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**Clinical Education Handbook**

**About the Clinical Education Guidelines**

The Clinical Education Guidelines provide students with important information about policies, procedures, requirements, and services. Students are required to read, understand, and adhere to the Clinical Education Guidelines.

An updated version of the Clinical Education Guidelines is published each academic year. The yearly update (and any subsequent updates during the academic year) supersedes all prior editions and provides the latest rules, policies, and procedures to create the most up-to-date student reference. Noorda-COM reserves the right to amend, modify, add, or delete information within the Clinical Education Guidelines at any time without advance notice. Students will be notified of any revisions.

Please contact Department of Clinical Education for questions or to submit an update.

**Mission Statement**

To empower our students with the essential personal and professional skills needed to be competent, confident and compassionate osteopathic physicians dedicated to meeting the healthcare challenges of the communities in which they serve.

**Vision** **Statement**

The College of Osteopathic Medicine is recognized as a leader in osteopathic medical education through innovative, progressive curricular offerings.

**Values Statement**

Instilling values that foster cultural awareness, ethical leadership, embraces diversity and inspires a servant’s heart towards caring for the poor and needy.

**Guiding Principles**

We believe the work of the Noorda-COM centers on a set of guiding ideas or principles. These principles allow for multiple voices from our constituents in the decisions we make and yet remain grounded in our Mission, vision, values, and strategic plan. They should be the basis upon which we make curricular, pedagogical, financial, and administrative decisions. Now and in the future, we must never lose sight of mission fulfillment and meeting student outcomes in the tug-of-war between impact, profit, and growth. The following principles guide the Noorda-COM:

1. People matter most and students will be at the center of all that we do.
2. Quality academic programs and excellence in teaching will be our priorities.
3. Strong moral character, ethical decision-making, respect, and commitment to service will be embedded in all that we do.
4. Diversity will be an essential element of the Noorda-COM experience.
5. The College will integrate itself into the community it serves to develop relationships that are socially minded and advance the public good.
6. Technology and innovation will be positioned to enhance learning and improve operational efficiency.
7. College resources will be applied to achieve high quality in our students, our faculty, and our programs.
8. Financial decisions will be driven by providing the necessary resources to fulfill our mission, while balancing mission, impact, and a reasonable profit.
9. Investments in people will be made in the form of fair compensation and individual growth opportunities.

**Diversity and Inclusion at Noorda-COM**

Noorda-COM’s institutional strategic plan calls for the College to create a culture of inclusion, by securing more students, faculty, and staff from diverse backgrounds and enhance a campus sense of community. Our College’s strategic plan outlines our priorities and best practices to achieve diversity through on-going and vigilant evaluation of our institutional community. Students wishing to know and understand more about the College’s effort to enhance diversity and inclusion on-campus can contact the Office of the President.

**Osteopathic Principles**

The osteopathic philosophy embraces the idea of the unity of structure (anatomy) and function (physiology). There are four main principles of osteopathic medicine:

* The body is a unit, and the person represents a combination of body, mind and spirit
* The body is capable of self-regulation, self-healing and health maintenance
* Structure and function are reciprocally interrelated
* Rational treatment is based on an understanding of these principles: body unity, self-regulation and the interrelationship of structure and function

Noorda-COM curriculum prepares students for graduate medical education. Graduates are required to meet the following osteopathic core competencies:

**Osteopathic Core Competencies**

**Competency 1: Osteopathic Philosophy & Osteopathic Manipulative Medicine**

Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT). The education goal is to train a skilled and competent osteopathic practitioner who remains dedicated to lifelong learning and to practice habits consistent with osteopathic principles and practices.

**Competency 2: Medical Knowledge**

Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in lifelong learning activities, including research.

**Competency 3: Patient Care**

Graduates must demonstrate the ability to effectively treat patients, providing medical care that incorporates osteopathic principles and practices, empathy, awareness of behavioral issues, preventive medicine and health promotion.

**Competency 4: Interpersonal & Communication Skills**

Graduates are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health-care teams.

**Competency 5: Professionalism**

Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, lifelong learning, and sensitivity to diverse patient populations. Graduates should be cognizant of their own physical and mental health in order to effectively care for patients.

**Competency 6: Practice-Based Learning & Improvement**

Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

**Competency 7: Systems-Based Practice**

Graduates are expected to demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

**Competency 8: Health Promotion/Disease Prevention**

Graduates are expected to coordinate preventive health care across providers. Collaborate within a patient-centered team and demonstrate preventive health principles by modeling a healthy lifestyle.

Osteopathic Core Competencies for Medical Students, American Association of Colleges of Osteopathic Medicine, in conjunction with all U.S. Osteopathic Medical Schools (2012)

**Cultural Competency**

Noorda-COM is committed to developing a culturally diverse and sensitive physician. Noorda-COM strives to be respectful and sensitive to the values, beliefs and practices of faculty, staff, students and patients belief system.

**AOA Code of Ethics**

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician’s ethical and professional responsibilities to patients, to society, to the AOA, to others involved in healthcare and to self.

Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

**Section 1.** The physician shall keep in confidence whatever he/she may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.

**Section 2.** The physician shall give a candid account of the patient’s condition to the patient or to those responsible for the patient’s care.

**Section 3.** A physician-patient relationship must be founded on mutual trust, cooperation and respect. The patient, therefore, must have complete freedom to choose his/her physician. The physician must have complete freedom to choose patients whom he/she will serve. However, the physician should not refuse to accept patients because of the patient’s race, creed, color, sex, national origin or handicap. In emergencies, a physician should make his/her services available.

**Section 4.** A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient’s care when he/she withdraws from the case so that another physician may be engaged.

**Section 5.** A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

**Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

**Section 7.** Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities, which are false or misleading.

**Section 8.** A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which he/she practices. A physician shall designate his/her osteopathic school of practice in all professional uses of his/her name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

**Section 9.** A physician should not hesitate to seek consultation whenever he/she believes it advisable for the care of the patient.

**Section 10.** In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

**Section 11.** In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.

**Section 12.** Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

**Section 13.** A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

**Section 14.** In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

**Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

**Section 16.** Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

**Section 17.** From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

**Section 18.** A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

**Section 19.** When participating in research, a physician shall follow the current laws, regulations and standards of the U.S. or, if the research is conducted outside the U.S., the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

**Core Entrustable Professional Activities (CEPA)**

Core Entrustable Professional Activities (CEPA) is a four-year longitudinal course providing osteopathic medical students with the knowledge, skills, attitudes, and behaviors to meet or exceed the common, required competencies to enter post-graduate residency programs. Competenciesare observable characteristics or qualities that progressively integrate measurable milestones. Milestonesdescribe the progression of a learner toward an expected level of proficiency in their competency development are summarized under entrustable activities. Entrustable Professional Attributes (EPAs)are units of work, tasks, or responsibilities that graduating students can be entrusted to carry out.

Entrustment will include:

* Longitudinal formative relationships with faculty
* Robust data collection
* Early and ongoing assessment of:
  + Trustworthiness
  + Truthfulness
  + Consciousness
  + Discernment

The idea of trust reflects a dimension of competence that reaches further than observed ability. It includes the real outcome of training—that is, the quality of care.

Entrustment range from:

* Pre-entrustment
  + Ability to observe only or act in a supervised manner
* Full entrustment
  + Considered a qualification to act independently or unsupervised

Core Entrustable Professional Activities for Entering Residency include:

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

EPAs are assessed as an observable workplace task or responsibility and it is anticipated that a student will be perform in anticipation of matriculation into graduate medical education programs. Entrustment decisions are complex and require multiple measures across the various contexts. There is a progression to completion of each EPA from *unsupervised* to *supervision of others*.

<https://www.aacom.org/docs/default-source/med-ed-presentations/core-epas.pdf?sfvrsn=10>

**Department of Clinical Education**

**Leadership**

Clinical Education is a department underneath Clinical Affairs and the direction of the Associate Dean for Clinical Affairs. The Assistant Dean for Clinical Affairs in collaboration with the Administrative Director for Clinical Education manage the department.

**Coordinators**

Coordinators are the initial point of contact for all matters pertaining to clinical education. The coordinators are available to assist students in navigating clerkship logistics and are available to students preferably by email or telephone during regular College business hours. Students may schedule an in-person meeting by appointment.

To protect student’s privacy, the Department of Clinical Education communicates information directly with the medical student, and therefore not to spouses, parents, etc.

**Academic Catalog and Student Handbook**

All members of the Noorda-COM community, including students, faculty, staff, visitors and guests, are governed by the policies and regulations of the College outlined in the most current Academic Catalog and Student Handbook. Noorda-COM reserves the right to amend, add, delete or change any policy without notice or warning prior to publication of the next Academic Catalog and Student Handbook. The handbook includes information about but not limited to the following:

* Code of Professional Conduct
* Counseling and Support Services
* Special Accommodations
* Title IV (4): Institutional Refund & Return to Title IV Policy
* Title IX (9): Non-Discrimination and Anti-Harassment Policy

**Academic Support & Mentoring Services**

Upon matriculation, advising and support are available to all students. Academic skills, including time management, study techniques and test-taking skills, may need to be improved for students to succeed. Resources range from assigned faculty advisors, to Student Affairs, to psychologists, to Assistant and Associate Deans. Learning specialists are available to offer academic skills workshops in addition to providing individual academic support through the Office of Learning Enhancement.

**Learning Enhancement Programming**

The College offers academic support including workshops, tutoring, board exam prep and remediation, course reviews, and one-on-one academic counseling. Learning specialists are available. It is suggested that students seek this support at the first sign of concern about academic performance abilities.

**Tutoring Program**

The tutoring program provides limited supplemental instruction at no cost to students. Qualified students are selected to provide both large and small group tutoring for graduate and medical students throughout the academic year. All Noorda-COM students are encouraged to receive tutoring.

**Career Services**

Noorda-COM provides students with a comprehensive career services providing a wide variety of online resources for students that can assist with application processes, specialty selection, and interviewing skill development. For more information, students are encouraged to contact Clinical Education.

**Student Grievances**

Noorda-COM is committed to treating all members of the College community (administrators, faculty, staff, students, applicants for employment, third party contractors, all other persons that participate in the College’s educational programs and activities, including third-party visitors on campus) fairly with regard to their personal and professional concerns. The student grievance policy ensures that concerns are promptly dealt with and resolutions reached in a fair and just manner.

The College’s grievance procedure enables students to bring complaints and problems to the attention of the College’s administration. Noorda-COM forbids any retaliatory action against students who present concerns and complaints in good faith.

See Student Grievance Policy for complete details.

**Medical Treatment of Students by Noorda-COM Faculty**

Noorda-COM faculty will not provide medical treatment of, or medical advice to, Noorda-COM students except in emergency situations while awaiting emergency response. Student must seek healthcare advice and/or treatment from a non-Noorda-COM related healthcare provider. Students may view Noorda-COM’s eNCOMpass for a list of recommended healthcare providers who do not have a conflict of interest related to assessing student performance.

Although not allowed or encouraged, should a Noorda-COM faculty member have to provide medical treatment for a student, they are required, per College policy, to recuse themselves from any and all situations where they may have to assess, grade, and/or decide promotion for that particular student. This includes clinical clerkship preceptors who have a direct assessment and grading responsibility for assigned Noorda-COM students. Students who are on rotations should always avoid seeking medical treatment/advice from their clerkship preceptor. If a student has difficulty in finding medical treatment/advice, they can contact Student Affairs for a referral to an appropriate physician.

**Eligibility to Start Clinical Education**

**Enrollment Verification**

The Department of Clinical Education uses Noorda-COM Canvas to manage evaluations, procedures, and schedules. Being a web-based system, Noorda-COM Canvas is available to authorized users 24 hours a day from any device with internet access.

For each and every clerkship, students must edit/verify and submit registration information through Noorda-COM Canvas within five (5) business days following the designated start date. If the Enrollment Verification is not completed on time, the Department of Clinical Education cannot confirm the student is actively enrolled. This may cause a disruption in your enrollment status with the College which may put your financial aid or graduation status in jeopardy. It is imperative to submit accurate contact information for the attending physician filling out the assessment (e.g. address, phone, e-mail, etc.).

Once submitted, changes must be made by Department of Clinical Education and should be e-mailed to the assigned Clerkship Coordinator. When working with more than one physician on a clerkship, the student should e-mail their assigned Coordinator with all necessary information.

**Identification Badge**

While performing duties related to patient care, all students must clearly identify themselves as Osteopathic Medical Students both verbally and by wearing their Noorda-COM picture identification badge in addition to any hospital issued identification. Misrepresentation of oneself as a licensed physician is illegal, unethical and subject to disciplinary action.

A Noorda-COM and Hospital name badge must be worn in a visible location on the upper torso area at all times while at work. ID badges are to be free of pins, stickers, or any other material that might interfere with the viability of the photo or the identification of the person wearing the badge.

The Hospital region/facility student placement coordinator approves and coordinates student hospital badging.

* The ID badge may be utilized in all Hospital sites of service during a semester rotation.
* The ID badge must be worn at all times when on-site at a Hospital facility.
* At the end of the semester/year, the hospital ID badge must be returned to the hospital student coordinator.

Should the Noorda-COM identification badge become lost or broken, the student should contact Noorda-COM Security at Security@Noordacom.org immediately to order a replacement.

**Practicing Medicine**

Noorda-COM students shall not engage in any activity that may be construed as the practice of medicine or any phase thereof, without prior written approval of an exception.

Students are prohibited from accepting any form of payment or gratuity for their clinical activities. Clinical activities of students are not permitted without the appropriate supervision of a licensed faculty physician.

In no event shall a student represent, either directly or indirectly, that the student is licensed to practice medicine as a graduate of this College or otherwise, unless such student is, in fact, a licensed practitioner.

The determination of whether a student’s activity violates this policy shall be that of the College alone. Students with questions regarding this policy should submit them in writing to the Department of Clinical Education. The Clinical Education team can counsel students on this policy. Violation of this policy may result in the immediate disciplinary action.

**Title IX Training – Non-Discrimination and Anti-Harassment**

All students should be able to study in an atmosphere free of harassment, sexual violence and gender discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc.

You are required to complete this training yearly while enrolled as a student at Noorda-COM.

The College has designated the following Title IX Coordinator to coordinate its compliance with Title IX and to receive inquiries regarding Title IX, including complaints of sex discrimination: Tracy Hill, MD

Additional information on Title IX can be found here.

**HIPAA Regulations and Patient Encounters**

All students are required to become familiar with and adhere to all aspects of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191 including The Privacy Rule published by the US Department of Health and Human Services (HHS). The Privacy Rule establishes, for the first time, a foundation of Federal protections for the privacy of Protected Health Information (PHI). This rule sets national standards for the protection of health information, as applied to the three types of covered entities: health plans, health care clearinghouses, and health care providers who conduct certain health care transactions electronically.

By the compliance date of April 14, 2003 (April 14, 2004, for small health plans), covered entities must implement standards to protect and guard against the misuse of individually identifiable health information. More specific information may be obtained at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/)

As a medical student, these standards pertain to all individually identifiable health information (Protected Health Information or PHI) encountered during medical training with the College including, but not limited to, medical records and any patient information obtained.

HIPAA regulations prohibit the use or disclosure of PHI unless permitted or required by law therefore, each student must utilize reasonable safeguards to protect any information he or she receives. Each student is responsible for ensuring the safety and security of any written or electronic information he or she receives, creates or maintains. The misplacement, abandonment or loss of any information in the student’s possession will result in disciplinary action. At no time should a medical student alter, remove or otherwise tamper with medical records.

Specific rules and regulations with respect to student entries in medical records must be clarified during orientation or on the first day of the clerkship.

Furthermore, each student is responsible for ensuring that PHI is used or disclosed only to those persons or entities that are authorized to have such information. Students are expected to maintain strict confidentiality in their patient encounters; to protect the physician-patient privilege; and to ensure that there are no unauthorized uses or disclosures of PHI.

Any unauthorized use or disclosure of PHI, to include but not limited to digital images, video recordings, or any other patient related materials, committed by a student, or any observation of the same by a student or employee, should immediately be reported to Clinical Education.

**HIPAA & OSHA Training**

To be completed before beginning 3rd year and AGAIN prior to beginning 4th year  
Go to SafeColleges.com

Citi Program will issue a completion certification when you complete and pass the course. An automatic email will be received by the Office of Research.

For any questions about CITI Training Program, please contact Kyle Bills, DC, Ph.D. at kbbills@noordacom.org

**Health Insurance**

All students are required to maintain personal health insurance that covers them throughout the United States. Students must submit proof of current coverage to Clinical Education before beginning clinical training. Students are required to immediately report any break in coverage or change in health insurance to Clinical Education, e-mailing an electronic copy of the front and back of the new insurance card to clined@NoordaCOM.org

Every students’ health insurance policy should have minimum coverage levels, which include coverages of chronic health issues, acute health issues, emergent care, and catastrophic events. Policies which only cover catastrophic events are not acceptable. Policies which are provided through health care co-ops are not acceptable. Students wishing to purchase their own policy while at Noorda-COM can utilize the health insurance exchange created for the College.

International students must have a health insurance policy, purchased in the U.S., which fully covers the student within the U.S. So-called “traveler’s insurance” policies are not acceptable. Canadian students cannot use their Canadian Health Service policy as coverage while enrolled at Noorda-COM. Prior to beginning clinical experiences, students must submit proof of personal health insurance to Clinical Education. All students must report any break in coverage or change in health insurance to the Associate Dean for Student Affairs while attending classes on campus. COM students must report any break in coverage or change in health insurance to the Clinical Education during the third and fourth years.

A student who cannot provide documentation of current personal health insurance coverage, in accordance with College requirements, will not be allowed to begin or continue with clinical training.

**Student Supplemental Medical Insurance Policy**

Noorda-COM has partnered with NFP - National General to provide Student Supplemental Medical Insurance coverage for all students. The Student Supplemental Medical Insurance policy attempts to help students cover medical expenses that are incurred during Noorda-COM-related activities to include:

* Injury or illness while participating in Noorda-COM course(s), labs or clinical training that take place on Noorda-COM campus or at an offsite location approved by Noorda-COM.
* Injury or illness while participating in group travel in connection with supervised Noorda-COM activities.

The Student Supplemental Medical Insurance policy does not replace a student’s personal medical insurance policy and students are still required to carry their own personal medical insurance. In accordance with every insurance policy, exclusions apply.

Student Supplemental Insurance specifically covers needle stick occurrences. In the event of a needle stick occurrence students should immediately file medical claims through their personal insurance and then file with the Supplemental Insurance for remaining costs.

Forms for filing a medical claim through this policy can be found on eNCOMpass in the Clinical Education Section located under Forms.

**Medical Professional Liability Insurance**

Noorda-COM provides medical professional liability insurance commensurate with industry standards. Malpractice coverage extends only to clinical activities specifically determined by the College as requirements for successful clerkship completion. Non-clinical claims, (e.g. property or equipment loss or damage)’; does not fall underneath this policy.

Changes made to clerkship dates, type, or location without prior Department of Clinical Education approval may jeopardize malpractice coverage.

Students may wish to participate in volunteer activities such as health fairs during the course of their medical training. Student malpractice coverage does NOT extend to non-Noorda-COM approved activities (volunteer or otherwise). It is the student’s responsibility to personally determine that any activity in which he or she participates outside of clerkship assignments is covered by alternative malpractice coverage. The student is personally responsible should an issue of medical malpractice arise during activities not covered by Noorda-COM malpractice insurance.

**Worker’s Compensation Insurance**

Medical students are not employees of the College; therefore, Noorda-COM does not provide worker’s compensation insurance.

The purchase of required coverage may be offered at the facility. Any expense incurred is the student’s responsibility.

**Clinical Clerkships**

**Before Clerkships Start**

**Vaccinations/Immunizations**

A student who cannot provide an official up-to-date immunization record, in accordance with College requirements, will not be allowed to begin or continue with clinical training and will be referred to the appropriate College official.

See Immunization Policy for details.

**Criminal Background Check & Drug Screen**

Background checks and drug screens are required annually for all 3rd and 4th year students to ensure the safety of the patients treated by students in the clinical education program. You will be required to order your background check and complete the drug screening in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical clerkship. A background check typically takes 3-5 normal business days to complete, and turnaround time of the drug screening results is determined by a variety of factors. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. The drug screening service is conducted by Pre-Check. All your orders must be placed online through https://www.precheck.com.

**TB Test**

Each student will be required to complete TB testing annually. Some sites may require additional or two step testing and can be accomplished through the Noorda-COM Health Center.

If a positive TB skin test was documented, one or more of the following must be provided for verification and review:

* A TB blood test that verifies a negative result.
* Documentation of the completion of successful INH therapy.

See Immunization Policy for details.

**Influenza**

Noorda-COM students are entering the health professions. As part of their education, from time to time they will come into contact with vulnerable populations who may be at risk for infectious disease. Because of this, all Noorda-COM students are required to be immunized annually for influenza. Failure to comply can result in withdrawal from clinical experiences and subject to review by SPC.

**Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)**

Before you begin 3rd year, you will recertify BLS and ACLS. Third year students are required to recertify at a minimum semi-annually. Your residency program can advise you on when to recertify, as it may be offered as part of your residency orientation.

**Clinical Clerkships**

Clinical clerkships are sometimes referred to as clerkships, clinical experiences or externships, with a teaching physician referred to as a preceptor, attending or faculty. A clerkship may be two, four or six weeks; or one month of clinical responsibilities. Clerkships may involve in-patient, out-patient or a combination of these settings. At the conclusion of these experiences an evaluation of the student by the preceptor as well as an evaluation of the clerkship, and preceptor by the student is required. Students should familiarize themselves with the individual syllabi for all required clerkships.

Individual start and end dates of 3rd year Clerkships vary by Core Site location.

Students are expected to adhere to each core site’s unique scheduling protocols, procedures and other scheduled educational activities. Most clerkships require holiday, overnight and weekend responsibilities.

**Duty Hours**

Scheduling is determined solely at the discretion of the core site hospital, service, or preceptor and must be followed without exception. Responsibilities may be required on overnights, weekends or holidays. Laws mandating restrictions on intern and resident work hours do not apply to medical students.

Students generally follow the same schedule as their preceptor, however, **if the preceptor is on vacation, or scheduled away from the office or hospital**, additional arrangements must be made for completion of the clerkship. If this occurs, the student must **contact their Coordinator immediately**. Students must be enrolled in clinical activities throughout the entire academic year up to graduation. Unreported absences or chronic absenteeism may lead to referral to an appropriate College official.

**Curriculum**

**Core Clerkships:** THESE COURSES ARE PASS/FAIL

* IMED 301 - Internal Medicine
* SURG 301 - Surgery
* FMED 301 - Family Medicine
* OBGY 301 - Obstetrics and Gynecology
* PEDS 301 - Pediatrics
* PSYC 301 - Psychiatry/Behavioral Health

Completing core clerkships away from the 3rd year clinical clerkship site is not allowed. Additionally, the 3rd year clinical clerkship site may determine the date, time and location of selective opportunities.

In addition to Core clerkships, 3rd year students are also required to complete clerkship/training sessions in the following:

Courses

* Basic Science and Clinical Review (First Clerkship) CLMD 300
* Clinical Management Review (Last Clerkship) CLMD 306
* Osteopathic Clinical Skills Assessment (OCSA) Course OSCA 350
* Core Entrustable Professional Activities (CEPA) 320/321/420 (420 completed in 4th year, semester 1)

Students must be enrolled in clinical activities throughout the entire academic year up to graduation.

Clerkships completed in the 3rd year may not fulfill any 4th year clerkship requirements.

3rd year clinical experiences will include at a minimum: one core clerkship under the supervision of a DO preceptor, one core clerkship at an inpatient facility, and one clerkship in which student works with resident physicians.

**Clinical Management Review (CLMD 306)**

This clerkship is designed with an emphasis on improving knowledge in clinical medicine at the end of the student’s 3rd year. The Assistant Dean must approve any exceptions.

**Core Enstrustable Professional Activities (CEPA) – (CEPA 320/321/420)**

Core Enstrustable Professional Activities (CEPA)is a four-year course that runs across the continuum of osteopathic medical school.

**Osteopathic Clinical Skills Assessment (OCSA) (OSCA 350)**

The Osteopathic Clinical Skills Assessment (OCSA) is a curricular experience designed to provide students an opportunity to demonstrate the clinical skills they have accumulated through the OMS-III year. On-line asynchronous learning as well as a standardized patient encounter based Objective Structured Clinical Examination (OSCE) session for assessment will provide a broad range of patient care presentations.

This course is PASS/FAIL. Students may not take the COMLEX-USA Level 2 PE until the Clinical Skills Assessment (CSA) is successfully completed.

**eNCOMpass Online Education and Reading Assignments**

While the focus of the clinical years is hands-on experience, didactic content in the form of modules, podcasts and reading assignments are often provided as an aide to this learning process. eNCOMpass is the online, distance education software that Noorda-COM uses to provide supplemental instruction to students. eNCOMpass is an integral part of the multimedia learning process.

Completion of assigned content by Noorda-COM, the Regional Assistant Deans, DME/ DIOs, the core site hospital, clerkship service or preceptor is required without exception.

**OPP COMAT**

The Osteopathic Principles and Practices Comprehensive Osteopathic Medical Achievement Test (OPP COMAT) must be taken during the second half of year three during CEPA 321. Exact exam dates are set by the individual core clerkship sites and communicated to the students by email. If a grade of Honors (H) or High Pass (HP) is achieved, this will be noted in the student’s Medical Student Performance Evaluation (MSPE) and not on the transcript. Students may not take the COMLEX-USA Level 2 CE until the OPP COMAT has been successfully completed. The blueprint for the exam can be found here.

**Medical Student Performance Evaluation (MSPE)**

The MSPE, formerly known as the "Dean's Letter" is a letter prepared by all medical schools to give a global assessment of the student’s performance and covers both the academic as well clinical and service achievements.

The Noorda-COM MSPE Database is where you will provide basic information to the school in order to write your MSPE. Noorda-COM has a database which assists in collecting information in order to assist in the process or writing the MSPE and advising students for residency.

**Affiliation Agreements**

**Clinical Site**

Affiliation agreements usually address issues such as liability, academic supervision, and faculty appointments. Noorda-COM has affiliation agreements with all sites where core clerkships are completed. Some selective or elective clerkships require an affiliation agreement to be signed between Noorda-COM and the visiting site where one does not already exist. If an affiliation agreement is required from a visiting site, it is the student’s responsibility to:

* Notify their assigned Clerkship Coordinator
* Gather and report the appropriate contact information and other pertinent details for the desired clerkship a minimum of 90 days prior to start of clerkship

**Out of Network Rotations**

Some affiliation agreements take up to six (6) months to process and it is in the student’s best interest to begin the process as soon as possible. Noorda-COM cannot guarantee consensus will be reached with every facility or preceptor. If an agreement cannot be made between Noorda-COM and the visiting site, the student must withdraw their application and will not be allowed to rotate at that particular site. A new Clerkship Request must be submitted through Noorda-COM Canvas. Contact the assigned Clerkship Coordinator for assistance if needed.

**Preceptor**

In order to receive academic credit for a clerkship and coverage under Noorda-COM’s medical professional liability insurance clinical experiences must be completed at a with a Noorda-COM Credentialed Preceptor. These listings may be obtained from eNCOMpass, the Clinical Education section, under Student Resources.

Submission of credentials can be accomplished through the preceptor portal on the Colleges website at www.NoordaCOM.org.

Complete institutional paperwork (e.g. site application, hospital forms, immunization/health forms, etc.) and forward to Coordinator for processing

* Incomplete paperwork is not processed and may be returned to the student

Submit Clerkship Request for review through the Noorda-COM Canvas 90 days prior to the proposed start of clerkship. This is required before the Clerkship Coordinator may process paperwork

* Coordinator processes information within 30 days of receipt of complete paperwork and Clerkship Request
* Noorda-COM Core Site, Residency Program, Institution or Preceptor generally confirms acceptance for a clerkship
  + If verification is not received, it is the responsibility of the student to contact the above to determine the status of the clerkship
* Students may not cancel or modify the dates, service type or location of a confirmed clerkship without prior approval from the Department of Clinical Education and a minimum of 60 days’ notice

Non-compliance with any of the above may lead to denial of the request, removal from the clerkship or referral to an appropriate College official.

**Scheduling a Research Clerkship**

Research being conducted on or off campus requires written approval from the Office of Research as well as Department of Clinical Education prior to starting the project. Questions regarding whether or not a project is considered research should be directed to the Office of Research.

To schedule, proceed as follows:

* Complete and submit a Research Application to their Coordinator as obtained from
  + Include required documentation as outlined in the application
  + No retroactive approval is granted
* The Office of Research confirms to the Student and Department of Clinical Education when the selective or elective is approved
* Students may not cancel or modify the dates, service type or location of a confirmed research clerkship without prior approval from Noorda-COM Clinical Education
* To receive a final grade and credit at the conclusion of the clerkship:
  + The student must e-mail a summary report, abstract or copy of the finished project to their Coordinator
  + The faculty sponsor or preceptor must complete an assessment

**International Opportunities**

Approval of Noorda-COM sponsored international clerkship opportunities for credit, such as DOCARE, is reviewed on an annual basis. When approved by the Assistant Dean for Clinical Affairs, selected students may travel to the approved site in order to participate in the provision of health care for medically underserved communities. Students are:

* Required to notify their assigned Coordinator of their intent to apply prior to 3rd year schedules being created
* Required to fit within the student’s core site’s scheduling protocols
* Required to fill out the appropriate application and submit to Clincial Education, and copy their assigned Noorda-COM Clinical Coordinator

**Canceling/Changing a Clerkship**

Canceling or changing a 3rd year clerkship is not allowed without **advanced** approval by the Assistant Dean for Clinical Affairs. It may be necessary to cancel or change a 4th year clerkship.

Cancellation/change requests must be received minimum of 60 days prior to the confirmed start date. Requests are considered on a case-by-case basis and approval is not guaranteed. Students are required to attend the scheduled clerkship if requests to change or cancel are received after the deadline or denied. For consideration, requests should include the following:

* A cancellation/change request must be emailed to the Clerkship Coordinator
* A Clerkship Request for an alternative must be submitted for review via Noorda-COM Canvas

**Denied Clerkship Requests**

A Clerkship Request may not be approved if the:

* Student has already completed two clerkships with this preceptor
* Requested site cannot/will not accommodate the request
* Affiliation agreement cannot be reached between Noorda-COM and the clerkship site
* Does not meet minimum duration requirements of the curriculum
* Dates conflict with previously scheduled clerkship(s)
* Preceptor or clinical training site does not have appropriate forms on file
* Requirements of the clinical training site and/or preceptor have not been met (examples include completion of forms and submission of immunization documentation)
* Request was received after the deadline
* Student is not in good standing

Denial of a Clerkship Request is not limited to the aforementioned reasons. Once a Clerkship Request has been denied, you must submit a new one through Noorda-COM Canvas for consideration.

**Clerkships with Relatives**

Occasionally students request to complete a clerkship with a friend or relative (who is also a health care provider) that will serve as the preceptor. The Clerkship Coordinator must be notified the preceptor is a friend or relative when submitting a Clerkship Request through Noorda-COM Canvas. Due to the potential that personal relationships can interfere with the clinical evaluation process, which is both objective and subjective in nature, such clerkship arrangements are discouraged and may be denied.

**Appeal Requests**

The following are guidelines and procedures for submitting an appeal:

* Students must first discuss issues and concerns with their Coordinator
* When a situation warrants special consideration, an Appeal Request Form must be submitted for review to the Assistant Dean for Clinical Affairs
* All information must be submitted directly to the Coordinator

Decisions rendered through the appeals process are final. The Coordinator will notify the student via e-mail when a decision has been reached.

**Application and Other Fees**

Noorda-COM remits payment for all 3rd clerkships completed at a Core Site, 4th year required clerkships completed at a Noorda-COM Core Site and some associated administrative fees. Students are responsible for all out-of-pocket expenses associated with clinical education, such as transportation, housing, meals, professional attire, laboratory fees, additional drug screens, background checks, immunizations or titers and other fees not covered by Noorda-COM.

Some clerkships require students to pay additional fees in order to rotate at their facility.

**Transportation**

Travel arrangements are the sole responsibility of the student. Students are not considered agents or employees of the College and therefore are not insured for any accidents or mishaps that may occur during travel as a part of the student’s academic program. Some Clinical Sites may require that assigned students have personal vehicles available.

**Absence from Clerkships**

Attendance at all clerkship related activities is **mandatory**; therefore, any absence requires an excuse and documentation.

Failure to notify both the Department of Clinical Education and/or the clerkship site/preceptor of any absence from a clerkship, regardless of the reason or number of hours absent, may result in a meeting with the Assistant Dean of Clinical Education regarding lack of professionalism and could result in a failing grade of the clerkship. Students may not miss the first day of any clerkship.

An Absence Request Form and supporting documentation must be submitted directly to the Coordinator. All submitted absence forms must include a detailed make-up plan in order for the absence to be considered.

Only completed, signed forms are processed. Decisions rendered through this process are final. There are no exceptions to this policy and failure to follow the process will be considered an unexcused absence. The Coordinator notifies the student via email when a decision has been reached. The Absence Request Forms can be found in the forms section of the intranet page.

Scheduled absences are not and should not be considered approved until the official Absence Request Form is signed by the Assistant Dean of Clinical Education.

Absence Request Forms must be completed and submitted to the Coordinator for all of the following:

* COMLEX-USA Level 2 PE Exam Absences:
  + Students are allowed one (1) day for travel to the exam, the test day, and an additional day for return travel. Requests are submitted electronically via an Absence Request Form to the corresponding Coordinator.
* Discretionary Days:
  + Students are allowed two (2) discretionary days during OMS-III. Discretionary days MUST be approved by both the preceptor and Department of Clinical Education in writing in advance to the requested time off. Requests are submitted electronically via an Absence Request Form to the corresponding Coordinator.
* Sick Days:
  + Students will be allowed two (2) sick days annually. If more than two (2) sick days total are taken by a student, this may result in referral to the Assistant Dean of Clinical Education.
  + Students must contact their clinical site/preceptor as well as the site coordinator and the Coordinator immediately if they are missing any clinical time due to illness (leaving early, arriving late, or missing a full day).
  + If two-four (2-4) hours of clinic time is missed, a half day will be documented. More than 4 hours of missed clinic time = a full day of sick leave.
  + If an absence of greater than one working day is necessary due to illness, that time must be made up.
  + Arrangements for missed time will be coordinated with their clinical site/preceptor as well as the site coordinator, and/or the Coordinator.
  + If the student is absent from a single clerkship for two (2) or more days due to illness, the student is required to submit to the Department of Clinical Education a note from a licensed healthcare provider defining the number of days absent and the expected date of return.

**Family Emergencies/Death in Family:**

Due to the variability of circumstances, time off needed for family emergencies or death of a family member will be reviewed by the Assistant Dean for Clinical Affairs on a case-by-case basis.

**Leaves of Absence**

A leave of absence, from the College, may be granted for several reasons. Examples:

* Medical emergency or illness
* Personal emergency
* Military service
* Maternity/ Paternity leave

Associate Dean for Student Affairs may grant a leave of absence for a designated period of time with or without conditions. Conditions are commonly prescribed in cases of academic deficiency or medical related issues.

Students granted a medical leave of absence must have a licensed physician, selected by the Associate Dean for Student Affairs, certify in writing that their physical and/or mental health is sufficient to continue in a rigorous educational program before they may return to the College.

All leaves of absence should be requested in writing to the Associate Dean for Student Affairs, who is responsible for processing requests for leaves of absence.

Students granted a leave of absence must follow the checkout process detailed in the College Catalog under Leaves of Absence.

Students approved for a leave of absence will retain their Noorda-COM email account and have access to eNCOMpass, but all other access to electronic services will be suspended until such a time that the student is officially reinstated to active status.

All changes to a student’s schedule must be communicated to their Coordinator.

Refer to the most current Academic Catalog and Student Handbook for additional information.

**Employment**

Students are strongly discouraged from seeking employment during the academic year. All employment must be approved in advance by the Assistant Dean for Clinical Affairs.

To be considered for employment students must:

* Be in good academic standing
  + Maintain a minimum of 500 average on all content
  + Demonstrate adequate proficiency on all required skills
* Have a letter of support from Docent

The College reserves the right to preclude employment should it be deemed to adversely affect the student’s academic progress. Failure to comply with employment regulations can resolve in referral to SPC and potential grounds for dismissal.

**Reporting Clerkship Problems**

At times, concerns/issues may arise during a clerkship. General concerns should be addressed directly to the preceptor, core site coordinator, DME/ DIO or Noorda-COM Regional Assistant Dean (RAD), when appropriate. The utmost degree of professionalism is encouraged when discussing these concerns. If an effective resolution cannot be reached, or if the student is not comfortable addressing the issue themselves, the student should contact their Noorda-COM Clinical Clerkship

Coordinator.

Immediate concerns (harassment, student and patient safety, etc.) should be reported directly to the Department of Clinical Education. (See Non-Discrimination and Anti-Harassment Policy for further details)

**Filing a Complaint with the College’s Accrediting Agencies**

The Commission on Osteopathic College Accreditation (COCA) recognize their responsibility to provide complainants the opportunity to utilize their organizations as a vehicle to deal with specific grievances as well as being a mechanism for reviewing and finally resolving complaints. Complaints that cannot be addressed by the College may be filed with COCA at the following addresses:

Department of Accreditation American Osteopathic Association

142 East Ontario Street Chicago, IL 60611-2864

1.800.621.1773 - Toll free 312.202.8200 - Fax [predoc@osteopathic.org](mailto:predoc@osteopathic.org)

**During Rotations**

**Student Role / Responsibility**

The student will:

* Adhere to general rules, policies, and regulations of the Hospital facility.
* Act professionally and refrain from making comments, gestures, or acting in any manner which can be construed as harassment.
* Work within appropriate level of education, seeking direction and validation from the Hospital preceptor/supervisor or his/her instructor. If the student is not able to competently perform the skills assigned, he/she must inform his/her preceptor/supervisor.
* Utilize the materials and/or orientations provided to become knowledgeable of facility safety procedures.
  + Know how to handle emergencies, hazardous materials contact, or disasters;
  + Know of and follow facility security, safety, and infection control procedures;
  + Maintain current BLS certified if providing direct patient care.

**Student Identification**

The AOA recommends all Noorda-COM medical students refer to themselves as “Osteopathic Medical Students” (OMS) followed by the academic level in Roman numeral form. Students should use this title when completing written communication such as email, letters, and/or official social media communication. Students should make every effort to follow the recommendation of the AOA. Communication should look like the following: OMS-I, OMS-II, OMS-III, OMS-IV.

**Professional Conduct**

Students are expected to present and conduct themselves in a professional manner at all times. Noorda-COM’s expectations include, but are not limited to:

* Adherence to all policies, procedures, professional behavior, and attitude
* Exemplary interpersonal relationships with peers, faculty, staff, and the general public
* The ability to work effectively as part of the academic community and/or health care team

**Communication**

The Department of Clinical Education’s primary means of communication is Noorda-COM email.

Student responsibilities include:

* Using Noorda-COM Email Account for all Noorda-COM related correspondence – use of Personal Email Accounts on behalf of their Noorda-COM Email Account is not permitted
* Checking e-mail and spam folder daily – read and respond
  + Respond to Department of Clinical Education correspondence within 48 hours of receipt
  + Recurrent issues may lead to referral to an appropriate College official
* Being aware of all information disseminated by the College
* Complying with all College policies
* Keeping contact information, including mailing address, cell phone, and emergency contact numbers updated in Noorda-COM Canvas
* Students who experience problems with e-mail should directly contact the Information Technology (IT) Helpdesk
* Students who experience problems with Noorda-COM Canvas should directly contact the appropriate Coordinator or e-mail [ClinEd@Noordacom.org](mailto:ClinEd@Noordacom.org)
* Complying with privacy policies such as the Family Educational Rights and Privacy Act (FERPA), HIPAA, etc.

**Personal Appearance**

* Students are expected to manage personal hygiene habits to control cleanliness and avoid offensive body odors. Strong perfume, cologne or lotions that might interfere with those who are ill or allergic to such odors or fragrances should not be used.
* Cosmetics should be moderate.
* Hair must be well-groomed and neat. Hairstyles and color should not be extreme. Extreme styles which may distract from providing exceptional care should be avoided. Hair should not make contact with patients or guests.
* Beards and mustaches are to be neatly trimmed.
* Fingernails should be short to moderate length and clean. Students cannot wear artificial nails, nail wraps and nail jewelry. Gel and shellac nail polish is not allowed. Regular nail polish is permitted but must be chip free. Students assigned to surgical areas are prohibited from wearing any type of fingernail polish.
* Department managers may ask students to cover tattoos while on duty if the tattoos are deemed to be unprofessional or distracting.

**Jewelry**

* Jewelry must not create a safety hazard or interfere with work assignments.
* Visible body piercing is not permitted except for ear piercing. A maximum of two (2) conservative earrings per ear are permitted. Ear gauges must be small and neutral in color.
* Extreme piercing or body modifications are not permitted (e.g., tongue piercing, split tongues, extreme earlobe spacers/ gauges, skin disfiguring implants, etc.).

**Clothing Appearance**

* Clothing should be modest, clean, pressed, and in good repair, without holes, rips or tears. Immodest or cut off clothes are not permitted (e.g., shorts, mini-skirts, bare midriffs, tank tops, tube tops, halter tops, spaghetti straps, etc.).
* Students are to wear clothing that is appropriate to their work setting; however, they are not obligated to wear standard employee uniforms (e.g., specific scrub color related to work assignment).
* Closed toe shoes in all clinical settings
* Unacceptable clothing and footwear:
  + Jeans, cargo pants, mini-skirts, baseball hats, non-dress T-shirts (no silk screens, no logos, collars preferred), sweatpants/shirts/hoodies, athletic or track clothing, tight or revealing clothing.
  + Beach-type footwear (made from foam, rubber, or similar material suitable for recreational, e.g., flip-flops, Velcro sandals, etc.), outdoor footwear such as hiking boots or water shoes.

**Rounding**

Regardless of the specialty, all of your clinical clerkships involving the care of inpatients will involve rounds. Rounds take many different forms but, most simply, provide structure for the interaction between the patient and the health care team, and between members of the health care team itself.

**Pre-rounds**

On most services, you will begin a typical day “pre-rounding” on your patients. The goal is to find out what happened with the patient since you left the night before so that you can update the team on the patient’s progress.

Don’t be discouraged if you miss information early in your clerkships. You’ll get better and faster every day, and each patient will only take about five minutes with practice (early on, be sure to leave yourself about a half hour per patient). Since each patient is also the intern’s responsibility he/she will usually also pre-round on your patients, and your resident might as well. If there’s time before rounds, the intern may kindly review any important developments with you before your presentation.

**Rounds**

After pre-rounding, the house staff will review each patient’s progress and plan basic care for the day. The format will vary depending on attending preference. Sometimes you will do “sit down” rounds where you sit around a table and talk about each patient, sometimes you will do “walking” rounds where you go see each patient as a team, and sometimes you will do a combination of both. When the team gets to one of your patients, briefly summarize the pertinent data from your pre-rounding, including your ideas for a daily plan. Use the SOAP format (subjective, objective, assessment, plan). Presentations should be concise but complete, noting patient name, age, current problems, vitals, pertinent exam findings, study results and assessment/plan.

Many interns will volunteer to listen to a practice presentation prior to attending rounds. They will have invaluable advice on content and style, especially early in the month. This is often your only contact with the attending, and a well-rehearsed presentation will make a great impression. This is something that gets easier with each presentation. Do not sacrifice completeness early on because you feel compelled not to read from your notes. Start by delivering some of it from memory and gradually add more and more components of the presentation. Feel free to ask your attending or resident about style preferences for the presentation; most will tell you if they have something else in mind, so be flexible.

You should have read enough about your patient’s disease the night before to be able to answer the majority of questions that your attending will ask. Consider differential diagnoses, presentation, clinical course, treatments and prognoses.

**Patient Examinations**

During clinical clerkships, students are routinely required to see and examine patients. It is necessary that all examinations of patients be appropriately structured, supervised, and consented in the interests of all parties, including the patient, student and attending physician.

Students must wear their Noorda-COM picture identification badge and introduce themselves to patients as a medical student. Patient consent for a student to perform an intimate examination must always be voluntary.

Consent for an intimate examination must be either verbal and/or written.

Regardless of the gender of the student performing the exam and the patient being examined, a chaperone, defined as another medical professional, preferably the preceptor is required during all intimate examinations. A chaperone is not an accompanying person (e.g. friend, relative of the patient, another medical student, etc.). Students are highly encouraged to record the date, time and the results of the examination as well as the name of the chaperone in the medical record.

**Performing Osteopathic Manipulative Medicine & Osteopathic Manipulative Treatment**

Students may perform their learned manual skills for diagnosis and therapy on patients while on any clerkship, provided the preceptor (or other supervising physician) has given their permission.

**Call**

Because inpatient medical and surgical services have patients in the hospital all day, every day, members of the team must be in the hospital at all times to care for these patients. At the end of the day, when the rest of the team goes home, someone has to stay overnight. During these nights (known as call), house officers have responsibility for admitting new patients to the hospital and taking care of medical issues on old patients that can’t wait until morning. As a student, your call schedule and corresponding responsibilities will vary from clerkship to clerkship.

**Topic Presentations**

In addition to attending mini lectures given by senior members of the team on topics relevant to the care of patients on your service, you may also be expected to give at least one brief prepared topic presentation during the course of a clerkship. Seek advice from your residents or attendings about the length and degree of detail expected in these presentations. It helps to practice the talk and time it the night before.

**Cultural Diversity & Sensitivity**

Culture is the values, beliefs and practices shared by a group of people. Hospital has an obligation to be respectful and sensitive to another’s belief system.

Students should try to acquire basic knowledge of the patient’s and family member’s cultural values, beliefs and practices:

* Ask questions
* Listen
* Account for language issues
* Be aware of communication styles
* Be sensitive to personal health beliefs and practices
* Students should ask their supervisor/preceptor to help with the following questions:
* How does the patient stay healthy?
  + Special foods, drinks, objects or clothes
  + Avoidance of certain foods, people or places
  + Customary rituals or people used to treat the illness
* What are the expectations for medicine usage?
  + Past experiences with medicine usage
  + Will the patient take medicine even when he/she doesn’t feel sick?
  + Is the patient taking other medicines or anything else to help them feel well?
* Family and community relationships
  + Are illnesses treated at home or by a community member?
  + Who in the family makes decisions about healthcare?
* Language barriers
  + Can the patient understand limited English?
  + What, if any, is the patient’s literacy level?
  + If necessary, use visual aids and demonstrate procedures
  + Check understanding
  + Is an interpreter necessary? If yes, follow Hospital guidelines by using a trained medical interpreter.
* Avoid using family members
* Body language. Is there cultural significance for?
  + Eye contact
  + Touching
  + Personal space
  + Privacy / modesty
* Religious / Spiritual beliefs. Are there sensitivities / beliefs associated with:
  + Birth and/or death
  + Certain treatments, blood products
  + Prayer, medication and worship
  + Food preparation, clothing, special objects, and gender practices
* Other cultural factors to consider
  + Gender
  + Wealth or social status
  + Presence of a disability
  + Sexual orientation

**EMTALA**

The Emergency Medical Treatment and Labor Act is a federal law that requires hospitals to treat all people who request emergency care.

* Students should not act independent of their assigned Hospital preceptor/supervisor.
  + Provide assistance to all people (adults and children) needing emergency care.
  + If help is required to transport the person, call the hospital operator. State the problem and the location. Request Security to help transport the patient.
  + Initiate a Code Blue, if appropriate.
  + Never direct a person seeking emergency care to go to another hospital or facility if a patient requiring treatment for an emergency medical condition refuses to stay at the hospital.

**Hospital Rules and Regulations / Financial Responsibilities**

Each hospital/health care system has individual rules and regulations. Medical students must familiarize themselves with and adhere to these protocols during training. Students must respect and follow all policies regarding the use of hospital facilities, housing, and equipment.

Students are financially responsible for any damage to or loss of hospital or training site-related property, including but not limited to library materials, pagers and keys. Final grades may be withheld pending return of all hospital or training site property.

**Student Discipline Procedures**

Complaints involving alleged misconduct by students will be handled according to the following procedures except in those cases where different procedures are prescribed by another College policy (e.g., allegations of sexual harassment, research misconduct). Noorda-COM has established a multi-dimensional approach to adjudicating student misconduct, poor academic performance and/or disciplinary issues. The following steps are to be followed in any case where a student is alleged to have violated the Code of Professional Conduct as enumerated in this handbook:

1. All reports of code violations shall be reported to Student Affairs and/or to the Associate Dean for Student Affairs. Reports must be filed in writing and must be signed by the reporting party.
2. Associate Dean for Student Affairs will review the report and determine if the charge is of the nature to merit an investigation of the allegation(s).
3. If the charge is of a nature to merit an investigation the Associate Dean for Student Affairs will gather, analyze and investigate the information. (This will be done as quickly as possible, but sometimes the nature of such investigations takes longer to gather evidence and speak with potential witnesses.)
4. After all information is gathered, the Associate Dean for Student Affairs will apply a preponderance-of-the-evidence standard in making a judgment about the validity of the grievance and will then decide how best the alleged misconduct should be adjudicated.

The multidimensional nature of Noorda-COM’s disciplinary system allows for cases to be heard by the Student Promotion and Graduation Committee (SPC) or administrators within Student Affairs.

1. The Associate Dean for Student Affairs will make the final decision as to how the case will be heard and will make a referral to the specific adjudicating body for disposition of the case. The student will also be notified in writing to appear before the appropriate body to have their case heard.
2. In cases where the information does not merit referral to the SPC, the case will be dealt with by Student Affairs staff.
3. Once the case has been formally adjudicated, the Associate Dean for Student Affairs will then communicate in writing the outcome to the individual(s) involved.

The College reserves the right to address inappropriate behavior that does not clearly fall within the identified Code of Professional Conduct.

**Safety and Compliance**

**In Case of Emergency**

Students should follow emergency procedures and protocols at their specific clinical site at all times. In the event that your clerkship schedule is interrupted due to hazardous weather conditions or another emergency situation, please notify the Department of Clinical Education as soon as possible.

In the case of inclement weather, students on clerkships do not follow the same attendance requirement as OMS I and OMS II medical students. Students on clinical clerkships are to follow the schedule of the site where they are rotating. If the site is closing due to inclement weather, then the student is excused until the site re-opens. If the student is at a hospital or site where they are not closing, the student is to report and remain on-service until the end of their shift. Students should use caution and allow themselves plenty of time to get to their destination.

In the case of an emergent situation outside normal business hours that requires you to evacuate your location, relocate for a period of time, or any other emergency, please contact the Noorda-COM Campus Security office at 385-375-8724

**Student Health**

**Physical Health Services**

Student health services are provided on campus. Noorda-COM students may seek healthcare through off-campus, endorsed clinical providers who have affiliations with the College. Student may seek medical services for acute care or short-term treatment at any of Noorda-COM’s affiliate locations.

Noorda-COM encourages students to establish a healthcare home with a primary care provider. Frequently, being an established patient enhances how quickly you can be seen for a problem. If a student requires chronic care or needs to be seen during off hours, he/she should contact his/her own provider. Clinic information is available via Student Health Resources.

Students need to present their insurance card when seeing any healthcare provider. All expenses for health services are the responsibility of the student.

**Infection Prevention and Control**

The purpose of an infection prevention and control program is to prevent the transmission of infections within a healthcare facility. Students can protect themselves and patients by adhering to basic infection prevention and control principles.

Standard precaution procedures should be used routinely when caring for patients, regardless of their diagnosis.

**Standard Precautions**

Standard Precautions is the name of the isolation system used within Hospital, and is used for every patient, regardless of diagnosis. The aim is to minimize risk of exposure to blood or body fluids. To accomplish this, personal protective equipment (PPE) (i.e. gloves, gowns, masks, and goggles) is used for potential contact with body fluids from any patient.

Standard Precautions include these principles:

* Hand Hygiene: Wash hands with soap and water or sanitize with an alcohol-based hand rub before and after each patient contact, and after removing gloves. See Hand Hygiene Policy.
* Gloves: Use when touching any body fluids or non-intact skin.
* Gowns: Wear if splashing or splattering of clothing is likely.
* Masks and goggles: Wear if aerosolization or splattering is likely.
* Needles: Activate sharps safety devices if applicable, then discard uncapped needle/syringe and other sharps in containers provided for this purpose. Use safety products provided.
* Patient Specimens: Consider all specimens, including blood, as biohazardous.
* Blood Spills: Clean up with disposable materials (i.e., paper towels or spill kit), clean and disinfect the area. Notify Housekeeping for thorough cleaning.

**Droplet Precautions**

Droplet Precautions are used when patients have a disease process that is spread by contact with respiratory secretions. These include: Respiratory infections (RSV, Human Metapneumovirus, Parainfluenza, Influenza),

Neisseria meningitides (meningitis or sepsis), Invasive Haemophilus Influenza type B (meningitis, sepsis, epiglottises), Diphtheria, Pneumonic Plague, Mumps, Parvovirus B19, Rubella, Coronavirus.

Droplet Precautions include:

* Private Room: One patient per room, or patients with similar diagnosis. The patient is confined to the room until directed by Infection Prevention and Control.
* Mask and Gloves: Worn by all hospital personnel upon entering the room.
* Gown: To be worn if there is a possibility of contact with bodily fluids.
* Hand Hygiene: Wash or sanitize hands upon entering patient room, removing gloves, and when leaving the patient room.
* Goggles or Face Shields: Adhere to the policy and regulation of the hospital facility.

**Coronavirus/COVID-19**

The SARS-Cov-2 virus in the Coronavirus family is known to cause a severe illness known as COVID-19.

All students must perform daily symptom checks for any signs and symptoms of illness. Including fever (temperature check), cough, shortness of breath. Students MUST stay home if they are experiencing ANY of these symptoms. Students that are ill must notify the Student Affairs Office. OMS 3 and OMS 4 students must additionally notify their Clerkship (Site) Preceptor. Students who were ill with fever and/or respiratory symptoms will require a note from a healthcare provider prior to returning to call or their rotation.

All students should remain aware of National and State Guidelines from the CDC and https://coronavirus.utah.gov/ concerning epidemiologic updates, precautions for viral illness (COVID-19), Risk Mitigation, and Exposure responses in the Clinical Learning Environment.

**Contact Isolation**

Contact isolation is used when patients have a disease process that is spread by contact with wounds or body fluids. These include: Diarrhea (Rotavirus, Clostridium difficile, E. Coli 0157:H7, Shigella, Salmonella, Hepatitis A, Campylobacter, Yersinia.), open draining wounds, infection or colonization with multi-drug resistant organisms (MDROs)

Contact Precautions include:

* Private room: Private room or rooms with a patient who has a similar diagnosis. Patients who are un-diapered and incontinent of stool should be confined to the room.
* Gloves: All hospital personnel wear gloves when entering the room.
* Gown: To be worn if clothing will have contact with patient or objects in the room.
* Hand Hygiene: Wash or sanitize your hands upon entering patient room, removing gloves, and when leaving the patient room.
* NOTE: For patients with Clostridium Difficile (C-Diff), do not use a hand sanitizer or other products which contain alcohol. Use soap and water only.

**Airborne Precautions**

Airborne precautions are used when the infection is spread through the air. Examples of diseases requiring airborne precautions are:

* TB (tuberculosis)
* Measles
* Chickenpox

Precautions include:

* Patients are placed in a private negative pressure room. Keep door closed except to enter and exit.
* Wear an N-95 respirator mask, which requires a fit test, or a Powered Air Purifying Respirator (PAPR) when entering the room. Students will not be assigned these patients.
* Use proper hand hygiene. Wash or sanitize hands upon entering patient room, removing gloves, and when leaving the patient room.

**Personal Protective Equipment (PPE)**

Wear personal protective equipment when there is potential for handling or coming in contact with bodily secretions or fluids. PPE should be located in areas where such exposures are likely to occur.

Students can ask questions or request additional information from their Hospital preceptor/supervisor.

**Needle Stick Policy/Exposure to Blood and Body Fluids**

**Policy/Procedure:**

If a Noorda-COM medical student is exposed to bloodborne pathogens either by direct contact with blood or other body fluids via the eyes, mucous membranes, human bite, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) while on clerkship, it is to be handled as an EMERGENCY SITUATION.

In the event of an exposure students are to follow site procedures.

***Clean***

Immediately wash region with soap and water for 5 minutes. If exposure occurred in the eyes, nose, or mouth, use copious amounts of water to irrigate mucus membranes. Know where stations to irrigate eyes are located.

***Communicate***

Let the preceptor, DME/DIO, Core Site Coordinator and the Department of Clinical Education know about the exposure ASAP. Student should ask for the following information:

* Patient information (name, DOB, medical record number, address, phone #) and any prior testing for HIV, Hep B, Hep C, RPR, or risk factors thereof
* If patient is known to be HIV +, obtain info on CD4 count, history/current opportunistic infections, prior/current regimen/resistance
* Baseline labs for student and patient (HIV, Hepatitis B, Hepatitis C)
  + If he/she is not able to do lab work, present to the closest ER

***Chemoprophylaxis***

If the patient is HIV +, or their HIV status is unknown, begin post exposure prophylaxis with a multidrug regimen within a few hours of the exposure – do not delay in seeking care. If unable to obtain an Rx for meds from the preceptor, go to the nearest ER for a prescription.

Visit http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-guidelines/ for more information and the current guidelines.

**Post Exposure Protocol**

* Immediately wash exposed areas with soap and water.
* If splashed in eyes or mouth, flush with large amounts of water.
* It is critical that you are treated within the first two hours after injury.
* Notify supervisor and follow clerkship site exposure protocols.
* If facility is not equipped to handle exposure, contact an Occupational Health Clinic, appropriate site location, or go to the nearest emergency department with your current health insurance information.
* Notify the Department of Clinical Education of any care received.

**Disruption of Direct Patient Care**

In the event of a disruption of the students participation in direct in-person patient contact activities, Noorda-COM endeavors to collaborate with clinical partners to advance the clinical education of our medical students, including their involvement in direct patient contact activities, with appropriate attention to safety. Plans of action will emphasize minimizing personal risk, individual compliance with current guidelines in all professional and educational activities, as well as in all personal activities that are not work- or school-related.Ongoing communication and dialogue with all their medical students (as with all other individuals working in the health care environment) will be directed through the Clinical Affairs and Clinical Education Departments.

# This policy is intended to add to, but not supersede, a clinical site’s independent judgment of the immediate needs of its patients and preparation of its students. The associate dean for clinical affairs has the authority and responsibility to make such decisions regarding medical students.

Noorda-COM with their clinical partners’ knowledge and input, will evaluate conditions on an ongoing basis to include the extent of community and local mandates and directives (among other considerations), on a regular basis to make determinations about medical students’ participation in direct patient contact activities.

Students participating in direct patient contact activities as part of required clerkships or other required clinical experiences/assessments should be able to do so in an environment in which the patient population, teaching and supervision by faculty and residents, and administrative/staff support, are all adequate to ensure (a) medical students have sufficient opportunities to meet the goals and objectives of the required clinical experiences, and (b) the required clinical experiences and assessments occur in alignment with **all applicable COCA accreditation standards** (i.e., including those that pertain to student safety, student access to health services, and policies and procedures regarding student exposure to infectious and environmental hazards, etc. in addition to those that pertain to the curriculum *per se*).

Limitations in patient volume and/or clinical diversity alone may temporarily preclude meaningful medical student participation in direct patient contact activities as part of required clinical experiences at some clinical sites and/or in some disciplines. Where applicable, clinical simulation will be applied in support of meeting required clinical experience/ assessments.

In the current health care system, medical students are not essential health care workers on a day-to-day basis. This guidance is based on both immediate and long-term public health needs in the event of PPE needs and availability impacting direct in-person patient contact activities.

**PPE**

Medical students’ PPE are included in supply planning for PPE at each clinical site. Provision for PPE for medical students has been incorporated into clinical site agreements. If availability of PPE is *not* adequate to fully meet student PPE needs, students should not be involved in any direct in-person patient care activities for which their roles require PPE, whether in the context of curricular direct patient contact activities or as volunteers to help meet critical health care workforce (HCW) needs. In such a circumstance, students are to contact Clinical Education to coordinate with the clinical site to facilitate PPE on the student’s behalf.

Noorda-COM will provide documentation to clinical partners of students training and assessment in PPE use.

# Student participation in direct in-person patient contact activities as part of required clinical experiences/assessments in the core curriculum.

When there is adequate PPE to fully meet student PPE needs, an adequate patient mix and volume for students to meet goals and objectives of required clinical experiences and assessments, and adequate faculty supervision, the following considerations regarding medical student participation in direct patient contact activities, as part of required clerkships or other required clinical experiences and assessments in the core curriculum.

Ensure activities in alignment with curriculum committee’s identification of those clinical experiences and assessments that can only be met through direct patient contact have:

* Reasonable safeguards are in place to minimize students’ risk
* Student participation in the required clinical experiences and assessments aligns with learning objectives and should also implement student direct patient contact.
* Availability of faculty and residents for supervision and teaching, and adequacy of administrative staff, may vary by clinical site and/or discipline. Limitations related to faculty, residents, and/or administrative staff may temporarily preclude students’ participation in direct patient contact activities at some clinical sites and/or in some disciplines.

**Students’ voluntary (outside of the required core curriculum) participation in direct in-person patient contact activities to address local HCW needs.**

If there is a critical HCW need locally, under the purview of the medical school, to include medical students on a voluntary basis (not as part of their core required curriculum) in the HCW caring directly for patients In these circumstances, Noorda-COM emphasizes:

* Current medical students are students, not employees.
* Medical students’ participation in direct care of patients *in this capacity, outside of the required core curriculum*, should be **voluntary**, not required for public service or humanitarian reasons only and will not be compensated. Such voluntary activities should not disrupt students’ continued participation in any core, ongoing learning activities. Core curriculum academic credit will not be offered to students volunteering to participate in direct care of patients in this capacity; if elective academic credit is offered, non-direct patient care opportunities for the elective academic credit will be offered.
* Assurance of patient and student safety, students must always be appropriately supervised by faculty and other health professionals acting within their scope of practice.
  + Ensure students do not experience any sense of social coercion to volunteer to participate in the direct clinical care of patients.
  + Recognize that individual students have different personal and family situations (which may or may not be known to others) and that this is a time for students to treat their peers and colleagues with care and respect and to scrupulously respect other students’ confidentiality.
* Opportunities to volunteer in direct patient care activities in this capacity should be offered to students *only* if there is a critical HCW need for them to do so. Decisions about assignments should be based on the competence of the student to take on the responsibilities involved.
* Student health services, actively participates in screening potential student volunteers, including considering (a) the responsibilities involved and (b) the student’s current health status and the presence of chronic health conditions or other safety risks.
* Assurance that student volunteers are fully trained (or retrained) for whatever specific clinical roles they are asked to assume in this capacity in the direct clinical care of patients. Such training should include safety precautions. The school should also confirm and document that student volunteers have been informed, to the extent possible based on current knowledge, of all risks associated with the clinical care of patients, including (a) procedures for care and treatment and a definition of financial responsibility should exposure occur and (b) the effects of subsequent infectious and environmental disease or disability on future medical student learning activities and progression to graduation.
* Shall review health care insurance coverage for their students to ensure that if student volunteers take on any specific clinical roles in this capacity, volunteering will not inadvertently cause the student to lose the health insurance coverage they have.
* PPE supplies should be sufficient for students to have consistent access to appropriate PPE for all situations in which PPE use is needed. The school should document that students have been specifically trained and assessed in PPE use and safety precautions.
* If increasing risk is identified, an evaluation of whether students are being provided with adequate training and appropriate resources is undertaken. Steps that could be implemented for the protection of students, other health care personnel, and the patients for whom they care *may include temporary suspension of students’ participation in direct patient care activities.*

**Behavioral Health Services**

**Counseling**

Students exposed to a blood borne pathogen will receive counseling and instructions for follow-up from the Department of Clinical Education. Please contact them within 24 hours. clined@noordacom.org

**Counseling & Support Services**

The College understands the intense environment, extra stress and medical students experience. Because it is important for students to be emotionally healthy, students are encouraged to utilize the counseling services that are available to them. The College has licensed counselors on campus. Students are encouraged to set up appointments by emailing the respective counselor they would like to see.

The licensed psychologists provide immediate support for students through psychotherapy, proactive support programs to assist students with the extra stresses associated with medical school and graduate study. They provide additional information and support through the College’s orientation program. They can also assist students who are dealing with any kind of substance abuse or addiction issue.

Noorda-COM Counseling Contacts: Wasatch Mental Health

For students wishing to be seen by a therapist or psychiatrist off-campus, the College offers StudentLinc program, a free and confidential counseling service available to all students and their families.

**Patient Care**

**Patient Rights & Responsibilities**

Hospital outlines the rights afforded to each person who is a patient in our facilities. This Patient Rights and Responsibilities document discloses Hospital’s commitment to an environment of trust where patients can feel comfortable and confident with the care they receive.

The Patient’s Rights Policy has been adopted to promote quality care with satisfaction for the patient, the family, the physician, and the staff, regardless of age, color, creed, marital status, medical condition, national or ethnic origin, race, religion, cultural heritage, gender, sexual orientation, gender identity, political affiliation, disability, genetic information, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws or any other individual personal attribute.

Some areas within Hospital have slightly modified versions of the rights and responsibilities that are more specific to their patients, residents, or members. Questions regarding these modified versions may be directed to the department

director or the facility compliance coordinator.

**Identification Badge**

While performing duties related to patient care, all students must clearly identify themselves as Osteopathic Medical Students both verbally and by wearing their Noorda-COM picture identification badge in addition to any hospital issued identification. Misrepresentation of oneself as a licensed physician is illegal, unethical and subject to disciplinary action.

**Medical Ethics**

All medical students are expected to conduct themselves in a professional manner demonstrating an awareness and compliance with the ethical, moral and legal values of the osteopathic medical profession. In observing the principles and practices of medical ethics, students will:

* Place primary concern on the patient’s best interests
* Be available to patients at all reasonable times as expected by the preceptor/core site
* Perform medical activities only within the limitations of a medical student’s capabilities and within the guidelines determined by the site and/or preceptor

Strictly maintain patient and institutional confidentiality

**Privacy & Security of Health Information**

Certain laws and regulations require that practitioners and health plans maintain the privacy of health information. In general, privacy is about who has the right to access personally identifiable health information. Privacy regulations, such as the Health Insurance Portability and Accountability Act (HIPAA) cover all individually identifiable health information in the hands of practitioners, providers, health plans, and healthcare clearinghouses.

Hospital facilities take privacy regulations very seriously. HIPAA impacts students in the following ways:

* Patient records may not be photocopied or printed from a computer terminal for personal use (i.e. writing care plans or other papers).
* Students must not release any patient information independently. Any request for patient information should be directed to the student’s Hospital preceptor/supervisor.
* Violations of HIPAA may result in termination of the student experience.

**Identifiable Information**

The following is considered identifiable information by HIPAA and must not be accessed or shared for any purpose other than patient care.

* Names or initials
* All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code
* All elements of dates relative to an individual, including birth date, admission date, discharge date, date of death, and all ages over 89
* Telephone numbers
* Fax numbers
* Electronic mail addresses
* Social Security numbers
* Medical record numbers
* Health plans beneficiary number
* Account numbers
* Certificate/license numbers
* Vehicle identifiers and serial numbers, including license plate numbers
* Device identifiers and serial numbers
* Web Universal Resource Locators (URLs)
* Internet Protocol (IP) address numbers
* Biometric identifiers, including finger and voice prints
* Full face photographic images and any comparable images
* Any other unique identifying number, characteristic, or code, derived from the information listed

Do not use any of the above elements when writing reports or making presentations. De-identified patient information is still considered confidentialand may not be disclosed without Hospital’s permission.

**Other Protected Information**

While this section primarily addresses the requirements of the HIPAA Privacy Rule, additional protections and requirements may apply to certain types of sensitive information, such as substance abuse records, genetic test results, Social Security numbers and credit card numbers. If a student assignment includes accessing or disclosing these types of information, ask your supervisor/preceptor for relevant policies and procedures.

**Social Media**

Do not post **any** information regarding your clerkship, patient information or issues with your site on any form of social media. This violates HIPAA regulations and is unprofessional. Your private social media is not really private. Although the patient identifiers may not be present in the post, details of the case such as date, time and location, may allow the reader to identify the individual. Patients place their trust in you to care for them with their privacy assured. It is not your right to discuss or reveal details of a private medical procedure in a public forum. Disciplinary action for such an offense will not only affect graduation, but the ability to obtain a license to practice medicine.

**Additional steps to protect a patient’s privacy**

* Close room doors when discussing treatments and administering procedures.
* Close curtains and speak softly in semi-privacy rooms when discussing treatment and performing procedures.
* Avoid discussions about patients in public areas such as hallways, the cafeteria/cafe, waiting rooms, restrooms and elevators.
* Do not discuss patients with family or friends.
* Do not leave patient charts, schedules, or computer screens containing patient information in plain view.
* Do not allow visitors or patients in staff areas, dictation rooms, chart storage areas, etc.
* Do not hold telephone conversations or conduct dictation in areas where confidential patient information can be overheard.
* Call out the patient’s name only in waiting rooms, not their diagnosis or procedure.
* If you receive a Hospital computer systems access code or password, do not share it with anyone. Take precautions to prevent others from learning your access code and password.
* Do not access systems you are not authorized to access. Access only information needed to do your assigned rotation.
* Before discarding any patient-identifiable information, make sure it is properly shredded or locked in a secure bin to be destroyed later. Do not leave information intact in a trashcan.
* Do not use cell phones or other electronic devises to take or send photographic images and audio/video recordings of patients and/or medical information.
* Do not publish medical information, photo images or audio/video recordings on networking web sites or blogs, such as Twitter or Facebook. This includes de-identified and “virtually” identifiable information.
* If a patient asks, you may take a picture of the patient using the patient’s personal devise only. Do not take a picture of a medical procedure or one of a sensitive/personal nature.
* Email communication involving patient information is not permitted as a means for student learning.

**National Patient Safety Goals**

Hospitals follow National Patient Safety Goals established by The Joint Commission to improve patient safety. The goals focus on problems in health care safety and how to solve them.

**Identify Patients Correctly**

* Use at least two (2) ways to identify patients. For example, use the patient’s name and date of birth. This is done to ensure each patient receives the correct medicine and treatment.
* Ensure the correct patient receives the proper blood during a transfusion.
* Two-person double check: one individual must be a licensed healthcare provider transfusing the blood/blood product and the second individual must be a trained staff member.
* One-person verification can be done using barcode technology.

**Improve Communication**

* All critical test results must be reported to the patient’s physician.

**Use Mediations Safely**

* Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
* Take extra care with patients who take medicines to thin their blood.
* Separate look-alike and sound-alike medications.
* Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicine to take when they go home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

**Use Alarms Safely**

* Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
* When an audible or electronic clinical alarm is activated, the nearest available clinical staff responds promptly to the patient’s bedside and assesses the patient’s needs.

**Prevent Infection**

* Use hand cleaning guidelines established by the Centers for Disease Control and Prevention or the World of Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
* Use proven guidelines to prevent infections which are difficult to treat.
* Use proven guidelines to prevent infection of the blood from central lines.
* Use proven guidelines to prevent infection after surgery.
* Use proven guidelines to prevent infections of the urinary tract caused by catheters.

**Clerkship Assessment**

**Clerkship Grades**

Students must demonstrate progress on the Clinical Competency Assessment, submit all End of Clerkship Assessment and pass any applicable Subject Exam to achieve a grade of pass for a clerkship. Honors may not be awarded or may be removed if the student receives marks demonstrating below expectations ratings, recommendation of failure, or professionalism concerns.

Clerkship Grading rubric is as follows:

* 50% - Subject Exam
* 40% - Preceptor Clinical Competency Assessment
* 10% - On campus final assessment (OSCE’s, CSA’s, etc.)

All components are required before a final grade is assigned by Noorda-COM:

* Clinical Competency Assessment from the Preceptor
* End of Clerkship Assessment from the Student
  + Evaluation of Clerkship
  + Evaluation of Preceptor
  + Evaluation of Self
* Subject Exam – required for 3rd & 4th year core disciplines only

|  |  |  |  |
| --- | --- | --- | --- |
| **Skills Proficiency** | | | |
| **%** | **Score** | **Expected Proficiency Level** | **Performance** |
| 100 | 10.0 | Expert (recognized authority) |  |
| 97-99 | 9.5 |  |  |
| 93-97 | 9.0 | Advanced (applied theory) | Honors |
| 89-93 | 8.5 |  |  |
| 85-89 | 8.0 | Intermediate (practical application) | High Pass |
| 81-85 | 7.5 |  |  |
| 77-81 | 7.0 | Novice (limited experience) |  |
| 73-77 | 6.5 |  |  |
| 70-73 | 6.0 | Fundamental Awareness (basic knowledge) | Pass |
| < 70 | U |  |  |

Example of how grades are reflected on the transcript:

* Clinical Clerkship Grade
* Pediatrics (Core) P
* Family Med (Core) F/P
* Internal Med (Core) H
* Surgery (Core) HP

**Subject Exams**

Students must pass a shelf exam from either the National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) or the National Board of Medical Examiners (NBME) Subject Exam upon completion of each 3rd year core discipline:

* Family Medicine
* Internal Medicine
* Obstetrics and Gynecology
* Pediatrics
* Psychiatry/Behavioral Health
* Surgery
* Osteopathic Principles & Practice OPP (Required exam is scheduled during second half of 3rd year)

Students may be awarded Honors (H) or High Pass (HP) for excellent performance on a Clerkship. End-of-Clerkship (Shelf Exams) are benchmarked against the NBOME or NBME academic-year norms for all students in that discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations and are required to utilize the Course Syllabi. A retake of a shelf exam is only allowed to achieve a passing score.

**Subject Exam Scheduling**

Subject exams are taken during the last week of each 3rd year core discipline and given at a College designated location. Students will receive an email from the Preceptor/Assessment Coordinator approximately one month prior to their exam date with details about their exam.

A listing of specific exam dates and designated locations is available on eNCOMpass in the Clinical Education section under Assessment. All exams must be taken as scheduled. Any change to an exam date or location must be approved in advance through the Appeals process and a fee may be incurred by the student for the re-scheduled exam and/or Prometric seat fee.

**Subject Exam Scores**

Students are awarded 50% of their grade of Fail, Pass, High Pass or Honors based on NBOME/ NBME academic year norms in combination with minimum standards set by Noorda-COM. Exam scores and Examinee Performance Profiles (EPP) are made available to students within ten (10) business days following the exam date through Noorda-COM Canvas.

**Subject Exam Failure**

Students are allowed to remediate one Subject Exam without being considered a failed clerkship. The highest Subject Exam score and clerkship grade achieved after a remediation is Pass.

* 1st Failure in years 1-4:
  + Student receives failure notification from Administrative Director for Clinical Education
  + Student meets with the Assistant Dean for Clinical Education and PACC
  + Student contacts their Coordinator to reschedule the exam
* All Subsequent Failures in years 1-4:
  + Student may be referred to SPC and required to present their case
  + SPC evaluates and makes recommendations which could include but are not limited to remediation, repeating 3rd year, or possible dismissal

Refer to the most current Academic Catalog and Student Handbook for additional information.

**Optional Subject Exams**

An optional, non-required National Board of Medical Examiners (NBME) subject exam may be taken in either Emergency Medicine or Neurology at a cost to the student. These exams must be scheduled at Prometric testing center and cost approximately $100.00. Contact the CE Preceptor/Assessment Coordinator a minimum of 60 days in advance to make arrangements and remit payment as the exam is not scheduled until payment is received by Noorda-COM Department of Finance. Scores for these exams are not reflected on the student’s transcript but may be included in the student’s MSPE.

**Clinical Competency Assessment**

Preceptors complete a Clerkship-Clinical Competency Assessment at the end of the clerkship to evaluate student performance. The purpose is to provide feedback to guide both clinical and professional development. The preceptor documents performance of expected competencies as compared to other students at the same educational level.

Assessments submitted by interns or residents must be cosigned by an attending physician or the Director of Medical Education (DME) or Designated Institutional Officer (DIO). We ask preceptors complete the evaluation/assessment within one week of the clerkship end date and maintain confidentiality in compliance with the FERPA. If a student works with more than one attending, more than one assessment will be accepted.

Preceptors are encouraged to complete assessments online through Noorda-COM Canvas, the Noorda-COM Department of Clinical Education Student Database. Paper copies are available upon request and may be returned by the student directly to the Noorda-COM Department of Clinical Education. The College recommends that students request an initial discussion of preceptor expectations as well as an informal mid-clerkship assessment to allow the student to determine whether there is consistency between the preceptor’s and student’s performance perceptions. In addition, should a student be experiencing difficulty on a clerkship, a mid-clerkship assessment allows the student to proactively address any problems and avoid potential surprises.

Preceptor approaches vary widely in providing students with feedback on performance. Preceptors may or may not review their assessment with the student; it is appropriate for the student to request such a review prior to completion of the clerkship. If the preceptor is not available to review the assessment with the student and the student has questions or concerns, the student should contact their Coordinator to discuss the most constructive way to obtain the desired feedback.

**Deficiencies**

The student will be notified of a poor assessment by their Coordinator. All deficiencies or concerning comments are reviewed and the student is asked to provide written feedback. Deficiencies relating to poor preceptor evaluations, professionalism, or other concerns may be referred to the appropriate Assistant Dean. Additional assessments submitted following official review are accepted but may not impact the outcome.

Subsequent to the review process, any student identified as having failed a clerkship may be required to meet with the SPC. Final disposition of the assessment in question is pending completion of this process.

\*\*At any time and for any reason, Noorda-COM reserves the right to require additional methods of assessing students. Students may be required to return to the Noorda-COM campus for a formal review.

Refer to the most current Academic Catalog and Student Handbook for additional information.

**COMLEX Remediation**

If you do not pass COMLEX, the school will be notified at the same time that you receive your score. That said, being proactive and reaching out to the Associate Dean for Academic Affairs and your Coordinator proactively may give you some initial feedback on how to proceed. It is not necessary to immediately inform your site coordinator or preceptor.

* 1st Failure COMLEX Level 1 or USMLE Step 1:
  + Student meets with the Assistant Dean for Academic Affairs and PACC
  + Student contacts their Academic Affairs Coordinator to reschedule the exam
* All Subsequent Failures COMLEX Level 1 or USMLE Step 1:
  + Student may be referred to SPC and required to present their case
  + SPC evaluates and makes recommendations which could include but are not limited to remediation, repeating 2nd year, or possible dismissal
* 1st Failure COMLEX Level 2 - CE or USMLE Step 2 - CK :
  + Student meets with the Associate Dean for Academic Affairs, Assistant Dean for Clinical Affairs and PACC
  + Student contacts their Clinical Education Coordinator to reschedule the exam
* All Subsequent Failures COMLEX Level 2 - CE or USMLE Step 2 - CK:
  + Student may be referred to SPC and required to present their case
  + SPC evaluates and makes recommendations which could include but are not limited to remediation, repeating 3rd year, or possible dismissal
* 1st Failure COMLEX Level 2 - PE or USMLE Step 2 - CS:
  + Student meets with the Assistant Dean for Clinical Affairs and PACC
  + Student contacts their Clinical Education Coordinator to reschedule the exam
* All Subsequent Failures COMLEX Level 2 - PE or USMLE Step 2 - CS:
  + Student may be referred to SPC and required to present their case
  + SPC evaluates and makes recommendations which could include but are not limited to remediation, repeating 3rd year, or possible dismissal

See COMLEX policy for complete details.

**4th YEAR**

**Scheduling Process**

Students are eligible to begin the 4th year scheduling process at the start of 3rd year and it is recommended to begin planning 4th year clerkships no later than December of the students 3rd year. Some institutions will schedule a student 12 months in advance while others will not open up their schedules until 60 days before the experience is to start.

Students should investigate options, such as Core Sites, Residency Programs, Institutions or Preceptors on:

* + Core Clinical Clerkship Sites
  + Existing Noorda-COM affiliated hospitals, facilities and preceptors
  + Visiting Student Learning Opportunities (VSLO)
  + Non-affiliated hospitals, facilities and preceptors

E-mail or speak with the person in charge of scheduling clerkships, externships or clerkships to inquire about the facility’s specific process (e.g. availability, fees, housing, etc.)

Complete institutional paperwork (e.g. site application, hospital forms, immunization/health forms, etc.) and forward to their Noorda-COM Clinical Clerkship Coordinator for processing

* + Incomplete paperwork is not processed and may be returned to the student

• Submit Clerkship Request for review through the NEXXUS 90 days prior to the proposed start of clerkship. This is required before the Noorda-COM Clinical Clerkship Coordinator may process paperwork

• Noorda-COM Clinical Clerkship Coordinator processes information within 30 days of receipt of complete paperwork and Clerkship Request

• Noorda-COM affiliated Core Site, Residency Program, Institution or Preceptor generally confirms acceptance for a clerkship

o If verification is not received, it is the responsibility of the student to contact the above to determine the status of the clerkship

• Students may not cancel or modify the dates, service type or location of a confirmed clerkship without prior approval from Noorda-COM Clinical Education and a minimum of 60 days’ notice

Non-compliance with any of the above may lead to denial of the request, removal from the clerkship or referral to an appropriate College official.

**COMLEX-USA Level 2 CE and PE**

COMLEX-USA examination applications are available online at www.nbome.org and from the Department of Clinical Education.

Students are eligible to sit for the following exams after successful completion of all 3rd year core rotations and Clinical Management Review (CMR):

* COMLEX-USA Level 2 CE must be taken during assigned Clinical Management Review (CMR) or within 30 days of its completion
* COMLEX-USA PE must be taken after April 1st of the 3rd year and before October 1st of the 4th year
  + Students may not take the COMLEX-USA Level 2 PE until the Clinical Skills Assessment (CSA) is successfully completed.

Students requesting permission to take these exams outside the required dates must be directed by or have authorization from the Assistant Dean for Clinical Education.

Students who do not adhere to the above are referred to an appropriate College official.

4th year clerkships will start immediately following Clinical Management Review - CLMD 306

**Curriculum**

Individual start and end dates vary by location. Students must be enrolled in clinical activities throughout the entire academic year, through the last the Friday of April in the Spring Semester.

Core Clerkship:

* Emergency Medicine EMED 401 – This course is PASS/FAIL
  + Completed at a Noorda-COM Core Clerkship Site
  + Students may appeal to complete at another Noorda-COM Core Clerkship Site or Residency Program.

In addition to the Core clerkship, 4th year students are required to complete sub-internships and elective clerkships.

* Sub-Internships – These courses are PASS/FAIL
  + Two (2) 4-week or 1-month clerkships, no splitting of Sub-I
  + Completed at a residency program or Noorda-COM Core Clerkship Site
* Electives – These courses are PASS/FAIL
  + 4-week or 1-month clerkships, scheduled through the end year four.

All students must be enrolled in clinical activities through the last business day of April in the Spring Semester. No more than three (3) elective clerkships (4-week or 1 month each) may be completed within the same Sub-specialty.

Non-compliance with any of the above may lead to denial of the request, removal from the clerkship or referral to an appropriate College official.

**Sub-Internships**

Sub-Internships (Sub-I) are clinical experiences designed to provide students with an opportunity to function at a level closer to that of an intern. Training focuses on self-education and includes more advanced study of the discipline. These must be scheduled at a recognized residency training program or Noorda-COM Core Site. Sub-Internships and up to three electives may be completed in the same sub-specialty.

**Electives**

Elective clerkships are part of the 4th year. The student typically determines the schedule, time and/or location at which elective(s) may be completed. Up to three (3) electives may be completed in the same area of sub-specialty and may be split into two-week increments if available.

**Visiting Student Learning Opportunities (VSLO)**

The Association of American Medical Colleges (AAMC) Visiting Student Learning Opportunities™ (VSLO™) program is designed for medical and public health students to pursue short-term learning opportunities in locations away from their home institutions. VSLO streamlines the application process for both students and institutions.

Visiting opportunities can provide exposure to new educational experiences and a chance to explore residency opportunities. The VSLO program streamlines the application process for medical and public health students.

Students will receive an invite by email from VSLO at the beginning of 3rd year which expires within 90 days of receipt. If it expires, contact your Coordinator to have resent.

**Transcript Requests**

The Office of Clinical Education uploads a transcript for ALL applications submitted during the VSLO season. Once you submit an application, the Office of the Registrar will upload a transcript within 3-5 business days.

* IMPORTANT: The Coordinator will not be able to upload any transcript to VSLO until the VSLO Transcript Release form has been submitted
* Transcripts ARE uploaded to individual applications that require a transcript
* Transcripts cannot hold for additional grades once the application is submitted
* Once a transcript is uploaded, the transcript cannot amend
* You will not receive an automatic notification that your transcript has been uploaded
* Students must log into their VSLO account to review the application requirements

**Letters of Recommendation (LoR) for VSLO**

VSLO may require a letter of recommendation for some clerkships.

* Letters must be sent to the Coordinator
* The Noorda-COM Clinical Clerkship coordinator will upload these letters into VSLO

Since VSLO is separate from Noorda-COM, Department of Clinical Education and Noorda-COM IT cannot trouble shoot the program. Students need to utilize the VSLO Help Desk for login or other technical problems when using the site. VSLO Help Desk staff is available by phone (202) 478-9878 Monday - Friday, 9am - 6pm ET or [online](https://students-residents.aamc.org/attending-medical-school/article/vslo-contact-form/)

Frequently asked questions and essential information can be found [here](https://aamc-orange.global.ssl.fastly.net/production/media/filer_public/e0/b9/e0b9a21a-40c4-4041-9176-0fb1d86cd8c5/vslo-student-essentials-march2018.pdf).

**RESIDENCY PLACEMENT**

**Finding a Residency Position**

1. Register in ERAS during the fall of year three in school using the token emailed to you from the Office of the Dean
2. Request Letters of Recommendation (LoR’s) during clerkships from preceptors
3. Research specialties and programs
4. Select clerkships based on desired residency programs
5. Update your CV and initiate personal statement
6. Enter student related information into the MSPE database
7. Complete ERAS application and upload documents
8. Meet with assigned advisor for advice on your residency application plan
9. Apply to a minimum of 30 programs
10. Go on interviews – at least 10
11. Assess your results and consult with your residency advisor on your progress and concerns
12. Register in the National Residency Matching Service (NRMP)
13. Rank programs in the NMRP
14. Match
15. If unmatched, participate in the Supplemental Offer and Acceptance Program (SOAP)

**Electronic Residency Application Service (ERAS)**

ERAS ® streamlines the residency application process for applicants, their Designated Dean's Offices, Letter of Recommendation (LoR) authors and program directors. By providing applicants the ability to build and deliver their application and supporting materials individually or as a package to programs, ERAS provides a centralized, but flexible solution to the residency application and documents distribution process.

* ERAS Home
* ERAS for Applicants
* ERAS Letter of Recommendation Portal (LoRP)
* Office of the Dean – answers questions about issuing tokens, uploading transcripts and photos
* Office of Clinical Affairs – answers questions about CVs, LoRs, MSPEs, Personal Statements and SLoRs

**Medical Student Performance Evaluation (MSPE)**

The MSPE, formerly known as the "Dean's Letter" is a letter prepared by all medical schools to give a global assessment of the student’s performance and covers both the academic as well clinical and service achievements.

The Noorda-COM MSPE Database is where you will provide basic information to the school in order to write your MSPE. Noorda-COM has a database which assists in collecting information in order to assist in the process or writing the MSPE and advising students for residency.

**Curriculum Vitae (CV) for Residency**

Your Curriculum Vitae (CV) is a summary of your background and accomplishments and replaces a resume in a medical student’s professional life. The goal is to provide a well-organized overview of major academic and extracurricular achievements in medical school to emphasize the talents and abilities you can bring to a residency program.

You may need a hard copy CV when:

* Applying for audition clerkships through Visiting Student Learning Opportunities (VSLO)
* Interviewing for residency programs
* Requesting Letters of Recommendation (LoR) from preceptors

**Letters of Recommendation**

Preceptors play a crucial role by providing Letters of Recommendation (LoR) in support of a student’s application for residency. At your request, the ERAS Letter of Recommendation Portal (LoRP) enables a preceptor, as an author, and/or their designee to upload LoRs to ERAS for distribution to training programs.

In the MyERAS application, you generate a Letter Request Form (LRF) for each LoR you are requesting and provide the form to your preceptor. Preceptor/Authors and/or their designees use the unique Letter ID on each form to upload LoRs for you into the ERAS LoRP.

Important Tips for LoRs:

* Ask early
* Provide your preceptor with:
  + A copy of the ERAS Letter Request form with unique Letter ID
  + A copy of your Curriculum Vitae (CV) for reference
  + A copy of your Personal Statement
  + A list of specific items you would like them to highlight
* Make sure your preceptor is aware the letter should:
  + Composed on professional or office letterhead
  + Be addressed as “Dear Program Director”
  + Include the unique Letter ID (provided by you)
  + Include their name, credentials, title and signature on the letter
  + Be reviewed for accuracy and grammatical errors prior to upload
  + Be uploaded directly to the ERAS Letter of Recommendation Portal (LoRP)
* Thank your preceptor for writing the LoR

**Standardized Letters of Evaluation (SLOE)**

The majority of specialty programs require LoRs. Emergency Medicine programs use SLOEs instead of LoRs for the application process. Programs may only ask for a maximum of four (4) LORs or SLOEs.

* Official CORD Standardized Letter of Evaluation (SLOE)

**Residency Match Services**

RESIDENCY MATCH SERVICE PROGRAMS

National Resident Matching Program (NRMP) ACGME Accredited Programs

San Francisco Match (SF Match) ACGME Ophthalmology

Urology Match ACGME Urology Residencies

Military Match (MODS) All Military Programs

**Flextime:**

Flextime is defined as the time during the OMS-IV year when a student is not on clerkship (clinical clerkship). Often, Flextime is used to fill in the gap between the end date of one clerkship and the start date of the next clerkship. Flextime can also be used for a variety of other purposes such as non-credit academic study, attending educational seminars/ conferences, educational presentations such as posters or research, etc. Flextime may NOT be used to take additional clinical clerkships.

Each OMS-IV is allotted twenty-five (25) weekdays of flextime during their 4th year clerkships. Students may combine no more than two (2) consecutive weeks of Flextime.

Students wishing to schedule Flextime must submit an Absence Request Form to their Coordinator. DIO/Preceptor signatures are not required on Absence Request Form if using Flextime. If approved, Flextime will be entered into the student’s schedule by their Coordinator.

Flextime expires after March 31st. Students must be continuously enrolled through the last business day of April.

The following may result in loss of Flex-Time privileges—failure to:

* Communicate with Coordinator
* Enter clerkships into Noorda-COM Canvas 90 days in advanced followed by full preceptor information within two weeks of the start of clerkship
* Comply with requests for information from the Coordinator
* Submit required documentation in a timely manner

**Time off for Residency Interviews:**

Students requiring time away from clerkships for interviewing will be allowed ten (10) days during interview season, which extends from August 1 to January 31 of the 4th year. Flex-Time days may also be used to help accomplish residency interviews.

* Students may not be absent the first day of a clerkship, even if it is for a residency interview
* Students may request no more than four (4) days off for interviewing during any four-week clerkship, and no more than two (2) days over any two-week clerkship. This includes partial day absences of greater than four (4) hours. Students will be required to formulate and submit a makeup plan.
* All requests for time off must include a completed Absence Request Form and supporting documentation submitted directly to the Coordinator. Written verification of the interview location and date must be provided to the Department of Clinical Education with the Absence Request Form. Permission for an absence must be cleared in advance with the following:
  + Noorda-COM Department of Clinical Education, and
  + Clinical Site/Preceptor to whom the student is assigned

**Graduation Requirements**

Each student must successfully complete and receive credit for all clerkships to qualify for graduation. A student who has fulfilled all the academic requirements may be granted the Doctor of Osteopathy degree provided the student:

* Has been in residence, the last two (2) years at Noorda-COM
* Has passed COMLEX-USA Level 1, Level 2-CE and 2-PE
* Has complied with all the curricular, legal and financial requirements of Noorda-COM
* Has received formal approval for graduation from the Faculty Senate and the Board of Trustees
* Attends, in person, the ceremony at which time the degree is conferred (unless excused by the Dean)
* Has demonstrated suitability for the practice of osteopathic medicine as evidenced by the
* Ethical, personal and professional qualities deemed necessary for the successful and continued study and practice of osteopathic medicine
* Assumption of responsibility for patient care and integrity in the clinical activities

Noorda-COM students must graduate within six (6) years of the date of matriculation. Exceptions to the six-year policy will be considered by the Dean on an individual basis, considering only extenuating circumstances.

Entrance and completion of medical school does not guarantee further career opportunities up to and including matching and/or placement in a residency training program.

**Check List for Student Clerkship Responsibilities**

**Enrollment Verification**

* Completed within first five (5) days of every clerkship
* List your preceptor’s entire name:
  + - Ex: Dr. Joe Smith DO
* Provide preceptor email for evaluations to be sent to Student Evaluation of Clerkship
* Completed within last five (5) days of clerkship

**Student Evaluation of Preceptor**

* Completed within last five (5) days of every clerkship
* If “Unknown” preceptor is listed – DO NOT COMPLETE IT - contact your assigned Coordinator Student

**End of Clerkship Review**

* Completed within last five (5) days of every clerkship
* This is the self-reflection of exam prep

**Clinical Competency Evaluation**

* Preceptor evaluation of you
* Emailed to the preceptor the last five (5) days of clerkships
* Do a mid-clerkship performance review with your attending
* Provide a hard copy or send a pdf of your evaluation to your preceptor
* Preferred for preceptors to fill out via Noorda-COM Canvas
* Confirm that your evaluation is done PRIOR to leaving clerkship
* Ask for a copy for your records and/or to turn into Clinical Education

**Preparing for the Next Clerkship**

* Check Noorda-COM Canvas and update your Coordinator with ANY changes to your clerkship
* Is the next clerkship information what you thought it was?
  + Needs to reflect exactly where you are going, preceptor, and clerkship type
* Have you contacted your next site for first day information?
  + Start Day/Time, Appropriate Attire, etc.

**Who’s Who**

Many interns and residents will prefer to be called by their first name but wait for them to give you that information.

**Extern/Sub-Intern (Sub-I):** A senior medical student who is taking an advanced course in which they take on many of the responsibilities of an intern. The Extern technically is an additional student member of the team, whereas a Sub-I take the place of an intern on a team.

**Intern:** The intern, also known as a PGY-1 (post-graduate year 1), is in his/her first year as an MD/DO and has primary responsibility for the day-to-day needs of the patients. He/she will gladly welcome any help provided by students.

Many interns will return the favor with informal teaching sessions related to routine work on the floor. Expect to spend much of your time with the intern. They can be an incredible source of information in preparing presentations and caring for patients. While on some clerkships they do not directly evaluate medical students, on others they do, and chiefs and attendings often ask for their input at the end of the clerkship.

**Resident:** Residents are also known as PGY 2s, 3s etc. or sometimes JARs and SARs (junior and senior admitting resident). This person makes certain that the team runs smoothly, makes routine patient care decisions, and oversees the activities of the interns and medical students. Their responsibilities will vary depending on their level of training and specialty. Residents have more years of experience and often have the most time and interest in teaching about various topics during your clerkship.

**Fellow:** After having completed residency training in a general field, these individuals are pursuing specialty training as clinical fellows. The exact responsibilities of fellows depend on their position and field of interest. While your contact with fellows as a student will be limited, you will undoubtedly encounter them when you consult subspecialty services, in the clinics, and in the operating room.

**House Staff:** All physicians in training are collectively referred to as house staff/house officers.

**Attending:** The attending physician has completed formal training. The attending is ultimately responsible for the care of patients on your service and accordingly will make all major decisions regarding patient management. He/she runs attending rounds and is the person to whom you will present your patients. The attending is often the person who asks you the most questions, and he/she is usually responsible for writing your primary evaluation for the team. While you should try to spend as much time with your attending as possible, the degree to which your attending will teach you is very individual and discipline dependent.

**Other Healthcare Team Members**

Allied health professionals are essential in the care of patients. Interprofessional collaboration and education are important components of healthcare. Examples of critical team members can include nurses, therapists, clerks, coordinators, aids, volunteers, medical assistants, technicians, social workers, dieticians, pharmacist, counselors, and chaplains.