sets forth a set of learning objectives of common conditions patients may present with in the office setting. Patients may present with acute or chronic conditions, or for preventive care. It is not a list of all possible patient presentations that family physicians competently manage.

Students will acquire content knowledge while building basic skills during the family medicine clerkship. These skills involve hands-on training and assessments. Students come to the clerkship with prior instruction in basic physical examination skills. During this clerkship, students will continue to build on history taking and physical examination skills. Further, they will begin to learn how to interpret their findings and develop their skills in clinical reasoning. They will hone communication and listening skills as they come into contact with patients presenting in real life settings, as all such skills are key to Family Medicine.

Clerkship Goals and Learning Objectives

The overarching goals of the Family Medicine Clerkship are to help students strengthen foundational clinical skills and apply them across a broad range of patient presentations. Family Medicine offers an ideal setting for integrating clinical reasoning, evidence-based practice, and patient-centered care.

During the clerkship, students will:

- **Refine history-taking skills:** Develop the ability to obtain a comprehensive, accurate, and efficient patient history tailored to various clinical scenarios. Emphasis is placed on eliciting key clinical information while demonstrating effective communication and cultural humility.
- **Refine physical examination skills:** Conduct focused and complete physical examinations appropriate to the patient's presentation and begin to interpret physical findings in the context of clinical reasoning.
- **Develop a reasonable differential diagnosis:** Generate thoughtful and prioritized differential diagnoses using a problem-based, evidence-informed approach, taking into account clinical context and disease prevalence.
- **Formulate an initial diagnostic and treatment plan:** Outline appropriate diagnostic workups and management strategies that reflect clinical guidelines, patient values, and resource availability. Plans should incorporate preventive care, chronic disease management, and acute care principles.

These goals will be achieved through supervised clinical experiences, direct patient care, and continuous feedback from preceptors, helping students build the core competencies essential to the practice of Family Medicine.

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	Demonstrate the ability to communicate effectively relevant medical information, both orally and in writing, with all members of the healthcare profession, patients and families from a broad range of cultures and backgrounds.	PC1-8 MSK3,5 C1,2 P1-4 RP4	preceptor evaluations CD evaluation
CLO-2	Demonstrate knowledge of scientifically established standards for developing diagnoses and differential diagnoses of acute and chronic system-based conditions encountered in family medicine and apply their knowledge while reflecting sensitivity to differing cultures and personal backgrounds.	PC1,2,5,7 MSK1-3 C1,2 P2,3 HC1,2	NBME FM Shelf exam preceptor evaluations CD evaluations
CLO-3	Demonstrate knowledge of evidence-based management of acute and chronic diseases encountered in Family Medicine and apply this knowledge reflecting sensitivity to differing cultures and personal backgrounds.	PC5-8 MSK1-3 C1,2 P1-3 HC1,2	NBME FM Shelf exam preceptor evaluations CD evaluations
CLO-4	Demonstrate the ability to effectively advocate for healthy life-styles and the prevention of diseases and demonstrate knowledge of the evolving recommendations for the screening and treatment of chronic disease.	PC7 P2,3 HC1	NBME FM Shelf exam preceptor evaluations CD evaluations
CLO-5	Foundational knowledge of the structure and function of the major organ systems, including the molecular, biochemical and cellular mechanisms for maintaining homeostasis, as well as understanding of the pathogenesis of disease, interventions and effective treatment.	PC1,2,5,7 MSK1-5	NBME FM Shelf exam preceptor evaluations CD evaluations
CLO-6	The student will demonstrate professionalism through dedication to the standards of the medical profession, upholding the ethical principles of honesty, integrity, compassion and dedication to excellence while continuing to self-reflect and engage in independent learning as a means to self-improvement.	PC1-8 MSK4,5 C1,2 P1-4 HC1,2 RP1-4	preceptor evaluations 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.

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

Clerkship Policies

Reporting for Service

Prior to the first day of the clerkship, students should contact their assigned preceptors or contact person at their assigned clinic site to obtain details about when and where to report.

Rotation schedule / Duty Hours

- Days: set by your preceptor based on their clinic schedule
- Hours: set by your preceptor based on their clinic schedule
- Didactic sessions:
 - Didactic sessions will be held on Thursdays at 9:00am during weeks 1-5p; there is no didactic session during week 6. The first didactic session may be held as a hybrid in-person/remote; subsequent sessions will be remote.
- NBME Subject Exam: scheduled for the last Friday of the rotation.

Attendance and Absences

- Students are expected to attend all scheduled activities during the Family Medicine clerkship, including all didactic sessions. We do, however recognize that life events may occasionally necessitate time away from the clerkship.
- All anticipated absences *must be approved by the Clerkship Director.*
- All absences must be communicated to the Clerkship Director and to your preceptor as soon as possible.
- See the M3 Clerkship General Handbook for additional details.

Mid-Clerkship Evaluation

- The mid-clerkship evaluation is due by the end of week 3
- The mid-clerkship evaluation is a mandatory requirement

See the M3 Clerkship General Handbook for the following policies

- Professionalism
- Patient Confidentiality and HIPAA Compliance
- Clinical Supervision
- Immunization and Screening Requirements
- Workplace Injuries and Needlestick Protocols
- Mistreatment and Harassment
- Clerkship Grading

Clinical Responsibilities and Learning Opportunities

To ensure you meet the clerkship learning goals, your preceptors will:

- Give you the opportunity to perform at least one complete, focused history and physical exam per day
- Expect you to present cases orally and submit a written or typed note for feedback
- Assign you to additional patient encounters, including follow-ups or focused exams
- Provide constructive feedback on your physical exams, clinical reasoning, and management plans
- Assign brief, relevant readings on interesting patient cases as appropriate

During your clerkship, you can expect your preceptors to:

- Supervise you daily and provide hands-on clinical teaching
- Observe your core clinical skills, including history-taking and physical exams
- Guide you through clinical reasoning, case presentations, and patient care decisions
- Offer regular verbal feedback, including a formal mid-clerkship feedback session
- Complete your final evaluation (both verbal and written) within three weeks after the rotation ends

Student Responsibilities and Duties

1. While on clinical service, students are at all times responsible to the personnel in charge of the assigned unit. Additionally, all students must comply with the general rules and regulations established by the hospital or clinic to which they are assigned.
2. Any problems or concerns should be promptly communicated to the Clerkship Director.
3. Students are expected to attend all conferences related to their clinical service, if applicable. In addition, they are encouraged to attend any other conferences or educational programs of interest. If Morning Report sessions are scheduled, attendance is mandatory.
4. Any time spent away from the hospital or clinic during regular duty hours for lectures, conferences, or other programs must be pre-approved by both the supervising physician of the clinical service and the Clerkship Director.
5. Although patient care responsibilities take precedence over lectures and conferences, attending physicians and preceptors are encouraged to support student attendance at scheduled educational sessions. Any absence from clinical duties must be cleared in advance by the director of the respective clinical service.
6. CNUCOM places great importance on students performing histories and physicals (H&Ps) at affiliated clerkship sites. However, the autonomy of each affiliated site is respected, and CNUCOM policy will be integrated with the policies of individual sites.
7. Students are responsible for maintaining up-to-date immunizations. Failure to do so will result in denial of participation in clinical training. CNUCOM is required to verify with clinical sites that all student immunizations are current.
8. Students must provide proof of personal health insurance and written compliance with HIPAA regulations if requested by CNUCOM or a specific clinical training site.

Preceptor Assessment Components

Your preceptor's written evaluation will include both checklist ratings and narrative comments. These narrative remarks are especially important. They:

- Highlight your strengths and areas for improvement
- Provide context for your overall performance
- May influence your final grade if your performance is on the borderline between two grades

Strong performance in cognitive and personal skills will be recognized in the evaluation process:

Cognitive Skills

- History taking
- Physical examination
- Interpretation of lab results and diagnostic data
- Development of differential diagnoses and treatment plans

Professional and Personal Skills

- Professionalism
- Appearance and demeanor
- Communication with patients, families, and the healthcare team

If any concerns arise regarding your performance, your preceptor is expected to inform the Clerkship Director promptly so that timely support or remediation can be arranged.

Required Clinical Experiences (“Must See Cases”)

Must See Cases: Students must maintain a log of specific diagnoses encountered during the clerkship and should be documented via MedHub.

Required Clinical Experiences (“Must See Cases”)

Experience	Level of Participation
Cardiac conditions (chest pain, CHF, arrhythmias)	Evaluate or Assist
Pulmonary conditions (COPD, pneumonia, SOB, asthma)	Evaluate or Assist
Neurological conditions (Headache, dizziness)	Evaluate or Assist
Renal/GU conditions (HTN, kidney stone, dysuria, retention, electrolytes)	Evaluate or Assist
Musculoskeletal conditions (joint pain, injury, leg swelling)	Evaluate or Assist
Endocrine conditions (Diabetes, thyroid)	Evaluate or Assist
Dermatologic conditions (rashes, moles)	Evaluate or Assist

Suggested Resources

1. UpToDate
2. OpenEvidence.com
3. U World question bank has been recommended by students taking this clerkship
4. The Curbsiders podcast- audio, video, and written notes
5. Familydoctor.org
6. USPSTF Prevention Taskforce smartphone app
7. CDC STI Tx guide smartphone app
8. CDC Vaccine Schedules smartphone app

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.