



# **Internal Medicine Clerkship Handbook 2025-2026**

# Clerkship Faculty and Staff



## **Internal Medicine Clerkship Director**

Zahid Iqbal, MD

Assistant Professor of Internal Medicine

Email: [Zahid.Iqbal@cnsu.edu](mailto:Zahid.Iqbal@cnsu.edu)

Phone: (916)- 397-8442



## **Clerkship Coordinator**

Michelle Yang

Email: [Michelle.Yang@cnsu.edu](mailto:Michelle.Yang@cnsu.edu)

Phone: (916)-686-7871



## **Clerkship Coordinator Supervisor**

Wesly Tse

Email: [Wesly.Tse@cnsu.edu](mailto:Wesly.Tse@cnsu.edu)

Phone: (916) 686-8516

# Introduction

Welcome to the Internal Medicine Clerkship! During this core rotation, you will be immersed in the care of adult patients with a wide range of acute and chronic medical conditions in the inpatient setting. Internal Medicine forms the backbone of adult medical care and emphasizes diagnostic reasoning, thoughtful management of complex illnesses, and patient-centered decision-making. Through your experiences on general medicine wards and subspecialty consult teams, you will develop the skills necessary to care for hospitalized adults across the spectrum of health and disease.

You will also learn to:

- Generate and prioritize comprehensive differential diagnoses
- Develop, present, and refine assessment and management plans
- Integrate physical exam findings with laboratory and imaging data
- Communicate clearly and effectively with patients, families, and healthcare teams
- Engage in clinical decision-making amidst diagnostic and therapeutic uncertainty

Your educational experience will be guided by preceptor-supervised clinical care, structured didactic sessions, bedside teaching, and independent study. You will participate in multidisciplinary rounds, write daily progress notes, deliver oral presentations, and engage in discussions that reinforce the principles of internal medicine.

Whether or not you plan to pursue internal medicine as a career, the skills and habits of mind you cultivate during this rotation will serve you across all areas of medicine. We look forward to supporting your development and helping you grow into a thoughtful, compassionate, and effective clinician.

## Clerkship Goals and Learning Objectives

### 1. Diagnostic Decision Making

- Identify and synthesize clinical problems to form logical differential diagnoses using history and physical exam findings.
- Select and interpret diagnostic tests using probability-based reasoning, test performance metrics, and patient preferences.
- Apply evidence-based resources, clinical guidelines, and cost considerations to diagnostic decision making.
- Recognize uncertainty in testing and communicate diagnostic reasoning clearly to patients and healthcare teams.

## **2. Case Presentation**

- Prepare comprehensive and focused oral and written case presentations tailored to clinical context.
- Structure information logically, prioritizing key positives/negatives and linking history to diagnosis and management plans.
- Adapt presentation length and detail based on setting (e.g., new vs. follow-up patient, written vs. oral).
- Seek and incorporate feedback regularly to refine case presentation skills.

## **3. History Taking & Physical Examination**

- Conduct organized and thorough patient histories including preventive, family, social, and medication information.
- Perform physical exams using correct techniques with attention to patient comfort, modesty, and sociocultural factors.
- Adapt the scope of exam based on clinical context and time constraints.
- Maintain hygiene, professionalism, and respect during patient encounters.

## **4. Communication & Relationships**

- Build empathetic, respectful relationships using active listening and clear verbal/non-verbal communication.
- Involve patients in shared decision-making by understanding their values, preferences, and emotional needs.
- Manage difficult conversations (e.g., breaking bad news, discussing end-of-life issues) with guidance.
- Work collaboratively and respectfully with the healthcare team, demonstrating professionalism and accountability.

## **5. Interpretation of Clinical Information**

- Independently interpret key lab results and diagnostic tests (e.g., CBC, ECG, chest X-ray) relevant to internal medicine.
- Use test characteristics and likelihood ratios to estimate disease probability before and after testing.
- Understand indications, cost, critical values, and pathophysiologic implications of diagnostic studies.
- Communicate results clearly and follow up on testing outcomes to ensure patient safety and continuity of care.

## **6. Therapeutic Decision Making**

- Develop evidence-based, individualized treatment plans considering risks, benefits, and patient values.

- Monitor therapy effectiveness and adjust treatment based on goals of care and patient response.
- Safely write prescriptions and educate patients about medication use and side effects.
- Consult other professionals when needed and recognize when care goals shift toward palliation.

## **7. Bioethics of Care**

- Understand core ethical principles, informed consent, and legal aspects of care, including end-of-life decisions.
- Respect patient autonomy, privacy, and rights to refuse care, including complex or costly interventions.
- Engage in ethical discussions with patients and families, and participate in interdisciplinary case reviews.
- Recognize and manage ethical dilemmas related to genetics, confidentiality, and resource limitations.

## **8. Self-Directed Learning**

- Formulate focused clinical questions and conduct critical literature searches to answer them.
- Critically appraise studies on diagnosis and treatment using structured frameworks.
- Recognize knowledge gaps and seek peer or faculty support to enhance learning.
- Regularly use feedback and self-assessment tools to guide continuous improvement.

## **9. Prevention**

- Identify high-risk patients and provide routine counseling and screening for major adult health conditions.
- Understand vaccine recommendations and preventive measures tailored to age, risk factors, and comorbidities.
- Perform and interpret common preventive exams and tests (e.g., Pap smear, lipid profile, PSA).
- Promote shared responsibility in prevention by encouraging healthy behaviors and respecting patient autonomy.

## **10. Coordination of Care**

- Collaborate with consultants, nurses, social workers, and community providers to ensure comprehensive care.
- Manage transitions across care settings (e.g., hospital to home or rehab) with clear communication and planning.
- Reconcile medications at each transition and ensure accurate hand-offs.
- Assess social support systems and modify care plans to address barriers at home or in the community.

## **11. Geriatric Care**

- Recognize atypical presentations of disease and manage common geriatric syndromes (e.g., falls, delirium).
- Tailor history and physical exams to accommodate sensory, cognitive, and functional limitations.
- Limit polypharmacy and involve families in decision-making about goals of care and advance directives.
- Understand Medicare principles, screen appropriately, and coordinate interdisciplinary care.

## **12. Basic Procedures**

- Know indications, risks, and steps for performing basic clinical procedures (e.g., venipuncture, NG tube, ECG).
- Obtain informed consent and explain procedures using patient-friendly language.
- Demonstrate sterile technique, proficiency, and documentation skills.
- Prioritize patient comfort, safety, and dignity before, during, and after procedures.

## **13. Nutrition**

- Understand the link between diet and disease, nutritional deficiencies, and needs in chronic illness.
- Take a focused nutritional history and identify signs of malnutrition on physical exam.
- Provide counseling on diet for conditions like diabetes, obesity, hypertension, and heart disease.
- Recognize when to refer to a dietician and respect cultural factors influencing food choices.

## **14. Community Health Care**

- Incorporate public health concepts like prevalence and social determinants into clinical decision-making.
- Use community and government resources to support underserved or at-risk patients.
- Recognize barriers to care (e.g., financial, cultural) and develop strategies to mitigate them.
- Engage in population health thinking and value diverse roles within the healthcare team.

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

| <b>Clerkship Learning Objectives (CLO)</b> | <b>Narrative</b>   | <b>EPO</b>            | <b>Assessment</b>                          |
|--|--|-----------------------|--|
| <b>CLO-1</b>                               | <b>DIAGNOSTIC DECISION MAKING</b><br>Demonstrate knowledge of common medical problems in internal medicine and key factors to consider in patient history, physical examination, and diagnostic tests.   | MSK 1-4               | Shelf Examination, Preceptor/CD Evaluation |
| <b>CLO-2</b>                               | <b>HISTORY TAKING, PHYSICAL EXAMINATION, AND CASE PRESENTATION</b><br>Demonstrate an ability to obtain a patient's history, perform physical examination, prepare legible, comprehensive, and focused patient workups, and orally present them in logical, organized, and succinct manner.         | PC1-4, C1-2, HC1-2    | Preceptor/CD Evaluation                    |
| <b>CLO-3</b>                               | <b>MEDICAL MANAGEMENT</b><br>Formulate a diagnostic and therapeutic plan for the patient based on gathered clinical information and laboratory data.   | PC5-7, RP2            | Shelf Examination, Preceptor/CD Evaluation |
| <b>CLO-4</b>                               | <b>COMMUNICATION WITH PATIENTS AND COLLEAGUES</b><br>Demonstrate appropriate listening skills and effective verbal and non-verbal techniques to communicate with patients and colleagues and ongoing commitment to self-directed learning regarding effective doctor-patient communication skills. | C1-2, P1-4, MSK4, RP4 | Preceptor Evaluation                       |
| <b>CLO-5</b>                               | <b>PREVENTION</b><br>Demonstrate knowledge of primary, secondary, and tertiary prevention and address preventive health care issues as a routine part of the assessment of patients.   | MSK1-5, HC1           | Shelf Examination, CD Evaluation           |
| <b>CLO-6</b>                               | <b>FOUNDATIONAL KNOWLEDGE</b><br>Demonstrate knowledge of the basic sciences and pathophysiologic principles behind the manifestations of the disease conditions.  | MSK1-5                | Shelf Examination                          |



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-1                   |
| Q2. Differential Dx              | CLO-1                 | CLO-6                   |
| Q3. Management Plan              | CLO-3                 | CLO-1, CLO-6            |
| Q4. Documentation                | CLO-2                 | CLO-4                   |
| Q5. Oral Presentation            | CLO-2                 | CLO-4                   |
| Q6. Evidence-Based Practice      | CLO-6                 | CLO-1, CLO-3            |
| Q7. Interprofessional Teamwork   | CLO-4                 | CLO-2                   |
| Q8. Patient/Family Communication | CLO-4                 | CLO-5                   |
| Q9. Clinical Procedures          | CLO-3                 | CLO-4                   |
| Q10. Systems/Safety              | CLO-3                 | CLO-4, CLO-5            |

# Clerkship Educational Activities

## Daily and Weekly Schedule

Students will work Monday through Sunday with 1 day off from clinical and educational responsibilities each week. Students on inpatient services are expected to work one weekend day at the discretion of the attending. Students will not be required to take overnight call. Important variations in the schedule are:

- The clerkship director will provide orientation to the Internal Medicine clerkship at 1pm on first Monday of the rotation.
- Monday afternoons are reserved for didactics, virtual cases, and independent study time. All students will be excused from clinical responsibilities by noon on Mondays.
- The students are excused from clinical responsibilities on the last Thursday of the clerkship to study for the NBME Subject Exam.
- The last Friday of the rotation is reserved for the NBME Subject Exam.

**Attendance:** Mandatory except for personal emergencies or as arranged with the clerkship director and preceptor.

**Hours:** At the discretion of attending, but generally not earlier than 6:00 AM or later than 7:00 PM.

---

## History and Physical reports submitted to Clerkship Director

History and physical notes are an essential part of clinical participation: Students are expected to create, on average, one daily or every other day during all 6 weeks of the clerkship. Attending preceptors may have additional requirements such as daily SOAP notes as part of delivering effective clinical care.

Students are required to submit 2 history and physical reports to the Clerkship Director. First H&P is due by end of week 3 and second H&P is due by week 5. These reports should be submitted to Canvas. It is important these reports are HIPAA compliant and omit any specific identifying data (name, date of birth, etc.)

A write up that is judged sub-standard by the clerkship director will be returned to the student for revision and re-evaluation. Failure to meet these requirements may result in assignment of remedial work before receiving a final grade in the clerkship rotation (including, but not limited to, additional written or clinical assignments, oral examination, or written essay examination).

## Grading Rubric for History and Physical reports:

| Score  | Exceeds Expectations  | Meets Expectations  | Needs Improvement   |
|--|---|---|---|
| <b>1) History</b>                                | <ul style="list-style-type: none"> <li>Includes <b>all</b> key components in HPI</li> <li>Other areas of history (CC, Past Medical History, Medications, Allergies, Family History, Social History and Review of Systems) fully addressed</li> </ul>  | <ul style="list-style-type: none"> <li>Identifies <b>most</b> key components of HPI</li> <li>Other areas of history (CC, Past Medical History, Medications, Allergies, Family History, Social History and Review of Systems) are adequately addressed</li> </ul>  | <ul style="list-style-type: none"> <li>Identifies <b>some</b> key components of HPI</li> <li>Other areas of history (CC, Past Medical History, Medications, Allergies, Family History, Social History and Review of Systems) are not fully addressed</li> </ul>   |
| <b>2) Physical Exam</b>                          | <ul style="list-style-type: none"> <li><b>All</b> key components of physical exam are included</li> </ul>   | <ul style="list-style-type: none"> <li><b>Most</b> key components of physical exam are included</li> </ul>  | <ul style="list-style-type: none"> <li><b>Some</b> key components of physical exam are included</li> </ul>  |
| <b>3) Laboratory and Investigations</b>          | <ul style="list-style-type: none"> <li><b>All</b> relevant known other objective data reported (laboratory, radiological and other test results) listed.</li> </ul> <p><b>Note:</b> for test results that are not available, please state which tests are ordered/pending.</p>  | <ul style="list-style-type: none"> <li><b>Most</b> relevant known other objective data reported (laboratory, radiological and other test results) listed.</li> </ul>  | <ul style="list-style-type: none"> <li><b>Some</b> relevant known other objective data reported (laboratory, radiological and other test results) listed.</li> </ul>  |
| <b>4) Assessment</b>                             | <ul style="list-style-type: none"> <li><b>All</b> key differential diagnoses are identified with thoughtful and convincing reasoning for their inclusion.</li> <li>Supportive information from pertinent positive and negatives in H&amp;P and objective data included.</li> </ul>                                      | <ul style="list-style-type: none"> <li><b>Most</b> differential diagnoses are identified with some reasoning for their inclusion included.</li> <li><b>Most</b> supportive information from pertinent positive and negatives in H&amp;P and objective data included.</li> </ul>   | <ul style="list-style-type: none"> <li><b>Some</b> differential diagnoses are identified with some reasoning for their inclusion included.</li> <li><b>Some</b> supportive information from pertinent positive and negatives in H&amp;P and objective data included.</li> </ul>                                     |
| <b>5) Plan/ Problem-Based Patient Management</b> | <ul style="list-style-type: none"> <li><b>Excellent</b> and well-prioritized plan</li> <li><b>All</b> considerations are addressed (consultation, education, follow-up, etc.)</li> <li><b>Convincing</b> evidence that the patient is safe in the short-term and will benefit from the plan in the long-term</li> </ul> | <ul style="list-style-type: none"> <li><b>Most</b> Short- and long-term management considerations are presented, with <b>good</b> indication that a higher degree of thought and consideration of the big picture for management is indicated</li> <li>Many aspects of short and long-term management are considered</li> </ul> | <ul style="list-style-type: none"> <li>Short- and long-term management considerations are presented, with <b>some</b> indication that a higher degree of thought and consideration of the big picture for management is indicated</li> <li>Some aspects of short and long-term management are considered</li> </ul> |

**Oral Presentation:** Each student will be required to make one case presentation with discussion of one clinical subject during Monday didactics sessions. Presentations will include case presentation and discussion of clinical disorder. Clinical subject discussion will include: general introduction (significance of disorder, incidence, etc.), general clinical presentation, differential diagnosis, evaluation, treatment and anything else important to this topic.

**Grading:** Based on the following criteria

1. Organization of material presented
2. Focused with appropriate time
3. Provides main elements of History and Physical: focused but pertinent negatives and positives presented
4. Differential diagnosis: includes important considerations/good thought process about what is most likely
5. Presentation well researched/material with educational merit
6. Presentations skills: General interaction/knowledge of material/appropriately answering questions

**Attendance and Participation:** This portion of the Internal Medicine Clerkship grade will be based on professionalism during clerkship rotations, general participation in discussions during the Monday didactic sessions and completing all requested work.

**Preceptor Responsibilities:**

All attending physicians and residents are expected to provide:

- Daily supervision
- 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. The written assessments are due no later than 2 weeks from the mid-point and completion of the clerkships, respectively.
- Preceptors are prohibited from medically treating the medical students that they are supervising.

**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 focused history and examination and present that patient to the preceptor, on average once per day. Students will write/type up each evaluation and submit it to the preceptor for comments.
- Students must also submit 2 H&P write ups for the entire clerkship to the clerkship director.
- Assign additional patient experiences that may include focused exams on follow-up patients.
- On inpatient services, allow students to follow 2-3 patients (depending on complexity).
- Exposure to critical care setting is highly desirable.
- Ensure student experiences are hands-on, with oral patient presentations to preceptors.
- Provide constructive feedback on physical exam, differential diagnosis, and treatment.
- Fill out evaluations upon completion of the rotation. These evaluations are due no later than 2 weeks after the completion of the clerkships.
- Assign brief readings (preferably from recent primary literature) on interesting patient topics as you see fit.

# Required Clinical Experiences and Procedures

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 (acute MI, chest pain, CHF, arrhythmias)                   | Evaluate or Assist     |
| Pulmonary conditions (COPD, pneumonia, SOB, asthma)                           | Evaluate or Assist     |
| GI conditions (GI bleed, PUD, Nausea/vomiting, diarrhea, gallstones)          | Evaluate or Assist     |
| Renal conditions (HTN, kidney stone, pyelonephritis, retention, electrolytes) | Evaluate or Assist     |
| Hematology/Oncology (malignancy, anemia, thrombocytopenia)                    | Evaluate or Assist     |
| Rheumatologic conditions (SLE, arthritis, joint pain)                         | Evaluate or Assist     |
| Endocrine conditions (Diabetes, thyroid)                                      | Evaluate or Assist     |

Students are also expected to observe or perform the following procedures:

- Arterial blood gas
- EKG placement and interpretation
- Finger stick glucose
- Foley catheter placement
- Nasogastric tube placement
- Peripheral I.V. placement
- Rectal exam
- Urine dipstick (as available)
- Venipuncture

# Recommended Resources

## Books:

- **Step-Up to Medicine (5th Edition)** – A high-yield review book that covers essential topics in internal medicine with clear outlines and helpful diagrams.
- **Harrison's Principles of Internal Medicine (21st Edition)** – The go-to reference for in-depth understanding, though best for deeper dives into topics rather than quick reviews.
- **Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine (7th Edition)** – Perfect for quick reference on the wards, organized by common clinical problems.

## Question Banks:

- **UWorld Step 2 CK QBank** – Essential for both learning and preparing for the shelf exam; detailed explanations are very helpful.

## Online Resources:

- **UpToDate** – For quick look-ups and evidence-based management plans while on the wards.

## Apps:

- **MDCalc** – Clinical decision tools and risk calculators.
- **Epocrates** – Quick reference for drug interactions, dosing, and side effects.
- **UpToDate Mobile App** – Fast, evidence-based clinical information.

# 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.**