



M3 Clerkship General Handbook 2025-2026

Introduction

Welcome to the California Northstate University College of Medicine **M3 Clerkship General Handbook**. This handbook serves as a comprehensive guide to the policies, procedures, and expectations that govern your clinical education during the core clerkship year. As you transition into direct patient care, it is essential to understand the standards that support a safe, equitable, and high-quality learning environment for all students. These policies apply to all core clerkships and affiliated clinical sites, and are intended to ensure consistency, transparency, and fairness in your educational experience.

Each individual clerkship syllabus will reference key policies outlined here and may include additional rotation-specific expectations. You are responsible for reviewing and adhering to the guidelines within this handbook throughout your clinical training.

These are the topics covered in this handbook:

- Professionalism Expectations
- Patient Confidentiality and HIPAA Compliance
- Preceptor Responsibilities
- Clerkship Clinical Supervision
- Formative Feedback and Mid-Clerkship Evaluations
- Attendance and Absences
- Clinical Rotation Duty Hours
- Immunization and Screening Requirements
- Workplace Injuries and Needlestick Protocols
- Mistreatment and Harassment
- Clerkship Grading
- Preceptor Evaluation of Student Performance Form
- Student Evaluation of Clinical Experiences
- Roster of clerkship faculty and staff

Professionalism Expectations

Professionalism is a core clinical competency and a key expectation during third-year clerkships. Students are expected to uphold high standards in clinical, academic, and interpersonal settings. Refer to [4006 Ethics and Professionalism Policy](#) for additional details.

Expected behaviors include:

- Accountability and reliability
- Honesty and integrity
- Respect for patients, peers, and staff
- Ethical decision-making
- Openness to feedback
- Full participation and punctual arrival

Prohibited conduct (with examples)

The following are examples of unprofessional behavior:

1. During closed-book exams, the use of unauthorized resources is strictly prohibited. This includes, but is not limited to, textbooks, online materials (e.g., UpToDate), and AI tools (e.g., ChatGPT).
2. Falsifying information (e.g. Documenting findings not obtained; inaccurate EHR entries.)
3. Plagiarism (e.g. Submitting another's work or failing to cite sources.)
4. Forgery or alteration of records (e.g. Editing evaluations or records without permission.)
5. Failure to follow instructions (e.g. Missing assignments, being chronically late, ignoring feedback.)
6. Sabotaging peers (e.g. Withholding patient information or undermining teamwork.)
7. Cheating (e.g. Sharing answers during exams or assessments.)
8. Assisting in misconduct (e.g. Enabling others to cheat, falsify, or behave unethically.)

Dress code and preparedness (Refer to [4805 Student Dress Code Policy](#) for additional details.)

Students must:

- Wear a clean white coat with ID badge
- Dress in business attire or approved scrubs, depending on the setting
- Carry necessary tools appropriate for the clerkship (e.g. stethoscope, penlight)

Consequences for unprofessional behavior

Violations may result in:

- Verbal or written warnings
- Required professionalism remediation
- Documentation in the clerkship grade narrative
- Ineligibility for Honors or High Pass
- Referral to the Student Progress and Promotions Committee
- Suspension or dismissal in serious or repeated cases

Reporting unprofessional behavior

If a student witnesses unprofessional behavior by fellow students, staff, or faculty, they are encouraged to report their concerns to the Clerkship Director, the Office of Clinical Education, or Student Affairs. Students may also submit a confidential, anonymous report through designated reporting channels if necessary.

To submit a report anonymously, use the university's reporting form:

[CNU Anonymous Reporting Form](#)

Patient Confidentiality and HIPAA Compliance

Protecting patient privacy is a core professional and legal responsibility. All CNUCOM medical students must comply with the **Health Insurance Portability and Accountability Act (HIPAA)** and institutional privacy standards during clinical rotations.

Key Guidelines

- Only access information necessary for your assigned patients.
- Discuss patient cases only in private, secure settings.
- Do not take photos or screenshots that contain Protected Health Information (PHI) and do not save PHI on personal devices. PHI includes any data that can identify a patient, such as names, dates of birth, medical record numbers, facial features, or unique physical traits.
- Keep all written or digital notes secure and dispose of printed materials in designated confidential bins.
- Never look up friends, family, or other patients without a direct clinical role.
- Use only approved, password-protected devices when working with patient data.

Common Violations

- Talking about patients in public spaces
- Leaving PHI visible or unsecured
- Accessing records without clinical involvement
- Posting any patient-related content on social media

Consequences of Violations

Violations may result in:

- Removal from clinical duties
- Academic professionalism reporting
- Referral to the Student Progress and Promotions Committee
- Disciplinary or legal action by the institution

When in doubt, ask your preceptor or Clerkship Director. Protecting patient confidentiality is part of your duty and your professionalism.

Preceptor Responsibilities

Preceptors play a critical role in guiding and evaluating medical students during their core clerkship rotations. To ensure a consistent and high-quality clinical learning experience, all attending physicians and residents who supervise students are expected to fulfill the following responsibilities:

General Expectations for All Preceptors

- **Daily Supervision:** Ensure that students are supervised during all clinical activities. Direct or indirect supervision must be appropriate to the student's level of training.
- **Observation of Clinical Skills:** Observe students performing essential clinical tasks, including history-taking, physical examination, and oral presentations, to allow for accurate feedback and assessment.
- **Clinical Teaching and Coaching:** Provide regular teaching at the bedside and during clinical workflow, including opportunities for discussion of cases, procedures, and management plans.
- **Constructive Feedback:** Offer timely, specific, and actionable feedback throughout the rotation to support student growth. Use both informal "teachable moments" and structured sessions.
- **Mid-Clerkship and Final Evaluations:** Conduct a mid-clerkship feedback session and complete a final written evaluation within three (3) weeks of the student's rotation end date. Evaluations should include both narrative comments and performance ratings.
- **Professional Boundaries:** Preceptors must not provide medical care to students and should refer them to their personal providers or campus health services. Dating, romantic, or personal relationships with students are strictly prohibited to maintain a safe and professional learning environment.

Recommended Best Practices

Although clinical teaching varies by specialty and site, preceptors are encouraged to consider the following practices to enrich the student experience:

- **Daily Patient Presentations:** Allow each student to perform and present one complete history and physical examination per day, when feasible. Provide feedback on written and verbal presentations.
- **Supervised Write-Ups:** Encourage students to submit clinical notes or write-ups for review. Offer comments on clarity, accuracy, and clinical reasoning.
- **Focused Clinical Encounters:** Assign students to follow-up patients or problem-specific exams to develop focused assessment and management skills.

- **Exposure to Advanced Clinical Environments:** When possible, include opportunities to observe or participate in critical care or other high-acuity settings relevant to the clerkship specialty.
- **Integration of Medical Literature:** Recommend brief, high-yield readings from current clinical literature to supplement bedside learning.
- **Preceptor Development:** Participate in workshops, town halls, or faculty development programs offered by CNUCOM to provide feedback and enhance teaching strategies.

Examples of Preceptor Routine

- Preparatory issues:
 - Meet with student each morning to review the schedule of patients
 - Identify patients whom the student will evaluate independently (including the specific educational focus of the encounter)
 - Identify patients for whom the student will shadow the preceptor
 - Discuss any questions from reading assignments or self-directed learning that student performed overnight
- Patient encounter (several possible variations, preceptors are encouraged to use each of these techniques over the course of the rotation depending on the educational objective of the encounter):
 - Preceptor sees the patient and the student observes
 - Student interviews and/or examines patient independently, presents patient to preceptor, student and preceptor then interview/examine patient together
 - Student interviews and/or examines patient with preceptor observing
 - Preceptors are encouraged to provide timely, brief verbal feedback during or immediately after the patient encounter
- Short debriefing (immediately following encounter): student and preceptor reflect on patient encounter; follow up on questions and teaching points; identify plan for further self-directed learning.
- Daily debriefing (at end of day): more leisurely discussion of any remaining questions; review plans for self-directed learning; review next day's patient schedule, assign any pertinent preparatory reading based on anticipated patient encounters.

Clerkship Clinical Supervision

CNUCOM ensures that all students receive appropriate supervision during clinical rotations to promote patient safety, support learning, and allow for progressive responsibility aligned with each student's training level and competence. Refer to [4408 Preceptor Training and Supervision Policy](#) for additional details.

Key principles of supervision include:

- **Active, Assigned Supervision:** All clinical work must occur under the direct or indirect supervision of a trained and designated healthcare professional. This includes oversight of patient care, documentation, and procedures.
- **Level-Appropriate Roles:** Students are expected to observe, assist, and eventually perform tasks under supervision as their competence develops. Preceptors must assess readiness before allowing any independent activity.
- **Accessibility:** Supervisors must be immediately available—either in person or by direct communication. A qualified alternate must be designated if the assigned supervisor is unavailable.
- **Ongoing Feedback:** Preceptors are expected to provide real-time feedback and guidance. Formative feedback is a required part of each rotation.
- **No Independent Practice:** Students must not provide care, perform procedures, or represent themselves as licensed providers without supervision or proper training.

Student responsibilities include:

- Understanding and respecting the limits of their role
- Seeking clarification when unsure
- Reporting inadequate supervision to their Clerkship Director or the Office of Clinical Education

CNUCOM expects preceptors and students to uphold a safe, professional, and supportive clinical learning environment at all times.

Formative Feedback and Mid-Clerkship Evaluations

Ongoing formative evaluation during the clerkship is essential to allow students to improve their clinical and professional skills. Students are expected to seek and respond to regular feedback throughout the rotation, and preceptors are encouraged to provide frequent, constructive input in both informal and formal settings.

Mid-Clerkship Feedback

At the midpoint of the rotation, students will participate in a formal mid-clerkship feedback session with their preceptor(s). The purpose of this meeting is to provide students with a clear understanding of their current performance across core competencies and to identify specific areas for improvement before the end of the clerkship.

During this session, preceptors will offer structured feedback addressing the following areas:

- Clinical reasoning and cognitive skills
- History-taking and physical examination techniques (including performance of specialty-specific exams)
- Application of ancillary testing and interpretation of clinical data
- Development of differential diagnoses and management plans
- Professionalism, including communication skills, demeanor, and reliability

Students are encouraged to actively engage in the feedback discussion, reflect on areas needing growth, and establish concrete goals for the remainder of the rotation. Preceptors are expected to provide balanced feedback, noting strengths as well as opportunities for improvement, to support the student's development into a competent and professional clinician.

If concerns arise that require closer monitoring or remediation, preceptors should communicate them promptly to the Clerkship Director.

Areas of Ongoing Feedback

Throughout the rotation, preceptors will provide formative feedback on both clinical and personal competencies, including:

Cognitive Skills

- History-taking
- Physical examination
- Understanding and application of ancillary testing and data
- Formulation of differential diagnoses and treatment plans

Personal Skills

- Professionalism
- Dress and personal presentation
- Demeanor and communication with patients, families, and the healthcare team
- Conduct and performance during clinical examinations
- Any additional concerns affecting clinical performance

Timely and honest feedback in these areas is critical for student development and supports a safe and effective learning environment.

Frequency and Mechanisms of Formative Feedback

Frequency	Mechanism
Daily	Verbal feedback from preceptors during clinical activities; one-on-one interactions; "teachable moments" at the bedside and during patient care.
Weekly	Participation in didactic sessions; submission of student presentations.
Mid-Clerkship	Summarized formative feedback discussed during a scheduled meeting with the preceptor.
Ongoing	Completion of required patient logs; as applicable, submission of clinical notes to the Clerkship Director.
End of Clerkship	Preceptor submits final student evaluation; student completes NBME Shelf Exam; Clerkship Director assigns final grade according to institutional policies.

Attendance and Absences

Medical students are expected to attend all scheduled activities during their clinical clerkships, as full participation and punctual arrival is essential for both professional development and clinical competency. However, we recognize that life events may occasionally necessitate time away from clerkship responsibilities. Refer to [4420 Attendance and Absence Policy](#) for additional details.

The purpose of this policy is threefold:

1. To define which types of absences may be considered excused
2. To outline the appropriate procedures for requesting time away from clinical duties
3. To describe acceptable methods for making up missed time

These standards are intended to promote consistency, fairness, and academic integrity across all clerkship experiences. The policy reflects the most commonly encountered reasons for student absences. Unanticipated events or extenuating circumstances may arise that fall outside of the defined categories. In such cases, students must contact the Clerkship Director directly, who will evaluate the situation and make a fair, individualized determination.

This policy is rooted in the understanding that CNUCOM medical students are dedicated professionals with a strong commitment to their education, clinical obligations, and ethical standards.

Timely Communication and Planning

Clear, timely communication between the student and the Clerkship Director is essential in managing any episode of absence from clerkship activities.

- For anticipated absences (e.g. weddings, religious observances, or professional conferences) students should initiate planning before the start of the clerkship to minimize disruption. Prompt notification of anticipated absences should be communicated to preceptors at the start of the rotation.
- If an anticipated absence becomes necessary after schedules are finalized, students must submit a formal written request to the Clerkship Director as soon as the event is known. The request should include the nature and dates of the event.
- For unforeseen absences (e.g. illness or family emergencies) students are expected to notify their clinical preceptor, Clerkship Director, and Clerkship Coordinator as soon as possible, indicating the reason and anticipated duration of the absence.

Clerkship Absence Guidelines and Make-Up Requirements

Event	Excused Absence?	Make-Up Required?	
		6-week Clerkship	4-week Clerkship
Student illness (including contagious conditions)	Yes	If > 2 days missed	If > 1 day missed
Illness or death of an immediate family member	Yes	If > 3 days missed	If > 1 day missed
Medical conference presentation	Yes, if notification >2 months ahead	If > 2 days missed	If > 1 day missed
Religious holidays (not national holidays)	Yes	If > 1 day missed	If > 1 day missed
Student's own wedding	Yes, if notification >2 months ahead	If > 2 days missed	If > 1 day missed
Residency interview or orientation	Yes	If > 2 days missed	If > 1 day missed
NBME exam	Yes	If > 2 days missed	If > 1 day missed
All other reasons	No	Yes – for all days missed	Yes – for all days missed

Make-Up of Missed Time

All missed time must be addressed in accordance with the Clerkship Attendance Guidelines. Excused absences may require make-up time, depending on the number of days missed and the clerkship's duration. Unexcused absences will always require make-up and may carry consequences related to professional conduct. Students are responsible for working collaboratively with the Clerkship Director to develop and complete a make-up plan that ensures all required clinical experiences and educational objectives are fulfilled.

Professional Expectations and Consequences of Unexcused Absences

Unexcused absences are considered a serious professionalism concern. They will trigger appropriate academic and administrative responses, including:

- Formal counseling by the Clerkship Director
- Documentation in the clerkship grade narrative, specifically regarding professionalism
- Possible impact on final clerkship performance, including:
 - Ineligibility for High Pass or Honors
 - Grade reduction or clerkship failure
 - Referral for advising or professionalism review
 - A Professionalism Concern Report (PCR) in the student's file if a pattern of absences emerges.

These expectations uphold the professional standards and integrity of the clinical training environment, and support students in their growth as accountable, dependable future physicians.

Clinical Rotation Duty Hours

To support student well-being, patient safety, and effective learning, clinical rotation duty hours must conform to the following standards. These expectations apply to all students participating in core and elective clinical clerkships and mirror national graduate medical education principles to prepare students for the professional responsibilities of residency. Refer to [4409 Clerkship Duty Hours Policy](#) for additional details.

Maximum Weekly Hours

Clinical and educational activities must not exceed 80 hours per week, averaged over a four-week period. This includes all in-house call and required academic activities, whether on-site or remote.

Maximum Continuous Duty

Students may not exceed 24 consecutive hours of clinical work. An additional up to 4 hours is permitted for transitions of care and educational debriefing; however, students must not be assigned new clinical tasks during this period.

Minimum Rest Between Shifts

Students must have a minimum of 10 hours off between scheduled shifts to ensure adequate rest and recovery.

Night Call Frequency

Overnight call assignments must not exceed one in every four nights, averaged over a month. Students should not be assigned call more frequently than every third night.

Time Off Requirements

Students must have a minimum of one full day (24 continuous hours) off in every seven-day period, averaged over four weeks. This time must be free of all clinical and required educational activities.

Oversight and Reporting

Clerkship Directors are responsible for ensuring compliance with duty hour regulations and monitoring student experiences through feedback and periodic review. Students who believe their duty hours exceed these standards or who experience fatigue that may compromise safety are encouraged to report concerns directly to their Clerkship Director, Coordinator, or the Office of Medical Education. Reports may be made confidentially and without fear of retaliation.

Immunization and Screening Requirements

To ensure the safety of both patients and students in clinical settings, all students must maintain up-to-date immunization records and comply with institutional screening policies. Refer to [4909 COM Immunizations Policy](#) for details.

The following requirements apply to all students engaged in clinical coursework:

Tuberculosis (TB) Clearance - Students must complete annual TB testing. Those with a previously negative PPD must repeat the test each year. Positive reactors must complete a chest X-ray or, preferably, an Interferon Gamma Release Assay (IGRA) blood test annually to confirm continued clearance.

Tetanus-Diphtheria Booster (Td or Tdap) - Must be renewed every 10 years to remain compliant.

Additional Site-Specific Immunizations - Certain clinical sites may have additional immunization requirements beyond the school-wide standards. Students should confirm these requirements with the Office of Student Affairs and Admissions well in advance of their rotation.

Incomplete Immunization Records - Students must ensure that all immunizations and screening requirements are completed and documented at least one month prior to the start of their third and fourth years. Students with incomplete immunization records may be withdrawn from clinical coursework until documentation is updated.

Failure to meet these requirements may result in a delay in the start of the academic year, potentially postponing clinical placements and graduation. Students will be formally notified if their immunizations are out of date and will be advised of the steps necessary to regain compliance.

Background Check and Drug Screening

Prior to beginning any clinical coursework, students are required to complete a background check and urine drug screening. This initial screening will be provided at CNUCOM's expense. Students may also be subject to random or for-cause drug screenings at any time throughout their enrollment.

Workplace Injuries and Needlestick Protocols

CNUCOM is committed to maintaining a safe, supportive clinical learning environment and ensuring that students are prepared to manage occupational exposures, including needlestick injuries, bloodborne pathogen exposure, or other workplace injuries that occur during clinical training.

This outlines student responsibilities, immediate response procedures, reporting expectations, and access to follow-up care in the event of an injury or exposure.

Student Responsibilities

All students are expected to:

- Attend site-specific orientation on infection control and post-exposure procedures.
- Use appropriate barrier precautions when caring for all patients.
- Employ safety devices when handling and disposing of sharps or other contaminated equipment.
- Immediately report any needlestick injuries or exposures to blood or body fluids.
- Initiate prompt intervention for any accidental exposure (see below).
- Engage in health education efforts regarding HIV prevention, transmission, and treatment as appropriate in their clinical roles.

Accidental/Occupational Exposure Procedure

In the event of a needlestick injury or other exposure to blood or body fluids, students must:

- Immediately wash the affected area with soap and water. For mucous membrane exposures (eyes, nose, mouth), irrigate with copious water or saline.
- Report the incident at once to the supervising instructor, preceptor, or clinical supervisor.
- Seek medical evaluation promptly at the nearest Emergency Department, designated Occupational Health Service, clinic, or private physician.
- Follow the recommended post-exposure process, which includes:
 - Baseline screening for HIV and Hepatitis panel (with antibodies);
 - Assessment and updating of immunization status if needed.

Note: Post-exposure management, prophylaxis, and follow-up are at the discretion of the treating healthcare provider. CNUCOM advises students to follow current CDC guidelines.

Document the incident thoroughly, including:

- A detailed description of the exposure
- The clinical context
- Relevant medical history of the source patient (e.g., hepatitis, HIV/AIDS, tuberculosis, or other communicable diseases).

Contact the appropriate CNUCOM personnel immediately:

- **M3s:** Dr. Theodore Hoehn, Wesly Tse, Dr. Edward Lee, and your Clerkship Director
- **M4s:** Dr. Leonard Ranasinghe, Dr. Marketa Leisure, Wesly Tse, and Dr. Edward Lee

CNU Student Workers' Compensation Coverage

As CNU students, you are covered under the University's Workers' Compensation Insurance for injuries that occur during clinical activities, including needlestick injuries and other workplace-related incidents.

If You Are Injured While "On the Job":

- For non-emergent injuries, contact:
- Nurse Triage Hotline: 855-469-6877
- Provider Search Tool: [ICW Provider Network](#)

For emergencies, go to the nearest Emergency Department.

To file a Workers' Compensation Claim, call: 800-877-1111

Policy Information

Company: California Northstate University LLC

Policy #: WSA-5056542-04

Insurance Company: Insurance Company of the West (ICW)

Policy Period: 08/01/2024 – 08/01/2025

Commitment to Safety and Reporting

All students are strongly encouraged to report exposures promptly and seek care without delay. Ensuring student safety, reducing risk of disease transmission, and supporting recovery are institutional priorities. Concerns may be reported confidentially to the Office of Student Affairs or the Office of Clinical Education.

Reminder: Safety is a shared responsibility. Always use standard precautions, report incidents, and seek timely care.

Mistreatment and Harassment

CNUCOM is committed to fostering a clinical and academic environment where all students are treated with dignity, respect, and fairness. Mistreatment or harassment of students by faculty, residents, staff, or peers undermines this goal and is strictly prohibited in all learning and professional settings.

Mistreatment includes any behavior that belittles, humiliates, threatens, or abuses a student, either physically or verbally. This may involve yelling, public shaming, discriminatory grading, purposeful exclusion from learning opportunities, or retaliation for raising concerns. Even a single episode of such behavior can negatively impact a student's educational experience and professional development.

Harassment includes any unwelcome conduct based on a person's race, color, national origin, religion, sex, gender identity, sexual orientation, age, disability, or other protected characteristics. This also encompasses sexual harassment, which includes unwanted advances, requests for favors, inappropriate touching, or offensive comments of a sexual nature.

CNUCOM takes all reports of mistreatment and harassment seriously. Students who experience or witness concerning behavior are strongly encouraged to report it. Reports may be made confidentially and without fear of retaliation. Options for reporting include speaking with the Clerkship Director, the Office of Clinical Education, the Office of Student Affairs, or using other institutional reporting mechanisms outlined in the university's policy.

To submit a report anonymously, use the university's reporting form:

[CNU Anonymous Reporting Form](#)

All reported incidents will be reviewed promptly and addressed appropriately. The school is committed to ensuring accountability, supporting students through difficult situations, and upholding a professional, equitable learning environment for all.

Clerkship Grading

Clerkship Grading Overview

A student's final grade in each clerkship is determined by a combination of academic performance and clinical evaluations. The grading framework is designed to provide a balanced assessment of both knowledge and professional development.

- Academic NBME Shelf Exam Results
- Clinical Evaluation of Student by Preceptor in rotations
- Clinical Evaluation of Student by Clerkship Director in didactics

The NBME Shelf Exam provides a standardized, national benchmark of a student's knowledge within the specific clerkship specialty. Scores are compared against a national cohort of third-year medical students. CNUCOM assigns the following preliminary grade tiers based on national percentile rankings:

- **Honors:** \geq 75th percentile
- **High Pass:** \geq 30th percentile
- **Pass:** \geq 5th percentile

This shelf exam "grade" serves as the **starting point** for determining the final clerkship grade. The shelf grade will then be combined with the **Clinical Evaluation by your Preceptor** and the **Didactic Evaluation by your Clerkship Director**.

The final clerkship grade may be adjusted up or down based on the student's clinical performance, including preceptor and didactic evaluations. Clerkship Directors have discretion to apply stricter criteria for such adjustments.

Example Grading Scenario #1

- NBME Shelf Exam score falls within the upper half of the "Pass" range
- Combined Preceptor and Didactic Evaluations are at the Honors level
- The Clerkship Director may elevate the final grade from Pass to High Pass based on the student's outstanding clinical and didactic performance.

Example Grading Scenario #2

- NBME score of "honors" but in the lower half* of the "honors" range
- Combination of Preceptor and Didactics Score is only "pass"
- The Clerkship Director may lower the final grade from Honors to High Pass due to suboptimal clinical and didactic performance.

Details of “Preceptor Grade” Component

Preceptors evaluate students using a 5-point scale, designed to assess performance relative to expectations for third-year medical students. The scale is defined as follows:

1. **Fail** – Performance is significantly below expectations and warrants failure of the clerkship. The student should repeat the rotation.
2. **Poor** – While not at the level of failure, performance in this area is below standard and requires remediation before the student can be considered to have passed.
3. **Pass** – Solid, competent performance that meets expectations for this level of training and requires no remediation. The student is ready to advance.
4. **High Pass** – Performance exceeds expectations, demonstrating skills and behaviors above the average level for peers.
5. **Honors** – Exceptional performance across the board. The student consistently demonstrates outstanding clinical ability, professionalism, and engagement.

The average score across all evaluation categories is used to help determine the clinical component of the final clerkship grade. The following thresholds apply:

- **Pass:** Average score of **3.0 or higher**
- **High Pass:** Average score ≥ 3.5 and ≤ 4.4
- **Honors:** Average score of **4.5 or above**

Students with an average **under 3.0** will be flagged for further review and may require remediation. Remediation may involve additional coursework, reflective assignments, or repeating some or all of the clinical rotation. Such scores may also contribute to a **failing grade** in the clerkship.

Importantly, if a student receives a score of **1 (Fail)** in **any of the evaluation questions**, the Clerkship Director will conduct a formal review of the evaluation, regardless of the overall average. Similar review will occur when there are multiple marks of **2 (Poor)**. This may result in referral to the Student Promotions Committee (SPC) for further consideration, even if the final average score meets the minimum passing threshold.

Narrative Evaluations

Narrative comments are a vital component of the student evaluation process, providing depth and context that numerical scores alone cannot capture. Preceptors are expected to provide written feedback for each student, highlighting both areas of strength and opportunities for improvement.

All narrative comments submitted by preceptors are carefully reviewed by the Clerkship Director in conjunction with the standardized evaluation checklist. These comments contribute meaningfully to the overall assessment of a student's performance during the rotation.

In cases where narrative feedback is particularly compelling, whether in praise or in concern, the Clerkship Director may use their discretion to adjust the student's numeric preceptor score accordingly. Such adjustments are made thoughtfully and reflect the Clerkship Director's professional judgment of the student's performance as described in the narrative.

Details of “Didactics Grade” Component

In addition to the Clinical Preceptor Evaluation, each student receives a Didactics Grade, assigned by the Clerkship Director. Like the clinical evaluation, this grade has the potential to raise or lower the final clerkship grade, depending on the student's overall performance.

The structure and criteria used to determine the Didactics Grade may vary by specialty, block, or instructional format. This variability reflects differences in resources (e.g., availability of guest lecturers, lab sessions, in-person vs. virtual learning).

Although the precise grading system is not standardized across all clerkships, common elements that may contribute to the Didactics Grade include:

- Attendance and punctuality
- Timely submission of assignments
- Quality of assignments, which may include case reports, quizzes or assessments, mid-clerkship self-evaluations, clinical topic write-ups or presentations
- Completion and documentation of required “Must-See Cases and Procedures”
- Active participation in group discussions and learning activities
- Engagement in lab sessions, if applicable
- Evaluative grading (not just pass/fail) of the above components

Note: The Didactics Grade is ultimately determined at the sole discretion of the Clerkship Director, based on their judgment of a student's engagement, professionalism, and academic performance during the didactic portion of the clerkship. As such, it is not governed by a single universal rubric and cannot be rigidly defined in this document.

Lapses in Professionalism or Low Preceptor Ratings

Professionalism is an essential competency in clinical education and the foundation of medical practice. Any reported lapse in professional behavior during a clerkship will be investigated by the Clerkship Director, regardless of exam scores or other evaluations.

Examples of professionalism concerns include, but are not limited to:

- Cheating or academic dishonesty
- Plagiarism
- Failure to meet patient care responsibilities
- Disrespectful behavior or violations of institutional conduct policies

Similarly, any preceptor evaluation indicating “Poor” or lower will trigger a review by the Clerkship Director. If either the professionalism lapse is substantiated or the low evaluation is deemed accurate, the student may receive a failing grade in the clerkship and be referred to the Student Promotions Committee (SPC) for further review. A temporary “Y” (incomplete) grade may be assigned pending remediation.

Academic Underperformance and the “Y” Grade Option

Scenario: Low NBME Score with Acceptable Clinical Evaluations

If a student receives satisfactory preceptor evaluations but scores **below the 5th percentile** on the NBME Shelf Exam, two remediation pathways may apply:

1. Quick Retake (Test-Day Interference Scenario)

If the student was well-prepared but experienced significant test-day issues (e.g., illness, personal crisis), they may request a **quick retake** of the shelf exam.

- This must be approved by the Clerkship Director.
- The retake should ideally occur within **1–2 weeks** of the original test date.
- This is not intended as additional study time, but as an opportunity to correct for unusual test-day circumstances.

2. Formal Remediation with “Y” Grade

If the student does not pass the quick retake **or** did not adequately prepare for the original exam, a **“Y” grade** will be assigned. A remediation plan will then be developed in collaboration with the Clerkship Director. This may include:

- Designating study time during flex time or by deferring a future clerkship
- Referral to Student Affairs for academic or test preparation support
- Scheduling a final retake of the shelf exam

This remediation plan must be:

- Documented in writing
- Signed by the student, Clerkship Director, and Chair of Clinical Education
- Submitted to the Student Promotions Committee (SPC) for review and approval

If the student passes the final retake, the grade will be converted to **“Y/Pass.”** The “Y” will remain on the transcript, indicating that remediation occurred. The **highest possible grade** following remediation is **Y/Pass**.

Preceptor Evaluation of Student Performance Form

Preceptors are expected to complete an evaluation for each student within three weeks of the student's completion of their clinical rotation, using the evaluation questions and grading rubric provided below.

Q1. How effectively did the student gather essential details during the patient history and perform a thorough, logical physical examination?

Fail	Misses key history elements or physical exam findings; lacks a systematic approach.
Poor	Gathers basic information but omits significant details; H&P is incomplete or inconsistent.
Pass	Obtains most essential information, performs a systematic H&P, minor details may be missed.
High pass	Consistently gathers comprehensive histories and performs thorough, organized physical exams.
Honors	Demonstrates exceptional skill in obtaining H&Ps, even in complex cases.
Not applicable	Insufficient contact

Q2. How well did the student prioritize and justify potential diagnoses based on the clinical encounter?

Fail	Struggles to develop a differential diagnosis or includes irrelevant possibilities.
Poor	Lists basic differentials but has difficulty prioritizing or justifying them.
Pass	Produces reasonable differential diagnoses with some prioritization and justification.
High pass	Creates well-reasoned, prioritized differentials with strong clinical justification.
Honors	Provides nuanced, prioritized differential diagnoses with exceptional clinical reasoning.
Not applicable	Insufficient contact

Q3. How effectively did the student develop a sound management plan, including clinical reasoning, recommendation and interpretation of diagnostic tests, treatment selection, recognition of urgent/emergent issues, and justification of their decisions?

Fail	Disorganized plan; poor reasoning; inappropriate or missing diagnostics; misses urgency.
Poor	Basic plan; key gaps in reasoning or diagnostics; urgency often missed.
Pass	Sound plan; logical reasoning; appropriate diagnostics; recognizes urgency.
High pass	Clear, well-reasoned plan; effective diagnostics; manages urgency well.
Honors	Outstanding plan; sharp reasoning; precise diagnostics; expertly addresses urgency.
Not applicable	Insufficient contact

Q4. How accurately and effectively did the student document clinical encounters (including admission notes, progress notes, procedure notes, outpatient notes, etc.)?

Fail	Documentation is unclear, incomplete, or inaccurate.
Poor	Includes basic information but lacks organization or misses key elements.
Pass	Documents most relevant details accurately and concisely.
High pass	Consistently produces clear, thorough, and well-organized documentation.
Honors	Documentation is exemplary, capturing all relevant details and showing exceptional clarity.
Not applicable	Insufficient contact

Q5. How well did the student organize, tailor, and deliver oral presentations of clinical encounters?

Fail	Presentations are disorganized, incomplete, or difficult to follow.
Poor	Basic structure is present, but significant details are omitted or unclear.
Pass	Provides organized, clear presentations with minor omissions.
High pass	Consistently delivers concise, well-structured presentations.
Honors	Excels in presenting, even under pressure, with exceptional clarity and precision.
Not applicable	Insufficient contact

Q6. How effectively did the student generate clinical questions, retrieve evidence, and integrate medical and scientific knowledge into patient care?

Fail	Doesn't ask questions or use evidence; relies on flawed reasoning.
Poor	Inconsistent use of questions or evidence; limited application.
Pass	Asks relevant questions; uses and applies evidence appropriately.
High pass	Consistently uses strong evidence and reasoning in decisions.
Honors	Insightful, evidence-driven thinker; integrates knowledge expertly into care.
Not applicable	Insufficient contact

Q7. How effectively did the student communicate and collaborate with the interprofessional team, including during handoffs and transitions of care, demonstrating clarity, respect, and professionalism?

Fail	Unclear, unprofessional, or ineffective; poor teamwork.
Poor	Inconsistent or vague; limited collaboration; handoffs lack structure.
Pass	Clear, respectful, and accurate; works well with team; handoffs are adequate.
High pass	Consistently clear and collaborative; effective, well-structured handoffs.
Honors	Excellent communicator and team player; handoffs are seamless and complete.
Not applicable	Insufficient contact

Q8. How effectively did the student communicate with patients and families from diverse backgrounds, incorporate social and cultural factors into clinical care, and explain risks, benefits, and alternatives to support informed decision-making with clear language and compassion?

Fail	Ineffective or inappropriate communication; disregards cultural or social factors; fails to support informed decisions.
Poor	Basic communication; limited consideration of diversity or shared decision-making.
Pass	Clear, respectful communication; incorporates social and cultural context; explains options reasonably.
High pass	Consistently effective and culturally sensitive; supports informed, patient-centered decisions.
Honors	Exceptional communicator; deeply integrates cultural awareness and shared decision-making.

Q9. How competently and confidently did the student perform basic clinical procedures and communicate with patients during the process, while ensuring patient and healthcare team safety?

Fail	Struggles with procedural skills or patient communication.
Poor	Performs basic procedures but lacks confidence or consistency.
Pass	Safely performs procedures with minor guidance.
High pass	Performs procedures confidently and competently.
Honors	Demonstrates exceptional skill and patient-centered communication during procedures.
Not applicable	Insufficient contact

Q10. To what extent did the student identify safety risks or system issues in patient care delivery and take appropriate steps to address them? (e.g., *Noticing frequent order entry errors, workflow inefficiencies, or recognizing inconsistent use of interpreter services and advocating for proper language support.*)

Fail	Misses safety or system issues; may contribute to harm.
Poor	Recognizes issues only when prompted; limited action.
Pass	Identifies issues and communicates appropriately; needs guidance to act.
High pass	Proactively identifies and helps address issues.
Honors	Anticipates risks, acts independently, and leads or contributes to improvements.
Not applicable	Insufficient contact

Student Evaluation of Clinical Experiences

At the conclusion of each clinical clerkship, students are required to complete evaluations of the preceptor(s), clinical site, and overall clerkship experience. These evaluations are submitted online, and students will receive electronic reminders regarding any outstanding evaluations.

Students are encouraged to carefully distinguish among the three components—preceptor, site, and clerkship—when completing their assessments to ensure feedback is specific, constructive, and meaningful. Honest, fair, and thoughtful evaluations are essential for the continuous improvement of the clinical education program. They allow CNUCOM to identify and address concerns, recognize excellence, and enhance the quality of teaching and clinical training.

Completing evaluations is considered a professional responsibility. Students should dedicate appropriate time and reflection to this task to ensure the feedback is useful and actionable.

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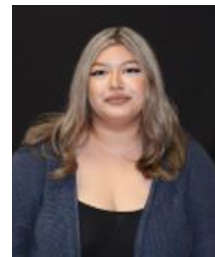


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