



Psychiatry
Clerkship Handbook
2025-2026

Clerkship Faculty and Staff



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Introduction

Welcome to your Psychiatry Clerkship! Over the course of this rotation, you will gain hands-on experience in the assessment and treatment of individuals with mental health disorders across inpatient and/or outpatient settings. By the end of the clerkship, you will develop a deeper understanding of the full spectrum of psychiatric treatment modalities—both pharmacologic and non-pharmacologic—and how they can improve patients' mental health and overall quality of life.

You will also learn to:

- Recognize emergent psychiatric conditions
- Determine when to initiate hospitalization
- Understand when to involve law enforcement or protective social services for safety and support

Your educational experience will be guided by a mix of structured and self-directed learning, including:

- Preceptor-supervised clinical encounters
- Clerkship-specific didactic sessions
- Assigned readings and videos
- Independent learning activities

Each student will be provided with a clinical observation checklist that outlines key psychiatric conditions and presentations to observe during the rotation. Additionally, all students will participate in a collaborative group activity focused on substance use disorders.

If you are considering a fourth-year elective in psychiatry or are interested in pursuing psychiatry as a career, the Clerkship Director is available to provide advice, mentorship, and additional resources. Do not hesitate to reach out to explore these opportunities further.

Clerkship Goals and Learning Objectives

By the end of the Psychiatry Clerkship, students will be able to:

1. **Conduct a psychiatric interview** in an empathic, culturally sensitive manner that facilitates both effective information gathering and the development of a therapeutic alliance with patients from diverse backgrounds.

2. **Document a comprehensive psychiatric history**, both orally and in writing, including a complete mental status examination and a well-organized presentation of clinically relevant findings.
3. **Generate a thorough treatment plan** by identifying psychopathology and character pathology, formulating an accurate differential and working diagnosis using DSM-5 criteria, assessing patient strengths and prognosis, and creating a biopsychosocial formulation that links logically to individualized treatment recommendations, including safety planning.
4. **Differentiate conditions** that may be managed with behavioral and supportive interventions alone from those requiring pharmacologic treatment.
5. **Recommend appropriate psychotherapeutic interventions** based on the clinical context and individual patient needs.
6. **Order relevant laboratory tests** to rule out medical conditions that may confound psychiatric symptoms, monitor for metabolic side effects, assess therapeutic drug levels, and determine when consultation with neurology or other medical specialties is indicated.
7. **Demonstrate knowledge of major psychiatric disorders**, including their epidemiology, clinical features, diagnostic criteria, differential diagnoses, typical course and prognosis, and evidence-based treatment strategies.
8. **Summarize key aspects of psychotropic medications**, including their indications, contraindications, mechanisms of action, pharmacokinetics and pharmacodynamics, efficacy, cost considerations, common and serious side effects, toxicities, and interactions with other drugs or medical conditions. Demonstrate the ability to select and appropriately use medications in the treatment of mental health disorders.
9. **Understand the principles and techniques of psychotherapies and behavioral interventions**, and be able to explain these approaches to patients. Make appropriate referrals for psychotherapy when indicated.
10. **Identify indications for psychiatric hospitalization**, taking into account clinical acuity, risk to self or others, availability of community resources, and family or caregiver support.
11. **Utilize psychiatric evidence-based medicine resources**, including relevant databases, to critically appraise scientific literature and apply findings to improve patient care.
12. **Demonstrate strong interpersonal and communication skills**, enabling effective collaboration and information exchange with patients, families, and members of 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 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 elicit and accurately document a complete psychiatric history and examination and communicate the findings both orally and in writing.	MSK 1-5; PC-7	NBME Shelf, Preceptor Evaluation, and Clerkship Director Evaluation
CLO-2	Demonstrate the knowledge the established standards for the development of psychiatric diagnoses and the ability to use the Diagnostic and Statistical Manual of Mental Disorders in this process.	PC 1-7; C 1 & 2; HC 1	NBME Shelf, Preceptor Evaluation, and Clerkship Director Evaluation
CLO-3	Demonstrate the knowledge of scientifically established evidence-based management of acute and chronic diseases found in the field of psychiatry.	PC 1, 2, 5, 7; MSK 1-3	NBME Shelf, Preceptor Evaluation, and Clerkship Director Evaluation
CLO-4	Demonstrate the ability to advocate for prevention of psychiatric disease and the evolving recommendations for screening and treatment of chronic diseases common in psychiatry.	PC 5, 7, 8; MSK 1-4	NBME Shelf, Preceptor Evaluation, and Clerkship Director Evaluation
CLO-5	Demonstrate foundational knowledge in psychiatry of major disorders and their pathophysiology.	PC 1, 2, 5, 7; RP 2	NBME Shelf, Preceptor Evaluation, and Clerkship Director Evaluation
CLO-6	The student will demonstrate professionalism by upholding the professional standards of the specialty including honesty, integrity, compassion and dedication to excellence while continuing to engage in self-reflection and independent learning as means to self-improvement.	P 1-4; HC 1,2; RP 1,3,4	Preceptor Evaluation and Clerkship Director Evaluation

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-1	CLO-5, CLO-6
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-6	CLO-1
Q8. Patient/Family Communication	CLO-6	CLO-3
Q9. Clinical Procedures	CLO-3	CLO-6
Q10. Systems/Safety	CLO-6	CLO-3, CLO-4

Clerkship Educational Activities

Orientation Day Schedule

Unless otherwise specified by your preceptor(s), Orientation Day for the Psychiatry Clerkship will begin at 9:00 AM. Below is a sample outline of orientation activities and didactic topics. Please note that specific topics and the order of presentations may vary depending on your clinical site and faculty availability.

Welcome and Introductions

- Student introductions and icebreakers
- Overview of clerkship goals and expectations
- Review of the psychiatry student handbook
- Explanation of the evaluation and grading process
- Introduction to rotation sites and clinical settings
- Overview of the substance use component
- Review of clerkship resources, required readings, and assigned videos

Clinical Foundations

- Conducting the mental status examination
- The structure and content of the psychiatric interview ("nuts and bolts")
- Understanding transference and countertransference dynamics in clinical settings

Documentation and Case Formulation

- Expectations for case write-ups
- Examples of effective and ineffective case formulations
- Introduction to the biopsychosocial model for clinical formulation
- Guidance on assessment and planning
- How to present a psychiatric case orally and in written format
- Assignment of case presentations during the rotation
- Administration and interpretation of the Montreal Cognitive Assessment (MoCA)

Emergency Psychiatry

- Identification and management of psychiatric emergencies, including:
- Danger to self and danger to others
- Grave disability

Legal and ethical considerations

- Tarasoff duty to warn
- Involvement of Child Protective Services (CPS) and Adult Protective Services (APS)

Rotation Schedule

The day-to-day and weekly schedule of clinical activities will be determined by your assigned attending physician. In general, students are expected to be on-site Monday through Friday, with Friday afternoons reserved for didactics and case presentations. Students are not required to take overnight call or work on weekends.

Weekly Overview

Monday–Thursday: Clinical duties as assigned by your preceptor or attending physician.

Friday Morning: Continue with clinical work as usual.

Friday Afternoon (1:00–4:00 PM): Required didactic sessions and student case presentations. These sessions will be conducted virtually via Microsoft Teams. For students rotating locally, classroom space may be reserved, and the session will be offered in a hybrid format (both in-person and online).

Final Friday of the Rotation

There will be no clinical duties or didactic sessions on the final Friday. Students are excused from rotation responsibilities on this day to sit for the NBME Psychiatry Subject Exam. The exam will be administered either at the College of Medicine or at an approved Southern California testing site coordinated with clerkship staff. **Please note:** Students are still expected to report for clinical duties on Thursday, the day prior to the exam.

Case Write-Ups

(50% oral presentation, 50% written submission)

A well-crafted case presentation is a valuable tool for both psychiatrists and non-psychiatrists. Presenting cases effectively is a skill you will use throughout your medical career, and with practice, your confidence and proficiency will grow. A strong case presentation not only conveys key clinical information but also demonstrates your understanding of the major factors influencing diagnosis, management, and treatment.

Additionally, your presentation serves as a teaching opportunity for your peers. Be sure to share any clinical pearls or notable learning points from your rotation that relate to your chosen case.

You will be given 10–15 minutes to present your case, followed by up to 5 minutes for questions and discussion.

Case Presentation Instructions

1. **Case selection and review:** Choose one patient case from your clinical experience during the rotation that you found particularly interesting. You can review the case with your preceptor to ensure your understanding of the differential diagnosis, formulation, and treatment plan. To support

your discussion, please review 2–3 recent (published within the last 5 years) journal articles on the relevant topic.

2. **Patient confidentiality:** All presentations and written work must be HIPAA-compliant. Remove any identifying information, such as patient names, dates of birth, or medical record numbers.
3. **Presentation and written submission requirements:** Create a PowerPoint presentation to share with the class. Submit a written case report on Microsoft Teams before the end of the rotation. The write-up should include all elements of a comprehensive psychiatric evaluation.

Include a complete history, mental status evaluation, diagnosis (including a differential diagnosis), followed by a biopsychosocial assessment (formulation), which illustrates your conceptualization of the patient and which factors are in play in an individual’s illness. This also helps guide treatment planning (medication, interventions with family, therapy etc.) Include any safety issues identified, positive and negative prognostic factors.

BIO: The biological factors include things such as biological causes of the disease, genetics (family history of mental illness), medical conditions that may be contributing, medication side effects, alcohol or illicit drugs, and drugs (pharmacotherapy).

EXAMPLE (BIO)

“This is a 28-year-old female who recently attempted suicide by cutting her wrists. She is genetically predisposed to mood disorders, given her mother’s and grandmother’s diagnoses of bipolar disorder, She has had multiple prior hospitalizations because of poor compliance with her psychotropic medications. Complicating her picture, she has a long history of methamphetamine, alcohol and cannabis use, and it will be important to rule out a drug induced mood disorder...”

PSYCHO: Psychological factors include a person’s coping strategies, personality and factors that may be candidates for therapy (cognitive behavioral therapy, psychodynamic psychotherapy, dialectic behavioral therapy, etc), their ability to have relationships with others, ego strengths (or weaknesses), history of abuse or the environmental upbringing, personality temperaments.

EXAMPLE (PSYCHO)

“...Because of her borderline personality disorder traits and history of poor coping mechanisms, the recent breakup with her boyfriend likely triggered significant suicidal ideation, with true intent to die and a carefully thought out attempt to “make sure no one found me in time”. Given that her frequency of suicide attempts have increased and have gradually become more lethal over time, her trajectory is very concerning for a successful suicide attempt in future.”

SOCIAL: The social factors include a person's living situation, their support (both family and friends), finances, situation at work/school, legal history or problems, religion and/or spirituality, CPS or APS involvements, etc.

EXAMPLE (SOCIAL)

"...The client reports that she has no friends, and spends her time isolated at her mother's home, has no exercise, and is on the internet all the time for her social needs. She is currently unemployed and has had legal problems She has an upcoming court appearance for methamphetamine possession."

End with prognostic statements:

EXAMPLE: "...Given her current presenting history and symptoms, I feel her prognosis is very guarded. We will utilize this hospitalization to link her with appropriate therapy, and social rehabilitation and consider obtaining her mother's help to ensure that she takes her medications consistently.

- 4. Create a problem list and provide treatment recommendations** for each identified problem. Include relevant psychotherapeutic strategies where appropriate.

GRADING RUBRIC: CASE PRESENTATION

Student Name: _____
(First Name) (Last Name)

Oral presentation: (100 points; 50% of grade) **Evaluator Name:** _____

- ____ (20) The history of the present illness brings out how symptoms evolved over time and guides audience
- ____ (10) Provides the main elements of the psychiatric history, without missing sections
- ____ (10) Mental status exam is complete. Uses EXAMINER'S perspective only. No: "...Patient reports..."
- ____ (10) Diagnosis is complete, no significant missed diagnoses
- ____ (10) Appropriate rule out diagnoses provided, justified by presentation
- ____ (10) Presentation was well researched
- ____ (10) Good organization throughout
- ____ (10) Answers questions appropriately at the end of the presentation
- ____ (10) Overall has a good grasp of the way to present information to colleagues.
Presentation has educational merit

= **TOTAL SCORE, ORAL** (out of 100)

Written presentation: (100 points; 50% of grade)

- ____ (10) No missing elements for a complete psychiatric history and physical write-up
- ____ (10) Mental status findings are described appropriately, and the report addressed danger to self, danger to others and grave disability
- ____ (10) All diagnoses (including rule-outs) have been included and updated from oral presentation.
- ____ (20) Formulation is complete, in a biopsychosocial format, and well put together, with all the important points identified, showing mastery/understanding of the patient's problems
- ____ (10) All safety issues have been appropriately addressed in the formulation
- ____ (20) The problem list generated is comprehensive, with no missing problems
- ____ (10) The student has identified appropriate ways to treat/address all the identified problems
- ____ (10) Overall the client presented the material in an organized fashion, showing attention to detail, and a good grasp of the acuity of the patient.

TOTAL SCORE, WRITTEN (out of 100)

Grand total out of 200

(FINAL score %)

Written Patient Notes and Reports

Documenting psychiatric evaluations and treatment plans is a critical component of clinical education and patient care. Throughout the four-week clerkship, students are expected to write one to two patient notes per day, depending on their clinical caseload and site expectations.

These notes should reflect thoughtful clinical reasoning, accurate observations, and appropriate treatment planning. Preceptors will provide guidance and feedback to support your development of professional documentation skills.

In addition to psychiatric evaluation notes, some attending physicians may require students to submit daily SOAP notes or other documentation formats as part of routine clinical care. These additional expectations will vary by site and attending, and students should clarify documentation requirements during the initial days of the rotation.

Addiction Psychiatry Assignment: AA/NA Meeting Reflection

As part of your Addiction Psychiatry learning experience, you are required to attend one open meeting of Alcoholics Anonymous (AA) **or** Narcotics Anonymous (NA) during your clerkship.

After attending the meeting, please write a brief reflection (approximately one to two paragraphs) describing your observations and insights. Your reflection may include, but is not limited to:

- The structure and tone of the meeting
- The atmosphere and level of participant engagement
- Personal impressions or takeaways about recovery, stigma, or the support process
- Any professional insights into the lived experience of individuals dealing with substance use disorders

Please also include the date, time, and location (or virtual platform) of the meeting you attended.

Submit your completed reflection by posting it to Microsoft Teams no later than the last day of the rotation.

Clerkship Assessment Components

Preceptor Evaluation Criteria

Preceptors will assess students across multiple core competencies that reflect both clinical skills and professional behavior. These evaluations contribute significantly to the final clerkship grade and offer valuable feedback for student development.

Students will be evaluated in the following domains:

Medical Knowledge and Clinical Skills: This includes the ability to conduct a comprehensive psychiatric interview and mental status examination, recognize and classify psychiatric disorders, formulate an appropriate differential diagnosis, and develop an initial plan for evaluation and treatment.

Humanism and Patient-Centered Care: Preceptors will assess a student's ability to build rapport with patients, maintain focus on patient comfort, dignity, and safety, and appropriately involve family members in the assessment and treatment planning process.

Professionalism: Students will be evaluated on their communication skills, behavior and interactions with patients, families, and healthcare team members, professional appearance, punctuality, accountability in fulfilling responsibilities, and accuracy and completeness of documentation.

All narrative comments and scoring from preceptors will be reviewed by the Clerkship Director when determining final grades for the rotation.

Professionalism During Psychiatry Clerkship

The clerkship is not only about gaining medical knowledge, but also about developing the professional behaviors, values, and attitudes expected of a physician. Psychiatry preceptors will provide feedback on each student's professionalism throughout the rotation.

Interpersonal Skills

- Preceptors will evaluate how well students:
- Assess family dynamics and support systems
- Demonstrate cultural sensitivity in healthcare delivery
- Integrate social, psychological, and economic factors into patient care
- Understand and consider patient expectations, beliefs, and assumptions
- Engage effectively with patients and families, including building rapport and creating a comfortable environment during evaluations

Professional Behavior

- Students are expected to exhibit:
- Respect, integrity, and honesty in all interactions
- Insight and openness to self-assessment and growth
- Adherence to patients' rights and privacy
- Professional handling of potential conflicts between personal beliefs and patient care
- Respect for patient autonomy, including their right to accept or refuse treatment and the influence of cultural factors on healthcare decisions
- Positive, collaborative interactions with the entire mental health care team, including ancillary staff

Clerkship Participation and Conduct

All students are expected to meet the following professional and academic standards:

- Attend and fully participate in all clerkship activities, including orientation, didactic sessions, group discussions, and examinations
- Make clinical decisions thoughtfully, defend your reasoning, and learn from mistakes
- Stay up to date on all assigned patients and supplement your understanding with relevant readings; bring peer-reviewed articles to team discussions when appropriate
- Be punctual and present each day of the rotation
- Treat patients, peers, residents, faculty, and staff with respect at all times
- Actively apply constructive feedback received from preceptors and peers; formal feedback will be provided at mid-rotation (week 2) and end-of-rotation (week 4) by the Clerkship Director
- Report to your assigned sites and teams as designated by the Clerkship Director
- Prioritize continuity of care when feasible, following patients across settings to support clinical learning and therapeutic relationships

Dress Code and Personal Appearance

Professional attire is required at all times during the psychiatry clerkship. The expected standard is business professional. In most cases, lab coats are not necessary, even in hospital settings, unless otherwise directed. Please consult the Clerkship Director or site coordinator regarding site-specific dress expectations before your first day.

General guidelines include:

- Wear closed-toed shoes in hospital or inpatient settings
- Do not wear jeans
- Fingernails must be clean and trimmed to a safe length
- Jewelry should be tasteful and not excessive
- Facial piercings (excluding earrings) are not permitted, including tongue piercings
- Hair, including facial hair, must be clean, well-groomed, and appropriately styled; hair coloring should be tasteful and not distracting
- Pins or adornments on clothing must be professional, medically relevant, and non-political

Examples:

- Acceptable: awareness pins (e.g., breast cancer, HIV/AIDS)
- Unacceptable: political or religious slogans, or messages supporting non-medical social issues

If you have any questions or concerns about dress code policies, please contact the Clerkship Director. Repeated or serious violations of professional appearance or behavior standards may be referred to the Office of Student Affairs for further review.

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
Affective Disorders (Depression, Bipolar)	Evaluate or Assist
Substance Use Disorders	Evaluate or Assist
Anxiety Disorders, PTSD, OCD	Evaluate or Assist
Personality Disorders	Evaluate or Assist
Psychotic Disorders (Schizophrenia and related disorders)	Evaluate or Assist

Recommended Resources

1. First Aid for the Psychiatry Clerkship. Stead, Kaufman, Yanofski. Fourth edition.
2. Lange Q&A Psychiatry, 11th edition, Blitzstein (updated to DSM V) or other question book.
3. U World question bank has been recommended by students taking this clerkship.
4. DSM 5 (Desk reference to the Diagnostic Criteria, POCKET edition) Am. Psych. Association.
5. TED TALKS: Addiction is a disease. We should treat it like one (online video 10 minutes)
https://www.ted.com/talks/michael_botticelli_addiction_is_a_disease_we_should_treat_it_like_one
6. TED TALKS: Everything you think you know about addiction is wrong. (online video, 14 minutes)
https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong

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.