

# **California University of Science and Medicine**



## **Clinical Clerkship Handbook 2020-21**

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# **INTRODUCTION**

## **Mission of CUSM**

To advance the art and science of medicine through innovative medical education, research, and compassionate health care delivery in an inclusive environment that advocates critical thinking, creativity, integrity, and professionalism.

## **Vision of CUSM**

To develop a socially accountable medical school that:

- Directs its education, research, and service activities towards addressing the priority health concerns and wellbeing of its community
- Inspires, motivates, and empowers students to become excellent and caring physicians, scientists and leaders
- Facilitates a medical education to promising students especially from California's Inland Empire
- Shares freely with the global community its innovative curriculum and advances of best practices in medical education

## **Overview of the CUSM Clinical Medicine Program**

The Clinical Clerkship Program is designed to build on students' pre-clinical education to provide students with education and training in the general areas of family medicine, emergency medicine, internal medicine, obstetrics & gynecology, pediatrics, psychiatry, neurology and surgery; as well as exposure to additional specialty areas during their rotations, such as infectious diseases, Dermatology, Oncology, Palliative care, Allergy and Immunology, Rheumatology, Geriatric Medicine, Endocrinology, Pulmonary Medicine, Cardiology, Nephrology, etc. Please see below. CUSM is affiliated with Arrowhead Regional Medical Center (ARMC) which serves as the primary teaching hospital. The clerkship program of CUSM permits greatest degree of educational experience in diverse clinical environments for students to develop expertise in the diagnosis and management of diseases.

The clerkship experience provided at clinical site partners and the numbers of students assigned to those sites by CUSM are determined by mutual agreement between the clerkship directors and clinical faculty who are members of the Department of Medical Education. During year four, students take electives and a sub-internships in areas of student interest.

## **Clerkship Learning Outcomes/Objectives<sup>1</sup>:**

### **Medical Knowledge/Skills**

- Identify and describe the conditions commonly encountered in medical practice. <sup>(EPA 1, 2, 6, 10)</sup>
- Apply knowledge of molecular, cellular, biochemical, nutritional, and systems-level mechanisms that maintain homeostasis and of the dysregulation of these mechanisms to the prevention, diagnosis, and management of disease. <sup>(EPA 1-7, 10)</sup>
- Apply major principles of the basic sciences to explain the pathobiology of significant diseases and the mechanism of action of important biomarkers used in the prevention, diagnosis, and treatment of diseases. <sup>(EPA 1-7, 10)</sup>
- Use the principles of genetic transmission, molecular biology of the human genome, and population genetics to 1) obtain and interpret family history and ancestry data, 2) infer and calculate the risk of diseases, 3) order genetic tests to guide decision making and to assess patient risk, and 4) institute an action plan to mitigate this risk. <sup>(EPA 1-7, 10)</sup>

- Apply the principles of the cellular and molecular basis of immune and non-immune host defense mechanisms in health and disease to 1) determine the etiology of diseases, 2) identify preventative measures, and 3) predict response to interventions. (EPA 2-7, 10)
- Apply the mechanisms of those processes which are responsible for the maintenance of health and the causation of disease to the prevention, diagnosis, management, and prognosis of important disorders. (EPA 2-7, 10-11)
- Apply principles of the biology of microorganisms in normal physiological and diseased states to explain the etio-pathogenesis of diseases and identify management and preventative measures. (EPA 2-7, 10)
- Apply the principles of pharmacology to evaluate options for safe, rational, and optimally beneficial interventions. (EPA 4-7, 10)
- Apply quantitative and qualitative knowledge and reasoning and informatics tools to diagnostic and therapeutic decision making. (EPA 1-7, 10, 11, 13)

### **Patient Care**

- Provide patient care that is compassionate, appropriate, and effective for the promotion of health and the treatment of health-related problems. (EPA 1-7, 10-13)
- Identify and describe common treatment modalities and perform routine procedures used in medical practice (EPA 3, 4, 10-12)
- Apply specific protocols used in clinical practice. (EPA 2-6, 10-11)
- Interpret common radiologic and laboratory tests. (EPA 2-6, 10)

### **Professionalism**

- Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. (EPA 1-8, 10-13)
- Demonstrate compassion, integrity, and respect for others. (EPA 1-8, 10-12)
- Demonstrate respect for patient privacy and autonomy. (EPA 1-8, 10-12)
- Demonstrate responsiveness to patient needs that supersedes self-interests. (EPA 1, 3, 10, 12)
- Demonstrate accountability to patients, society, and the profession. (EPA 1-8, 10, 12)
- Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in age, sex, culture, race, religion, disabilities, and sexual orientation. (EPA 1-8, 10-12)

### **Interpersonal Communication**

- Demonstrate interpersonal and communication skills that result in collaboration and the effective exchange of information with patients, their families, and health professionals. (EPA 1-12)
- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds. (EPA 1, 3-7, 10-12)
- Communicate effectively with physicians, other health professionals, and health related agencies. (EPA 1-10, 12)
- Work effectively as a member of surgical or medical care teams. (EPA 4-11)
- Maintain comprehensive, timely, and legible medical records. (EPA 4, 5, 8, 9, 11)

### **Personal Improvement (Practice-Based Learning)**

- Identify strengths, deficiencies, and limits in one's knowledge and expertise (self-assessment and reflection). (EPA 2-4, 6-10, 12, 13)

- Set learning and improvement goals. (EPA 6, 7, 9, 12)
- Identify and perform appropriate learning activities. (EPA 6, 7, 9, 12, 13) Systematically analyze own practice using quality improvement (QI) methods and implement changes with the goal of continuous improvement (EPA 5, 7, 9, 13)
- Incorporate “formative” evaluation feedback into daily practice. (EPA 5-9, 12, 13)
- Locate, appraise, and assimilate evidence from scientific studies related to the patients’ health problems (evidence-based medicine). (EPA 2-7, 9, 13)
- Use information technology to optimize learning outcomes. (EPA 4, 5, 7-9, 11)

### **System Improvement (System-Based Practice)**

- Demonstrate an awareness and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in systems available to provide optimal health care. (EPA 2-5, 7-9, 10, 13)
- Work effectively in various health care delivery settings and systems. Coordinate patient care within the health care system. (EPA 3-5, 8-11, 13)
- Incorporate consideration of cost awareness and risk-benefit analysis in patient and population-based care. (EPA 3, 4, 7, 13)
- Advocate for quality patient care and to help optimize patient care systems. (EPA 3, 5, 9, 11, 13)
- Work in inter-professional teams to enhance patient safety and improve patient care quality. (EPA 1-13)

### **The Core Entrustable Professional Activities (EPAs) for Entering Residency**

Definition: Expectations for both learners and teachers that include 13 activities that all medical students should be able to perform upon entering residency, regardless of their future career specialty.

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests
- EPA 4: Enter and discuss orders and prescriptions
- EPA 5: Document a clinical encounter in the patient record
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 8: Give or receive a patient handover to transition care responsibility
- EPA 9: Collaborate as a member of an interprofessional team
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician
- EPA 13: Identify system failures and contribute to a culture of safety and improvement

## **GENERAL CLERKSHIP GUIDELINES**

### **Structure**

CUSM students participate in a well-structured, clinical training experience in each specialty area. Students are supervised by one or more attending physicians and, in some circumstances, residents. The program structure provides the preceptors and students clearly defined responsibilities for meeting educational objectives.

## **Teaching Techniques and Evaluation Methodology**

The specific objectives for each rotation are clearly defined in the curriculum sections of this Handbook.

1. The student is required to keep an electronic log of all patient care activities.
2. The student is assessed by the attending physicians through periodic oral evaluation and by observations of clinical performance.
3. Supervising physicians complete the Student Performance Assessment Form(s) provided for evaluation of students. These are completed at the mid and end of the clerkship.
4. The student completes an evaluation form about the physician/preceptor and overall clerkship and returns the form to clerkship director.
5. Evaluations are performed through a web-based secure electronic evaluation system (e.g. OASIS).

## **Educational Activities**

Educational programs and resources, e.g. lectures, conferences, videotapes, etc., are available at the clinical site and online (via Canvas and/or OASIS). Students have four hours of required weekly educational sessions: two hours as an entire cohort and two hours studying clerkship-specific material. These sessions are active and have required preparatory material available via Canvas. Clerkship syllabi contain all specific, required educational activities, required cases, and readings. Students are required to record patient logs to track required clinical encounters for each clerkship.

## **Patient Care**

Students should comply with all requirements related to patient care as established by the clerkship director.

## **Medical Student Supervision Policy**

1. Clerkship Directors and the Associate Dean of Clinical Curriculum are primarily responsible for disseminating standards for student and patient safety during clerkship rotations.
2. Students must be informed of the expectations (professional behaviors, curricular objectives and goals) for their participation and supervision in patient care. Department chairs, clinical and academic faculty, residents, and the GME office at ARMC and other clinical affiliated facilities, must also be informed of these standards.
3. The Associate Dean of Clerkship Curriculum working with staff in the Department of Medical Education is responsible for assigning students to designated clinical faculty for clerkship experiences and for ensuring that faculty and students are notified of these assignments.
4. Qualified clinical faculty and residents under their supervision must always be present at ARMC and all other affiliated clinical sites and available for supervision (i.e. direct supervision or indirect supervision with direct supervision immediately available) of medical students on duty for patient care activities.
5. Students on duty must have rapid and reliable systems for contacting their supervising faculty and residents.
6. Direct supervision is defined as being physically present with the student to personally observe and supervise the student. Not all student activities on rotation require “direct supervision”. Clerkship Directors and the Associate Dean of Clinical Curriculum provide supervising clinical faculty, residents and students with a list of general and

rotation-specific clinical activities, approved by the Curriculum Committee, that students can perform and the level of supervision that is required for these activities. This information is outlined in the clinical syllabi specific to each rotation.

7. Clerkship Directors and the Associate Dean of Clinical Curriculum inform students of limitations and legal consequences of professional misconduct (e.g., unacceptable behavior, inability to prescribe medication, enter orders or perform procedures without appropriate supervision).
8. Students can report immediate concerns or issues with clinical supervision to the Clerkship Director who will address the matter as soon as possible. Where the Clerkship Director is unable to resolve the matter or the student feels the matter cannot be, or has not been, satisfactorily resolved by the Clerkship Director, the student or Clerkship Director should refer the issue to the Associate Dean of Clinical Curriculum and/or the Senior Associate Dean of Medical Education.
9. Clinical supervision is regularly monitored through the mid- and end-of-rotation evaluations which is completed by students and contains questions related to the learning environment and clinical supervision. The end-of-course/clerkship evaluations are reviewed and analyzed by the Assessment and Evaluation Committee and reported to the course/clerkship director and the Office of Medical Education for action.

## **Orientation**

CUSM students are provided with a week-long orientation session immediately preceding the first day of clerkship rotations. Students gain ACLS certification, participate in a bootcamp preparation for clerkship responsibilities, are introduced to the clinical site facilities, services and administration, as well as becoming oriented specifically to their first clerkship rotation. Thereafter, students are provided specialty-specific orientations at the beginning of each rotation.

### **Annual Introduction to Clerkships (1 week prior to clerkship start date)**

#### **Clerkship Boot-Camp)**

1. The ACLS Provider Course (BLS primer if needed)
2. Preparation for Clerkship
  - a. Maximizing the transition to clinical education
  - b. Clinical Education Roles and Expectations
  - c. Professional Development
  - d. Mask fitting
3. SP-based OSCE exams
  - a. H&P
  - b. Orders and interpretation
  - c. Pt. Note
  - d. Report to attending physician
  - e. Team-based simulations
  - f. Procedure stations
  - g. Case assessments

#### **General Orientation to Clinical Site:**

1. Meet Clerkship Directors and Clerkship Coordinators
2. Introduction to hospital facilities and services:
  - a. Patient rooms and clinics
  - b. Emergency Department



Course Code	Course Name	Weeks	Credits
<b>GS-7100</b>	Surgery	8 (2 blocks, 4 each)	8
<b>IM-7200</b>	Internal Medicine	8 (2 blocks, 4 each)	8
<b>CH-7300</b>	Pediatrics	6 (2 blocks, 3 each)	6
<b>MH-7400</b>	Ob/gyn	6 (2 blocks, 3 each)	6
<b>FM-7500</b>	Family Medicine	6 (2 blocks, 3 each)	6
<b>PS-7600</b>	Psychiatry	6 (2 blocks, 3 each)	6
<b>NR-7700</b>	Neurology	4	4
<b>EM-7800</b>	Emergency Medicine	4	4
<b>TOTAL</b>		<b>48</b>	<b>48</b>

## Year 4 Coursework

FOURTH YEAR																																																			
Options	Number of weeks																																																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51
	July			August			Sept			October			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun																	
1	Radiology/Imaging (2 wks) Sub-Internship (6 weeks) Critical Care (4 weeks)*						Elective			Elective			Elective			Holiday & Interviews			Elective			Elective			Elective			Residency Preparation & Commencement																							
2	Elective			Radiology/Imaging (2 wks) Sub-Internship (6 weeks) Critical Care (4 weeks)*						Elective			Elective						Elective			Elective			Elective																										
3	Elective			Elective			Radiology/Imaging (2 wks) Sub-Internship (6 weeks) Critical Care (4 weeks)*						Elective						Elective			Elective			Elective																										
4	Elective			Elective			Elective			Radiology/Imaging (2 wks) Sub-Internship (6 weeks) Critical Care (4 weeks)*									Elective			Elective			Elective																										

Key: \*Required electives may be taken in any order

## Year 4 Paths and Specialties

The fourth year of the curriculum involves 36 weeks of non-core clinical rotations (36 credits) consisting of selectives and electives. The selectives are mandatory rotations in radiology/imaging (2-weeks), sub-internship (6-weeks), and critical care (4-weeks). The remaining rotations are electives that the student chooses with the assistance of their clinical faculty mentor.

Course Code	Course Name	Weeks	Credits	
<b>Selectives</b>	<b>RAD-8500</b>	Radiology/Imaging	2	2
	<b>Various</b>	Critical Care	4	4
	<b>Various</b>	Sub-Internship	6	6
<b>(Additional 4<sup>th</sup> year electives)</b>		6 Electives	4 weeks each	24
<b>TOTAL</b>			<b>36</b>	<b>36</b>

## Year 4 Electives

Electives are available in the following areas<sup>1</sup>:

Allergy and Clinical Immunology	Infectious Diseases	Pain Medicine
Anesthesiology	Maternal-fetal Medicine	Palliative Care
Basic Science Module	Medical/Surgical Critical Care	Pediatric Critical Care

<sup>1</sup> Alternative electives rotations may be available following approval by the Associate Dean of Clinical Curriculum.

Cardiology	Neonatology	Physical Medicine & Rehabilitation
Dermatology	Nephrology	Plastic and Reconstructive Surgery
Emergency Ultrasound	Neuroradiology	Public Health/Service Learning
Endocrinology (outpatient)	Neurosurgery	Pulmonary Medicine
Gastroenterology	Obstetric Anesthesia	Radiation Oncology
Geriatric Medicine	Ophthalmology	Rheumatology (outpatient)
Global Health	Orthopedic Surgery	Urology
Gynecologic surgery	Otolaryngology	

## **Electives Diversification Policy**

The elective diversification policy and other relevant information such as the policy for a VSAS application can be found in the MD Program Student Handbook<sup>2</sup> Page II-101.

## **GENERAL STUDENT PROTOCOLS**

Students are to notify the CUSM Office of Student Affairs and Admissions of any change in contact information (e.g. mailing address, phone numbers, etc.) during the clinical years.

### **Clinical Dress Code**

1. In any instance of interacting with patients or standardized patients including service learning, clinical skills, and clerkships, students must wear clean white clinic coats bearing their nametag.
2. Students must wear their photo identification badge at all times while on the campus and any clinical site-issued identification badge should be worn while at that site.
3. Students shall dress in a manner appropriate for a physician in clinical care settings. Conservative, business casual clothing is the general rule. Closed toed shoes are required. Avoid potentially controversial or offensive slogans or images.
4. Some affiliated hospitals have dress codes that are more stringent, and students assigned to those locations must abide by the hospital dress code.
5. Students should have, a clean, functioning stethoscope, appropriate writing implements (e.g., pens with black ink), and other hand-held equipment as appropriate for the clerkship (e.g. otoscope/ophthalmoscope, penlight, etc.)
6. On services where scrub suits are indicated, these suits are provided by the clinical site.

### **Immunization Requirements, Criminal Background Checks, and Drug Testing**

All requirements prior to participation in clinical training are outlined in the MD Program Student Handbook Page II-111 through 114.

### **Policy and Protocol for Exposure to Infectious Disease and Environmental Hazards**

#### **Purpose**

To ensure that students are educated regarding the infection and environmental hazards in medical education and learn the protocol should they get exposed to infectious and environmental hazards. This document also describes the policy on implications of infectious and/or environmental disease or disability on medical student educational activities.

<sup>2</sup> California University of Science and Medicine. University Student Catalog/Handbook Academic Year 2019-20 (7/1/2019 – 6/30/2020) Revision 1.0.5 <https://www.cusm.org/docs/CUSM%20University%20Student%20Catalog-Handbook%202019-20%20Rev-1.0.5.pdf>

## **Policy on the infectious and environmental hazards in medical education**

Because all students at CUSM-SOM are at risk for exposure to infectious and environmental hazards, the medical students must complete the training for infectious and environmental hazards at the time of matriculation and periodically throughout the MD program. In the event of exposure to infectious and environmental hazards, the medical student must report the exposure incident immediately to the supervising faculty as well as the Office of Student Affairs and Admissions and obtain immediate medical intervention through an available medical provider. The financial responsibility for post-exposure evaluation and prophylaxis will be covered by the facility where the exposure occurred and the student's mandatory health insurance. Students will be responsible for paying any health insurance deductibles and co-pays associated with post-exposure evaluation and prophylaxis.

## **Protocol for Exposure to Infectious and Environmental Hazards in Year 3 and 4**

School of Medicine and Visiting Students:

1. In case of student exposure to an infectious disease or environmental hazard, the student:
  - a. Must immediately notify the supervising faculty member or Clerkship Director that exposure to an infectious or environmental hazard has occurred. The supervisor should assess the situation and direct the student appropriately.
  - b. Both the supervisor and student must notify the Office of Student Affairs and Admissions within 24 hours and an "incident report" should be documented in the student's record.
2. The student should proceed immediately to the appropriate office or individual based on the clinical settings listed below, as directed by their supervisor:
  - a. Hospital setting during regular business hours:
    - i. Contact clerkship, elective, or clinical supervisor.
    - ii. Inform the supervising attending physician and resident/fellow.
    - iii. Report to Infection Control Officer/Occupational Health.
    - iv. Follow up with designated individual for exposure prophylaxis and monitoring.
  - b. Hospital setting during night, weekend hours and holidays:
    - i. Report exposure to the supervising attending physician and resident/fellow and seek advice on obtaining treatment.
    - ii. Report to Infection Control Officer/Occupational Health.
    - iii. Seek assistance from clinic or facility emergency room physicians if directed.
  - c. Other settings during regular hours:
    - i. Report exposure to the supervising attending physician and resident/fellow and follow their advice on obtaining treatment.
    - ii. If the above individuals are unavailable, proceed to the nearest emergency room for post-exposure evaluation and possible prophylaxis.
  - d. Other settings during night and weekend hours and holidays:
    - i. Report exposure to the supervising attending physician and resident/fellow and follow their advice on obtaining treatment.

- ii. If the above individuals are unavailable, proceed to the nearest emergency room for post-exposure evaluation and possible prophylaxis

### **Infectious Disease Screening and Follow-up Protocol**

The evaluating healthcare providers at the above locations will evaluate the risk that an exposure to an infectious hazard poses to the student, make prophylactic recommendations, and recommend indicated follow-up. In each case, the Office of Student Affairs and Admissions must be notified within 24 hours of the incident.

### **Hepatitis B Exposure Protocol**

Variables that will influence the decision to provide post-exposure prophylaxis for hepatitis B in students exposed to blood or body fluids include:

1. The status of the source patient
2. The nature of the exposure
3. The immunity status of the student.

If the exposed student is known to be immune to hepatitis B, no hepatitis B prophylaxis for the exposed student or testing for hepatitis B of the source patient is required.

If the exposed student is unsure of his or her status, laboratory testing should be performed to assess both the source patient and student's serologic status.

If the student is not immune and the patient is positive for hepatitis B, then the student should receive immune globulin and hepatitis B vaccine series. Follow-up testing should be performed at six months to verify the student's hepatitis B status.

Source patients should also be tested for hepatitis C. Exposed students should receive follow-up testing for this virus as outlined by the Centers for Disease Control and Prevention (CDC).

### **HIV Exposure Protocol**

Variables that will influence the decision to provide post-exposure prophylaxis for HIV in students exposed to blood or body fluids include:

1. The status of the source patient
2. The nature of the exposure
3. Whenever possible laboratory testing should be performed to assess both the source patient and student's serologic status prior to beginning post-exposure prophylaxis.
4. If HIV post-exposure prophylaxis is indicated, the student will be given the most current antiretroviral medication(s) as recommended by the most current CDC guidelines
5. The student should undergo follow-up HIV testing at 6 weeks, 3 months, 6 months, and 12 months.
6. Additional testing for hepatitis B and C should be done as outlined in the hepatitis B protocol above.

### **Policy on Training for Exposure to Blood-Borne or Air-Borne Pathogens**

Training sessions on infectious risks and environmental risks including blood-borne pathogens, universal precautions (see below), body fluids, contaminated sharps, basic radiation safety, fire, and electronic shock risk are presented during the Year 1 and Year 3 student orientation. During the orientation sessions, all School of Medicine students also

receives basic training on the use of personal protective equipment, and specific steps to take should exposure to an infectious or environmental hazard occur. Visiting students receive training on infectious risks and environmental risks during their School of Medicine orientation prior to starting clinical duties.

School of Medicine students as well as visiting students also receive additional training in infectious and environmental hazard risks during orientation at each clinical facility.

All School of Medicine students are also required to take the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen (BBP) training every year. This training is available on-line. School of Medicine students are expected to complete the on-line course and quiz prior to the start of classes for the academic year. A score of  $\geq 70\%$  on the quiz is required for certification. Visiting students are expected to complete the on-line Bloodborne Pathogen (BBP) course and quiz prior to the start of any clinical rotations. A score of  $\geq 70\%$  on the quiz is required for certification.

Moreover, School of Medicine students receive additional training regarding the risk of infectious hazards including body fluids during Basic Life Support Training as a component of training in safe laboratory/clinical practices. Additional training occurs during the clinical skills sessions in the first two years.

### **Policy on the implications of infectious and/or environmental disease on medical student educational activities**

The School of Medicine is responsible for balancing the educational, safety, and privacy needs of its students who may be immunocompromised or suffering from infectious diseases. CUSM-SOM also has an obligation to protect the health and safety of the patients. If a student is immunocompromised or suffering from an infectious disease, the Senior Associate Dean of Student Affairs and Admissions will work with Clerkship Directors to modify student's clinical responsibilities to best protect the student and the patients that he/she treats, while at the same time ensuring that the affected student receives an educational experience that is equivalent to that of other students.

### **Policy on Universal Precautions**

Universal precautions are an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other bloodborne pathogens (Table: Universal Precautions below). Universal precautions apply to blood and to other body fluids containing visible blood. Occupational transmission of HIV, HBV, and HCV to healthcare workers by blood is documented. Blood is the single most important source of HIV, HBV, HCV and other bloodborne pathogens in the occupational setting. Infection control efforts for HIV, HBV, HCV and other bloodborne pathogens must focus on preventing exposures to blood as well as on delivery of HBV immunization.

Universal precautions apply to highly infectious material such as blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluids, amniotic fluid, pleural fluid, pericardial fluid, peritoneal fluid, and other body fluids.

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. The risk of transmission of HIV, HCV, and HBV from these fluids and materials is extremely low. Universal precautions do not apply to human breast milk. However, gloves may be worn by students and health care workers when

exposures to breast milk are frequent (e.g. in breast milk banking). HIV has been isolated, and surface antigen of HBV (HBsAg) has been demonstrated in some of these fluids; however, epidemiologic studies in the healthcare and community setting have not implicated these fluids or materials in the transmission of HIV, HCV and HBV infections. Some of the above fluids and excretions represent a potential source of nosocomial and community-acquired infections with other pathogens, and recommendations for preventing the transmission of non-bloodborne pathogens have been published.

## **Universal Precautions Protocol**

1. Use barrier protection to prevent skin and mucous membrane contact with blood or other body fluids.
2. Wear gloves to prevent contact with blood, infectious material, or other potentially contaminated surfaces or items (procedures include phlebotomy, finger or heel sticks on infants and children, dressing changes, suturing, examination of denuded or disrupted skin, immunizations or injections, any surgical procedure, and pelvic gynecologic exam).
3. Wear face protection if blood or body fluid droplets may be generated during procedures
4. Wear protective clothing if blood or body fluids may be splashed during a procedure.
5. Wash hands and skin immediately and thoroughly if contaminated with blood or body fluids.
6. Wash hands immediately after gloves are removed.
7. Use care when using sharp instruments and needles. Place used sharps in labeled puncture resistant containers.
8. If you have sustained exposure to a puncture wound (e.g., needle stick injury), immediately flush the exposed area with clean water, saline, or sterile irrigates and/or wash with soap and water and notify your supervisor and the Office of Student Affairs and Admissions.

## **Needle Stick Injuries**

Studies indicate that needle stick injuries are often associated with the following activities that students **must avoid**:

1. Recapping needles.
2. Transferring a body fluid between containers.
3. Failing to properly dispose of used needles in sharps containers.

## **Recommendations for prevention**

1. Avoid the use of needles where safe and effective alternatives are available.
2. Use devices with safety features provided by the school/hospital.
3. Avoid recapping needles.
4. Plan safe handling and disposal before beginning any procedure using needles.
5. Dispose of used needle devices promptly in appropriate sharps disposal containers.
6. Report all needlestick and other sharps-related injuries promptly to ensure that you receive appropriate follow-up care.
7. Share your experiences about hazards from needles in your work environment.
8. Participate in bloodborne pathogen training and follow recommended infection prevention practices, including hepatitis B vaccination.

## **Education and Training**

One of the prime objectives of this policy is to encourage those in the medical school community to educate themselves about HIV/AIDS, tuberculosis, HBV, HCV and other infectious materials and environmental hazards. Education is the best protection against fear, prejudice, and infection.

Students are required to follow appropriate infection control procedures including body substance precautions, where there is a risk of parenteral, mucous membrane, or cutaneous exposure to blood, body fluids, or aerosolized secretions from any patient, irrespective of the perceived risk of a bloodborne or airborne pathogen.

Current epidemiological data indicate that individuals infected with HIV and other bloodborne pathogens present no risk of transmitting infection when participating in educational activities or in the patient care environment when standard infection control practices are used.

**Further relevant policy including CUSM Policy on Students with Active Hepatitis B, Hepatitis C, or Human Immunodeficiency Virus Infection can be found in the MD Program Student Handbook Page II-90.**

## **Reporting for Service**

Prior to the start of the clerkship, students should review their schedule to determine the location and start time for the first day of the elective. Unless otherwise arranged, on the first day of the clerkship students should report for orientation by 8:00 a.m.

## **Attendance Policy and Duty hours**

CUSM must educate medical students, residents, and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. The medical school must be committed to and responsible for promoting patient safety and student well-being in a supportive educational environment. The clerkship director must ensure that students are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. CUSM policy on duty hours are adapted from the ACGME work-load policies for PGY-1 residents and address LCME standard 8.8 “Monitoring of Student Time.”

1. Definition of duty hours<sup>3</sup>: Duty hours are defined as all clinical and academic activities required of the student such as:
  - a. Patient care, including indirect work such as pre-rounding, patient documentation, etc.
  - b. Administrative duties related to patient care
  - c. Scheduled academic activities (i.e., conferences, etc.)
2. Duty hour limits: Students duty hours must be in accordance with the following regulations:
  - a. Maximum hours of work per week must not exceed 80 hours per week
  - b. Maximum duty period length must not exceed 24 continuous hours
  - c. 24-hour shifts must not exceed (1) night every four (4) days
3. Maximum Frequency of In-House Night Float
  - a. Students must not be scheduled for more than six consecutive nights of night float

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<sup>3</sup> Duty hours do not include studying and preparation time spent away from the duty site.

4. Mandatory duty-free time:

Adequate time for rest and personal time between required educational activities must be provided and consist of the following:

- a. Students must have at least 8 hours, free of duty between scheduled duty periods.
- b. Students must be scheduled for a minimum of one day/week (seven days) free of duty (i.e. free from all required educational and clinical responsibilities).

5. Compliance & Monitoring of duty hours:

- a. Compliance with the duty hour policy is monitored by the Office of Medical Education (clerkship coordinator).
- b. Any concerns about hours are reported to the clerkship director, department chair and Associate Dean of Clinical Curriculum who will address the concerns.
- c. Questions concerning duty hours and workload are on the mid- and end-of clerkship evaluation done by the students and are included in the clerkship director's reports to the curriculum committee.

6. Non-Retaliation:

Any form of retaliatory action against students who accurately report infractions of this policy is strictly prohibited. Persons, including attending physicians and residents, found responsible for retaliatory actions of any kind will be subject to disciplinary actions and may lose their educational privileges.

The Medical Student Duty Hours Policy (Years 3 and 4) is distributed to students, supervising faculty, residents and fellows via posting on the CUSM website and placement in the CUSM Student Catalog/Handbook, Clinical Clerkship Handbook, and clerkship syllabi. It also is communicated to students during their Year 3 orientation. Clerkship directors review the policy with the clerkship faculty, residents, and fellows annually prior to the first clerkship rotation of the academic year.

During their clerkships, students participate in 3- and 4-week rotation segments and are required to complete a rotation evaluation at the end of each segment. In this evaluation, they report on hours spent during the rotation and any duty hour concerns that arose during the rotation. Information collected from the evaluations is provided to the respective clerkship directors and the Associate Dean of Clinical Curriculum, as well as, reported by the clerkship director to the Clerkship Curriculum Subcommittee. Clerkship directors also meet with students at the end of each rotation segment and specifically address any concerns regarding duty hours. Any concerns identified during these meetings are also reported to the Associate Dean of Clinical Curriculum and the Clerkship Curriculum Subcommittee and subsequently to the Curriculum Committee.

A student who feels a violation of duty hours policy is occurring may use the following mechanisms to report their concerns:

- Contact the clerkship director to review the student's duty hours.
- Review of the duty hours with the Senior Associate Dean of Student Affairs and Admissions.
- Report a concern anonymously through the Student Honor Council, who can bring up the issue to the senior Associate Dean of Student Affairs and Admissions and/or the Associate Dean of Clinical Curriculum.
- Bring the issue to the attention of anyone in the School of Medicine administration, as there is essentially "no wrong door."
- The student may bring up issues as part of a confidential conversation with the CUSM's

- director of counseling and wellness, who in turn may notify the appropriate authorities.
- Concerns received from all sources are reported to the Associate Dean of Clinical Curriculum, and the Senior Associate Dean of Medical Education, who will ensure the concerns are appropriately addressed.

## **Compliance & Monitoring**

This policy is monitored for compliance by the Office of Medical Education, clerkship directors, and Associate Dean of Clinical Curriculum through the students' mid- and end-of-clerkship rotation evaluations. If it is found that a student has worked beyond the allowable time frame, the Associate Dean of Clinical Curriculum will meet with the specific clerkship director to assure policy compliance.

Work hour violations can be reported to the Office of Medical Education at the time of occurrence by anyone, including the student, who can verify the violation. Any form of retaliatory action against anyone who reports infractions of this policy is strictly prohibited.

## **Absence Policy**

Students are required to attend all activities during their clinical clerkships. This policy clarifies the reasons for absences which are potentially excusable, not excusable and to explain the process of requesting absences, and to describe how lost time may be made up. The guidance covers the majority of potential reasons for student absences. There are other events that may cause a student to be absent, and there are also extenuating circumstances that may occur. In those cases, the Associate Dean of Clinical Curriculum should be notified to make fair and well-reasoned decisions. This policy was prepared with the recognition that CUSM medical students are hard-working professionals with a strong vested interest in their own learning.

Students missing more than three days of six- or eight-week clerkship rotations will be required to make-up some, or all, of the rotation, depending on circumstances. The same is true for students in 4-week rotations who miss more than two days.

Students with any absences may have make-up work assigned at the discretion of the Associate Dean for Clinical Curriculum and any such required time must be made up before a passing score is given for the clerkship. Any student missing more than five (5) days total, and for any reason, of any rotation, will be referred by the Clerkship Director to the Associate Dean for Clinical Curriculum for consultation and remediation. All absences must be reported to the student's assigned clinical team including the attending physician and/or resident where applicable as well as the Associate Dean of Clinical Curriculum as soon as possible.

Absences required for healthcare visits of less than two hours do not need approval from the Associate Dean of Clinical Curriculum. However, students must notify their assigned clinical team. Clinical curriculum includes assigned activities on weekend days. While students are required to have one day off in seven, as clarified in the duty hours outlined below, the scheduled day off may not always fall on a Saturday or Sunday.

For plannable events, such as weddings and recreational trips, advance planning should start well ahead of selecting clerkships and rotations which will avoid missing any clerkship time. For other events that become known after the clerkships are scheduled, students should make a written request to the Associate Dean of Clinical Curriculum regarding the proposed absence as soon as event dates are known.

## **Exceeded limits:**

Students who exceed the permitted number of absences described in this policy must arrange (through the Office of Medical Education) to meet with the Associate Dean of Clinical Curriculum within seven (7) days of exceeding the limits for consultation and remediation. The Associate Dean of Clinical Curriculum will evaluate the appropriateness of the student absences and may take the following actions:

1. Approve the absences as acceptable and work with the student and Clerkship Director or designee to ensure that all requirements of the missed course, clerkship, and/or rotation are completed in a timely manner.
2. Find a portion or the entire period of the absence unacceptable. Such finding may result in:
  - a. Requirement that the clerkship, or rotation be repeated
  - b. Official censure in the student's academic record
  - c. Notation of the lapse of professional responsibility in the student's Medical Student Performance Evaluation/Dean's Letter.

The Associate Dean of Clinical Curriculum will provide the student with his/her decision regarding the approval or denial of the absences in question and the action to be taken in regard to the absences within seven (7) days of meeting with the student. Within seven (7) days of receipt of the decision of the Associate Dean of Clinical Curriculum, the student may:

1. Accept the decision.
2. Submit a written appeal to the Senior Associate Dean of Medical Education.

## **Consequences of Unexcused Absences**

Failure to attend assigned clinical activities without communicating with the Associate Dean of Clinical Curriculum and the clinical care team, as well as any unexcused absence will require a meeting with the Associate Dean of Clinical Curriculum. This represents an important element in the assessment of the student's professionalism competency in the clerkship grade narrative prepared for the student.

Other potential consequences would include, but are not limited to, inability to receive an honors grade on the clerkship, reduction of the clerkship grade, failure of the clerkship, counseling by the Senior Associate Dean of Medical Education and/or Senior Associate Dean of Student Affairs and Admissions, and referral for discussion at the Student Academic Standards and Promotion Committee.

## **Disciplinary procedures**

All students are required to comply with CUSM policies to remain in good standing and continued attendance in CUSM. Unprofessional conduct, any unacceptable behavior or violation of CUSM policies may be a cause for disciplinary action against the student, up to and including dismissal. (Please refer CUSM catalog for more information).

## **Responsibilities and Duties**

1. During the clerkship, the student is responsible to the personnel in charge of the clinical unit.
2. All students are expected to comply with the general rules established by the hospital or clinic at which they are trained.

3. All problems or difficulties should be communicated to the Clerkship Director and the Office of Medical Education.
4. Students should attend all clinical site activities (conferences and mandatory programs) related to their clinical clerkship/elective. A weekly or monthly schedule of the hospital educational programs should be obtained each week or month from the Clerkship Director or preceptor. For example, a student on their Surgery clerkship should attend regularly scheduled departmental M&M sessions unless doing so would violate their duty hours.
5. CUSM places great importance in the students performing history taking and physicals (H&P's) during clinical training. However, the individual policies of clinical training sites are acknowledged and CUSM policy has been aligned with each individual site's policy. The student is expected to complete an average of at least one (1) H&P per day on the assigned service. The history taking and physicals should be supervised and critiqued by appropriate personnel with a feedback to the student.
6. The Chair of each department provides the clinical clerk with the policies of the clinical site(s) for writing medical orders. All documentation activities (orders written or verbal, patient care progress notes, etc.) in a clinical setting are under the direction and supervision of an attending physician or resident who assumes responsibility for the student and the patient.
7. Students are responsible for maintaining the required immunizations.
8. Students are required to provide proof of personal health insurance and HIPAA, BLS, ACLS, and OSHA training completion if requested by CUSM and/or a clinical training site.

## Malpractice Insurance

All CUSM students on approved clinical clerkships within the United States are covered by the professional liability insurance for all four years of their education. Students can obtain an insurance/eligibility letter from the CUSM Office of Student Affairs and Admissions.

## Standards of Conduct for the Teacher-Learner Relationship

CUSM follows the American Medical Association (AMA)'s recommendation, in a policy entitled "Teacher-Learner Relationship in Medical Education," which urges all medical education programs to develop standards of behavior for both teachers and learners based on the following Code of Behavior:

*"The teacher-learner relationship should be based on mutual trust, respect, and responsibility. This relationship should be carried out in a professional manner, in a learning environment that places a strong focus on education, high-quality patient care, and ethical conduct."*<sup>4</sup>

A climate of mutual respect in the teaching and learning environment is among the main core attributes of CUSM professionalism requirements. CUSM is committed to foster the development of professional and collegial attitudes needed to provide caring and compassionate health care by all members of the medical school community, including medical students, resident physicians, faculty, volunteers and other staff who participate in

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<sup>4</sup> AMA Teacher-Learner Relationship In Medical Education H-295.955:  
<https://policysearch.ama-assn.org/policyfinder/detail/teacher-learner?uri=%2FAMADoc%2FHOD.xml-0-2254.xml>

the educational process. CUSM believes that teaching and learning should take place in an environment of mutual respect where students are evaluated based on accomplishment, professionalism, and academic performance. This includes a shared commitment among all members of the CUSM community to respect each person's worth and dignity and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

In this way, CUSM assures an educational environment in which medical students, resident physicians, faculty, volunteers, and other staff may raise and resolve issues without fear of intimidation or retaliation. CUSM is committed to investigating all cases of mistreatment in a prompt, sensitive, confidential, and objective manner. In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration, and leadership in learning. The teacher expects the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective physician. Both parties can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities in the educational relationship with unfailing honesty. CUSM is committed to investigating all cases of mistreatment in a prompt, sensitive, confidential, and objective manner. Mistreatment may be defined as "treatment of a person that is either emotionally or physically damaging; is from someone with power over the recipient of the damage; is not required or not desirable for proper training; could be reasonably expected to cause damage, and may be ongoing." This includes verbal (swearing, humiliation), emotional (neglect, a hostile environment), sexual (physical or verbal advances, discomforting humor), and physical harassment or assault (threats, harm). To determine if something is mistreatment, one should consider if the activity or action is damaging, unnecessary, undesirable, ongoing, or could reasonably be expected to cause damage. Examples of mistreatment/inappropriate behavior or situations that would be unacceptable include:

- Physical contact, including any physical mistreatment or assaults such as hitting, slapping, kicking, throwing objects or threats of the same nature
- Verbal abuse (attack in words, or speaking insultingly, harshly)
- Comments and jokes of stereotypic or ethnic connotation, visual harassment (display of derogatory cartoons, drawings or posters)
- Inappropriate or unprofessional conduct that is unwarranted and reasonably interpreted to be demeaning or offensive
- Requiring a student to perform tasks intended to humiliate, control, or intimidate the student
- Unreasonable requests for a student to perform personal services
- Grading or assigning tasks used to punish a student rather than to evaluate or improve performance
- Purposeful neglect or exclusion from learning opportunities as means of punishment
- Sexual assault or other acts of sexual violence
- Sexual harassment
- Disregard for student safety
- Being denied opportunities for training because of gender, race/ethnicity, or sexual orientation
- Being subjected to offensive remarks/names directed at you based on gender, race/ethnicity, or sexual orientation

- Receiving lower grades or evaluation based on gender, race/ethnicity, or sexual orientation.
- Sexual connections between two people when one of them has any expert obligation regarding another's scholarly performance or professional future

## **Commitment of CUSM Faculty**

Given their roles in the educational process and their inherently unequal positions vis a vis students, all instructional personnel (including faculty, residents, and other members of the healthcare team) are to treat students with courtesy, civility, and respect and with an awareness of the potential impact of their behavior on such students' professional futures. The faculty at CUSM reaffirm their continuing commitment to providing, promoting, and maintaining a professional and respectful work and learning environment. The faculty constantly are observing the learning environment in health centers as well as instructional sites and professional meetings. The faculty is committed to identifying positive and negative professional trends and develop appropriate strategies to enforce or correct the behavioral trend. This attitude of the faculty reaffirms their commitment to recognizing and promoting positive role models in professionalism as well as to instilling the values in:

1. Students: as a requirement of their academic training, the values and attributes of professionalism facilitate the development of their professional identity in preparing them for their future role as professors, researchers, or physicians
2. Faculty: as a condition of obtaining an academic appointment, maintaining the appointment, and advancing through the academic ranks, the importance of teaching and demonstration to learners the values and attributes of professionalism that the public and the profession expect of a professor or a physician
3. Staff: the importance of demonstrating to learners and to staff members, professionalism in carrying out their employment duties.

The Faculty recognizes that unprofessional behavior disrupts, impairs, and interferes with the quality of medical education, research, and patient care as well as the proper functioning of the learning environment.

## **Non-Faculty Instructors in Medical Student Education**

All instructors who do not hold a CUSM-SOM faculty appointment (e.g., residents, graduate students and post-doctoral fellows), must receive instruction in teaching and assessment methodologies as well as in the goals and objectives of the medical education program and clerkships they will be involved in before they may participate in teaching or assessing CUSM-SOM medical students.

## **EVALUATION AND GRADING**

### **General Philosophy**

While evaluation is an important part of the clinical education, focus should be maintained on gaining clinical experience, expanding fundamental knowledge, providing high-quality care, developing professionalism and clinical competence. Students should pay close attention not only to the grade earned, but also specific components of evaluations that are designed to provide feedback and guidance to improve future performance.

## **Clinical Evaluations**

### **Expectations**

Expectations from students for each clerkship are written in the clerkship syllabus and explained at student orientation to the clerkship. Maintaining patient logs and completion of required learning experiences and procedures are mandatory.

### **Clerkship, Site, and Preceptor Evaluations**

During their clerkships, students participate in 3- and 4-week rotation segments and are required to complete a rotation evaluation at the end of each segment. In this evaluation, they report on hours spent during the rotation and any duty hour concerns that arose during the rotation. Information collected from the evaluations will be provided to the respective clerkship directors and the Associate Dean of Clinical Curriculum, as well as, reported by the clerkship director to the Clerkship Curriculum Subcommittee. Clerkship Directors also meet with students at the end of each rotation segment and specifically address any concerns regarding duty hours. Any concerns identified during these meetings will also be reported to the Associate Dean of Clinical Curriculum and the Clerkship Curriculum Subcommittee and subsequently to the Curriculum Committee. Students complete the preceptor evaluation form online, which contains both Likert and narrative sections. Clinical faculty will receive, via electronic mail, a link to the evaluation form for all students whom they have supervised.

### **Clinical Performance Assessment**

Following each segment of the clerkships, students will meet face-to-face with their designated clinical preceptor to discuss their overall performance and the completion of rotation evaluation. The primary intent of CUSM's clinical performance assessment is the evaluation and provision of feedback to students to identify specific strengths and weakness and to offer guidance. Clinical faculty assess students' performance and offer advice for improvement. Students cannot view their evaluations until completing and submitting evaluations of the preceptor, site, and clerkship.

### **Evaluation of Preceptor, Site, and Clerkship**

Following each clinical clerkship or clerkship segment, students are expected to complete an online evaluation of the preceptor, site, and clerkship. Students should take care to distinguish the assessment of these three portions of their experiences in order to provide the most useful feedback to CUSM. It is only through honest and fair evaluation that problems can be identified and corrected. Cumulative evaluations are shared with the clinical faculty and student anonymity is maintained.

### **NBME Subject Examination**

The National Board of Medical Examiners (NBME) has a series of clinical subject examinations that are used for assessment of discipline-based learning. CUSM third-year clerkship students complete the NBME clinical subject examinations at the end of each clerkship rotation and the results of these examinations are summative. For those clerkship that have two segments, students also complete NBME clinical subject examinations at the end of the first segment with the results of these examinations being formative. In addition to the formative and summative results these examinations provide for individual students, they also provide aggregate data regarding CUSM students' preparation in these areas and offer

benchmarks for comparison with all medical students nationally. A passing NBME subject examination is required to pass the clerkship.

## **USMLE Step 2 Clinical Knowledge (CK) and Clinical Skills (CS)**

The USMLE Step 2 results provide information on student preparedness for clinical duties as resident physicians. The tests are required and are administered in Year 4. These are milestones that contribute to the validation of the clinical training medical students receive during their rotations. The data also inform the CUSM Assessment and Evaluation Committee on students' performance relative to national norms. By looking at the distribution of student scores, it may be possible to refine the educational program leading to the MD degree and improve student learning outcomes at CUSM.

## **Comprehensive Clinical Assessment**

Students are assessed using a comprehensive clinical assessment at the end of each two term in their third year. The assessments consist of multi-station OSCE developed jointly by the clerkship directors and cover content and skills from each rotation. The first assessment is formative, and students are provided specific feedback regarding their performances. The second assessment, at the completion of all clerkships, is summative. Results of the OSCEs are reviewed by clerkship directors and the Associate Dean of Clinical Curriculum and reported at the Clerkship Curriculum Subcommittee meeting.

## **Additional Curricular Requirements**

Various additional requirements for satisfactory completion of clinical courses may also be applied. These requirements are outlined in syllabi prior to the start of the rotation and may include, but are not limited to:

- Attendance at didactic sessions (e.g., lectures, clinical case conferences)
- Completion of online educational modules
- Demonstration of competence in selected procedures
- Observed performance of clinical skills
- Written assignments (e.g., academic paper, sample History and Physical note)

## **Grade Calculation**

All required clerkships and electives are recorded in the student's academic record with the grades indicated in the table below:

In all clerkships the minimum passing grade is 70%. In addition to this calculated total of 70%, students must receive a passing NBME subject examination score and the preceptor evaluation score.

Students are reminded that all courses must be passed for promotion or graduation. The clerkship grade appears on the transcript which is a reflection of the earned numerical score. Clerkship Final Grade components:

Preceptor Evaluation (including ELAs)	30%
NBME Shelf Exam	25%
Multi-station OSCE	25%
Patient Log / Required Clinical Encounters	10%
Patient Notes	10%

### Clerkship Passing Grade requirements:

- Minimum total score of 70% of the above components
- A passing NBME Subject Examination score
- Minimum score of 70% of possible preceptor evaluation score
- Minimum score of 70% on the Final Multi-station OSCE

	Numerical Threshold
<b>Honors</b>	90 – 100
<b>High Pass</b>	80 – 89
<b>Pass</b>	70 – 79
<b>Failure</b>	< 70

### Incomplete Grades

If a student is unable to complete all the requirements for a rotation as scheduled, individual arrangements must be made with the clerkship director to develop a plan to address the deficit and make up missed time or repeat the clerkship. After meeting all components of the plan for completion, the student may be awarded credit and a grade for the rotation by the clerkship director.

### Failures and Remediation

The curriculum has been structured in such a way as to give students every possible opportunity to learn and succeed, and to reduce the likelihood of having to remediate. However, due to unforeseen circumstances, the need to remediate may occur. In such instances, the following procedures for remediation will apply to students who do not achieve a passing grade in a summative assessment in this course.

1. If a student does not achieve the passing requirements of a clerkship, e.g. achieves less than 70% in the final grade and or less than 70% on any required component of a clerkship, a grade of R (provisional, requiring remediation) is reported to the student and recorded in the official transcript. The student must remedy the grade of the course and will be automatically registered to remediate by re-assessment. The student's faculty advisor will be informed by the Associate Dean of Clinical Curriculum.
2. The student must meet with the Clerkship Director and Associate Dean of Clinical Curriculum to discuss reasons for the poor performance, following which the student must meet with an Academic Counseling Team (ACT) set up by the Office of Student Affairs. Together with the student, the ACT will establish a study plan for the student to help prepare for remediation. The extent and timing of remediation will be determined by the ACT.
3. In order to achieve a successful remediation of an "R" grade in one or more clerkships in the year, students must achieve a passing grade in the appropriate remediation assessments as determined by the ACT.

To remediate an "R" in a clerkship:

- a. If a student fails to gain a passing score on either the NBME clinical

- subject examination or the multi-station OSCE, they must retake the examination and receive a passing score within 2 weeks of completing the clerkship.
- a. If a student fails to meet a minimum score of 70% on preceptor evaluation score, they are required to remediate clinical education activities as determined by the Clerkship Director and Associate Dean of Clinical Curriculum.
  - b. If a student fails to meet a minimum score of 70% on their total final grade including all required assessments, or fails more than one required component, they are required to remediate clinical education activities as determined by the Clerkship Director and Associate Dean of Clinical Curriculum.
4. If a student achieves more than 70% in a remediation assessment, the grade of “R” is replaced with “RG” (remediated grade). The passing grade together with a remediation prefix, (e.g. “RG Pass”) is reported for the clerkship to the registrar and recorded on the student’s official transcript. Final grade contribution from the remediated component will be 70% and final grade for the clerkship cannot exceed a High Pass.
  5. If a student achieves less than 70% in a remediation assessment, a grade of “Fail” is reported for the clerkship to the registrar and recorded on the student’s official transcript.
  6. A student cannot carry forward a “Fail” grade from one academic year to the following academic year.
  7. In order to initiate the potential replacement of a “Fail” grade, the student must first attend an Interventional Case Conference (ICC) meeting set up by the Office of Student Affairs with the Clerkship Director, faculty advisor, Senior Associate Dean of Student Affairs and Admissions, Associate Dean of Clinical Curriculum, and a representative of the Assessment and Evaluation Committee. A report from the ICC containing an analysis of the student’s difficulties and the resulting advice offered will be submitted to the Student Academic Standards and Promotion (SASaP) Committee. This committee will report to the student one of the following decisions:
    - a. remediation of the clerkships;
    - b. repeat of the full academic year; or
    - c. dismissal

## **Disputes**

If a student disagrees with the clinical evaluation offered by the Clerkship Director, he or she should follow the grade dispute procedure outlined in the CUSM-SOM Student Assessment Handbook.

## **Policy on Academic Progress**

Federal regulations (CFR 668 – Student Assistance General Provisions, Sections 668.32(f), 668.16(e), and 668.34) require that all students receiving financial assistance from federal Title IV funds maintain satisfactory academic progress according to both qualitative and quantitative measures. The following policy presents the standards adopted by CUSM.

## **Monitoring of Satisfactory Academic Progress (SAP)**

Each student at CUSM is required to complete successfully all the required courses, clerkships, examinations, and Academic Research Study in order to graduate with the MD degree. CUSM measures academic progress according to the Grading Policy. Specifically, all courses in each academic year must be completed with a passing grade as defined in the Grading Policy for progression to the subsequent year. In the final year(s), students must complete all courses, clerkships, and approved activities with a minimum passing grade to satisfy a part of the Graduation Requirements.

The progress of each student working toward the MD degree is monitored carefully, and the determination of SAP is reviewed annually. During the annual review of a student's academic progress by the Student Academic Standards and Promotion Committee, progression to the next academic year is based upon a review of all grades, including withdrawals, incompletes, and unsatisfactory grades. Any student who has not achieved a minimum of a satisfactory grade in all core courses/clerkships cannot progress to the next year.

CUSM's Student Academic Standards and Promotion Committee, in consultation with the Registrar, will notify all students who have not met the standards for SAP outlined above. The written notification will indicate the nature of the deficiency, any methods that may be available for correcting the deficiency, and any consequences that have resulted or may result, such as Academic Probation, withdrawal, etc. A student who fails to meet one or more of the standards for SAP (qualitative and/or time frame) is, if applicable, ineligible for financial aid beginning with the term immediately following the term in which the SAP requirements were not met, pending results of the appeal process.