Clinical Education Student Handbook

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Clinical Education Student Handbook

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

An updated version of the Clinical Education Student Handbook 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 Student Handbook at any time without advance notice. Students will be notified of any revisions.

Please contact the Clinical Education Department at **clined@noordacom.org** for questions or to submit an update.

Academic Catalog and Student Handbook

All members of 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 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:

- Mission Statement
- Vision Statement
- Values Statement
- Guiding Principles
- Diversity and Inclusion
- Osteopathic Principles
- Osteopathic Core Competencies
- Cultural Competencies
- AOA Code of Ethics
- Code of Professional Conduct
- Counseling and Support Services
- Academic Support & Mentoring Services
- Learning Enhancement Programming
- Tutoring Program
- Counseling & Support Services
- Student Grievances
- Special Accommodations
- Title IV (4): Institutional Refund & Return to Title IV Policy
- Title IX (9): Non-Discrimination and Anti-Harassment Policy

Clinical Education Department

Leadership
Clinical Education is a department within Clinical Affairs and under the direction of the Associate Dean for Clinical Affairs. The Assistant Dean for Clinical Education, in collaboration with the Administrative Director for Clinical Education, manages the department.

Clinical Coordinators
Clinical 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 also schedule an in-person meeting by appointment.

To protect student's privacy, students may not use family to communicate with the department.

Career Services
Noorda-COM provides students with comprehensive career services providing a wide variety of online resources for students that can assist with application processes, specialty selection, and interviewing skill development. These include but are not limited to:
- AAMC Careers in Medicine
- The Road to Residency Podcast Series (Microsoft Teams and Canvas)
- Match Advising Platform (Microsoft Teams)
- Tips for Residency Interview and Planning (Microsoft Teams)

Students are encouraged to meet regularly with their clinical docent. For any other information or concerns, students should contact Clinical Education at **clined@noordacom.org**.

Eligibility to Start Clinical Rotations

In order to start clinical rotations, students must successfully complete OMS 1 and OMS 2 coursework and attempt COMLEX Level 1. Students will then receive approval from the Student Promotion Committee (SPC). Exceptions may be made at the recommendation of SPC. After students have been approved, they are eligible to begin the following:

Enrollment Verification
The Clinical Education Department uses Exxat PRISM (referred to hereafter as "Exxat") to manage evaluations, procedures, and schedules. Being a web-based system, Exxat is available to authorized users 24 hours a day from any device with internet access.

For each clerkship, students must edit/verify that their registration information is correct within three (3) business days following the designated start date. If enrollment verification is not completed on time, the Clinical Education Department cannot confirm the student is actively enrolled. This may cause a disruption in students' enrollment status with the College which may put their financial aid or graduation status in jeopardy.

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 clinical site name badge should be worn in a visible location on the upper torso area while in any clinical education environment. Please follow protocols of clinical site if different. ID badges are to be free of pins, stickers, or any other material that might interfere with the visibility of the photo or the identification of the person wearing the badge.

The region/facility student coordinator approves and coordinates student badging.
- The clinical site ID badge should always be worn when at a clinical site (if applicable).
- The clinical site ID badge may be utilized in all clinical sites of service during a rotation. The points of access to facilities will be granted to mirror that of the preceptor that a student is assigned to.
- The clinical site ID badge may be required to be returned to the facility student coordinator at the end of fourth year.
- The clinical site ID badge will be activated at the start of the rotation and turned off at the end of the rotation. The ID badge may only be used during the hours the preceptor identifies.

Should 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.

Students are prohibited from accepting any form of payment or gratuity for their clinical activities. Students are not permitted to perform any clinical activities without a licensed faculty physician's supervision.

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.

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 Clinical Education Department at **clined@noordacom.org**. The Clinical Education team can counsel students on this policy. Violation of this policy may result in immediate disciplinary action.

For the full policy see [Patient Care and Supervision Policy](#).

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 here.

Noorda-COM students must adhere to these standards including but not limited to any individually identifiable health information (PHI), medical records, patient information obtained and encountered during medical training with the College.

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, which includes 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 Training
HIPAA training may be required to complete credentialing prior to third year and AGAIN prior to beginning fourth year. See Medical Records Confidentiality Policy.

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), do not fall underneath this policy.

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

Students may wish to participate in volunteer activities such as health fairs during their medical training; student malpractice coverage does NOT extend to non-Noorda-COM approved activities

(volunteer, clinical shadowing, or otherwise). It is the student's responsibility to obtain alternative malpractice insurance coverage when participating in any volunteer activities outside of Noorda-COM clinical experiences. Students will personally be responsible should a malpractice lawsuit arise by participating in activities not covered by the Noorda-COM malpractice insurance.

Worker's Compensation Insurance
Noorda-COM provides coverage for students who are enrolled in a course where a site may require incidental worker's compensation insurance.

Health Insurance
All students are required to maintain personal health insurance that covers them throughout the United States (see Admissions Policy). HSA Consulting, Inc. (HSAC) is the group administrator to ensure all students are currently and remain in compliance with Noorda-COM health insurance requirements (see HSAC website for more information). Students must report any break in coverage or change in health insurance to Clinical Education at **clined@noordacom.org** 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. Utah Medicaid health insurance coverage is acceptable only during the third year and would not cover any optional out of state rotations. Utah Medicaid is not acceptable coverage for the entire fourth year of rotations.

Vaccinations/Immunizations
A student must provide an official up-to-date immunization record, in accordance with college requirements. Students failing to do so will not be allowed to begin or continue with clinical training and will be referred to the appropriate College official. All immunizations are tracked in Exxat.

See Required Documents and Immunization Policy for details.

Criminal Background Check & Drug Screen
To ensure patients' safety while being treated by students in the Clinical Education Program, background checks and drug screening are required prior to matriculation and third year. Students are required to complete their background check and their drug screening in a timely manner to give the program coordinator or associated hospital sufficient time to review before the start of their clinical clerkship. A background check typically takes 3-5 normal business days to complete, and the turnaround time of the drug screening results is determined by a variety of factors. Background checks are conducted by Universal, a firm specializing in background checks for healthcare workers. Drug screenings are also conducted by Universal. Students are responsible for placing orders online through Exxat for these services.

Students who are taking a prescription medication that would show on the urine drug screen should be aware of the process to manage the situation.

1. Lab results will be sent to the Medical Review Officer (MRO) at Cynergy.
2. Cynergy's MRO will then make three (3) attempts for three (3) days to reach out to the student and request documentation to support the prescribed medication.

3. Once Cynergy's MRO speaks to the student and confirms, or three (3) attempts were made, the result will be reported to Universal/Exxat within 5-7 business days.

If the MRO is unsuccessful in contacting the student, the drug screening will be disapproved on Exxat. The student is responsible for reaching out directly to the Medical Review Officer Administrative Coordinator, at 1-844-730-7996.

Many clinical sites may require a drug screening and background check within 12 months of a rotation start date. A student may have to repeat this process prior to 4th year at their own expense.

Basic Life Support (BLS) and Advanced Life Support (ALS)

Students receive BLS certification through RQI system at the end of their first year. BLS will need to be maintained and ALS obtained before the student begins third year rotations. BLS and ALS certificates will need to be uploaded to Exxat prior to starting third year. A residency program can advise students on when to recertify, as it may be offered as part of their residency orientation.

Affiliation Agreements

Preceptors

To receive academic credit for a clerkship and coverage under Noorda-COM's medical professional liability insurance, clinical experiences must be completed with a Noorda-COM Credentialed Preceptor.

Submission of preceptor's credentials can be accomplished through the Preceptor Credentialing Form.

Clinical Site

Affiliation agreements usually address issues such as liability, academic supervision, and faculty appointments. Noorda-COM has affiliation agreements with most core clerkship sites. 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 the Administrative Director of Clinical Education through email
- Gather and report the appropriate contact information and other pertinent details for the desired clerkship within a minimum of 90 days prior to start of clerkship. See Rotation Scheduling Process.

Out of Network Rotations

Some affiliation agreements can 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 (See Rotation Scheduling Process). Requests submitted less than 90 days before the rotation start date will not be accepted. Noorda-COM cannot guarantee consensus will be reached with every out of network 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 site. A new Rotation Request must be submitted. Contact the Clinical Education Department at **clined@noordacom.org** for assistance if needed.

Preparing for Clinical Clerkships

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 cases of emergency situations and / or while awaiting emergency response. Students must seek healthcare advice and/or treatment from a non-Noorda-COM related healthcare provider. Students may view Noorda-COM's Emergency Information 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 clinical 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.

Refer to the Recusal in Providing Health Services to Students Policy for more information.

Clinical Clerkships
Clinical clerkships are sometimes referred to as clerkships, rotations, clinical experiences or externships, with a teaching physician referred to as a preceptor, attending or faculty. Clerkships may involve hospital or ambulatory settings, or a combination of these. 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 third-year clerkships vary.

Duty Hours
Scheduling is determined solely at the discretion of the rotation, service, or preceptor and should be followed without exception. Students may be required to have overnight, weekend or holiday hours. 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 for more than three business days**, additional arrangements must be made for completion of the clerkship (see contingency planning). If this occurs, the student must **contact their clinical 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.

Canceling/Changing a Clerkship
Cancelling or changing a third-year clerkship is not allowed without **advanced** approval by the Assistant Dean for Clinical Education. It may be necessary to cancel or change a fourth-year clerkship.

- [Cancellation/Change Request Form](#) for fourth-year clerkships should be received with a minimum of 60 days' notice 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.

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 clerkship site does not have appropriate forms on file
- Requirements of the clerkship 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, students should submit a new form.

Contingency Planning

If a student's preceptor/site cancels their full or portions of clerkship rotation after the rotation has started, notification should be made within 24 hours of cancellation to the clinical coordinator and a phone call should be made to the Administrative Director of Clinical Education. This pertains to clinical rotations done at a core site or at a student-coordinated site. Notification should contain the following:

1. **Clerkship Cancellation** in the subject heading of the email and send with high importance.
2. Location of the clerkship rotation.
3. Name of the preceptor and include all documentation and or all correspondence from preceptor to student, student to preceptor.
4. Steps taken for reassignment to another preceptor.

The clinical coordinator will respond to students within 48 hours detailing options available to fill the remaining time. Flex time may need to be used for an emergency like this. Other options may include, but are not limited to, re-assignment to a different specialty or site based on availability. Faculty will also have online modules available.

Clerkships with Friends or Relatives

Students requesting to complete a clerkship with a friend or relative who will serve as their preceptor are strongly discouraged and may be denied. Students will indicate potential conflict of interest when submitting a [Rotation Request form](#). Denial of such request is due to the nature that such clerkship arrangements can potentially interfere with giving both objective and subjective clinical student evaluation because of personal relations.

Appeal Requests

The following are guidelines and procedures for submitting Student Appeals:

- First, students may discuss issues and concerns with their assigned clinical coordinator.
- Second, students may submit a Special Consideration Appeal Request Form for situations that warrant special review. The Assistant Dean for Clinical Education will review all requests.
- Third, decisions rendered through the appeals process are final. Students' assigned clinical coordinator will notify students via e-mail once a decision has been reached.

Application and Other Fees

Noorda-COM remits payment for all third- and fourth-year clerkship and other associated administrative fees completed at Noorda-COM Core Sites. Some clerkships may require students to pay additional fees to rotate at their facilities. 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.

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 while taking part in the student's academic program. Some clinical sites may require that assigned students have personal vehicles available and proof of auto insurance. If a student does not have a personal mode of transportation, they should contact **clined@noordacom.org** for instruction.

Absence from Clerkships

Clerkship attendance is **mandatory.** However, we recognize emergencies may arise. Students must submit an [Absence Request Form](#) for all clerkship-related absences.

Only completed and signed excused absence 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. Students will be notified via email when a decision has been reached.

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

Students may not miss the first day of any clerkship. Failure to notify the Clinical Education Department and the clerkship site/preceptor of any absence from a clerkship, regardless of the reason or number of hours absent will be referred to Assistant Dean for Clinical Education. A referral to the dean for lack of professionalism could result in a failing grade in clerkship.

Absence Request Forms must be completed and submitted for each of the following:

- Discretionary Days:
  - Students are allowed two (2) discretionary days during OMS-III. Discretionary days MUST be approved by the preceptor and Clinical Education Department in writing

before the requested time off. Absence Request Forms must be submitted electronically.

- Sick Days/Medical Days:
  - o Students are allowed to have two (2) sick days annually. If students take more than 2 sick days, they may be referred to the Assistant Dean for Clinical Education.
  - o Students must contact their clerkship site/preceptor and their assigned clinical coordinator immediately if they are missing any clinical time due to illness (leaving early, arriving late, missing hours or a full day.
  - o If two to four (2-4) hours of clinic time is missed, a half day will be documented. If more than 4 hours of clinic time is missed, it is equivalent to a full day of sick leave.
  - o If the absence is greater than one working day due to illness, that time may be required to be made up.
  - o Arrangements for missed time will be coordinated with their clerkship site/preceptor and their assigned clinical coordinator.
  - o If the student is absent from a single clerkship for more than two days due to illness, the student MUST submit to the Clinical Education Department a note from a licensed healthcare provider indicating the number of days absent and the expected date of return.

Family Emergencies/Death in Family:
See catalog for more information.

Leaves of Absence
See catalog for more information.

Employment
Students are not allowed to be employed during the third and fourth year. All employment during the first and second year should be approved in advance by the Associate Dean of Student Affairs. See catalog for more information.

Reporting Clerkship Problems
Problems, issues, and concerns may arise during clerkship. Depending on the nature of their problem, students can turn directly to their preceptor, core site coordinator, Director of Medical Education (DME), Designated Institutional Officer (DIO) or Noorda-COM Assistant Dean for Clinical Education, to resolve it. All problems, concerns and issues will be addressed with the utmost degree of care and professionalism. Students can also invoke the help of their assigned Noorda-COM clinical coordinator if they are not comfortable addressing the issue by themselves.

Immediate concerns such as harassment, student and patient safety, etc. should be reported directly to the Clinical Education Department (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 address:

> COCA
> 142 East Ontario Street
> Chicago, IL 60611

See catalog for more details.

Professionalism on Rotations

Students' Roles/Responsibilities

- Adhere to general rules, policies, and Clinical site regulations.
- Act professionally and refrain from making comments, gestures, or acting in any manner which can be construed as harassment.
- Work within an appropriate level of education, seeking direction and validation from the preceptor/supervisor/instructor. If the student is not able to competently perform the skills assigned, they should inform the preceptor/supervisor.
- Utilize the materials and/or orientation materials provided to expertly know facility's safety procedures such as:
  - o Know how to handle emergencies, hazardous materials contact, and how to deal with disasters.
  - o Know of and follow facility security, safety, and infection control procedures.
  - o Maintain current BLS and ALS certifications if providing direct patient care.

Student Identification

The AOA (American Osteopathic Association) recommends all Noorda-COM medical students to 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 AOA's recommendations. Communication should look like the following: OMS-I, OMS-II, OMS-III, OMS-IV.

Professional Conduct

Students are expected to always present and conduct themselves in a professional manner. 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 public.
- The ability to work effectively as part of the academic community and/or health care team.

Personal Appearance

Students may dress in a manner that is not offensive yet reflects their own personal style while adhering to the guidelines outlined below. All students, regardless of the department they are assigned to, are to be dressed and groomed to a standard appropriate for a professional healthcare

and business environment. Students working in surgical services are to comply with additional standards per your assigned site.

- Students are expected to manage personal hygiene habits to ensure cleanliness and avoid offensive body odors.
- Strong perfume, cologne or lotions should not be used.
- Hair must be well-groomed and appropriately restrained so as not to come in contact with others.
- Facial hair must be well-groomed. In clinical areas, facial hair must not interfere with the ability to properly perform job functions or in wearing required Personal Protective Equipment (PPE).
- Fingernails should be clean and maintained. Students in patient care areas, including those who handle food, medications, or laboratory specimens 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.
- Visible tattoos that are offensive are strictly prohibited in the workplace and must be covered using a suitable method.

Jewelry
- Students should not wear jewelry, gauges, or earrings that impair the ability to perform job functions, or interfere with work, or pose a safety hazard to themselves or others.
- Jewelry and body piercing may not be offensive, distracting, or get caught on sterile PPE or surgical gowns/gloves/hats/masks. This may include multiple piercings, facial piercings, and dental jewelry.

Clothing
- Students must dress appropriately for their role, taking into consideration their interactions with patients, members, clients and visitors. If the role is unclear, always err on the side of dressing more professionally. This is important for first impressions and allows for flexibility later.
- Clothing should be modest, clean, 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 appropriate clothing to their work setting; however, they are not obligated to wear standard employee uniforms (e.g., specific scrub color related to work assignment).
- Casual dress should not conflict with the ability to perform the job or the professional image of the organization.
- Attire should meet set safety standards, including appropriate footwear (closed-toe shoes) to avoid slips, trips and falls in all clinical settings.

Unacceptable clothing and footwear:
- Jeans, cargo pants, mini-skirts, baseball hats, non-dress T-shirts (no silk screens or logos), 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.

Communication

The Clinical Education Department's primary means of communication with students will be through their Noorda-COM email.

Student responsibilities include:
- Using Noorda-COM email account for all Noorda-COM related correspondence. Using personal email accounts on behalf of their Noorda-COM email account is not permitted.
- Checking email and spam folder daily – read and respond.
  - Respond to Clinical Education Department 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 SIS and Exxat.
- Complying with privacy policies such as the Family Educational Rights and Privacy Act (FERPA), HIPAA, etc.
- Students who experience problems with email should contact the Information Technology (IT) Helpdesk directly.
- Students who experience problems with required documents on Exxat should email **studenthealth@noordacom.org**, all other problems on Exxat contact **clined@noordacom.org**.

Cultural Diversity & Sensitivity

Culture is a set of values, beliefs and practices shared by a group of people. Clinical sites have an obligation to be respectful and sensitive to other people's cultures.

Students should try to acquire basic knowledge of the patient's and family member's cultural values, beliefs and practices by doing the following:
- Ask questions
- Listen
- Be aware of language issues and 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, supplements, objects or clothing
    - Avoidance of certain foods, people or places
    - Methods used to treat illness
  - What are the expectations for medicine usage?
    - Past experiences with medicine usage
    - Will the patient take medicine even when they don'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 their healthcare?
  - Who is their support system to help them achieve health care goals at home?

- Language barriers
  - Can the patient understand limited English?
  - What, if any, is the patient's literacy level?
  - If necessary, use visual aids to demonstrate procedures.
  - Check understanding.
  - Is an interpreter necessary? If yes, follow clinical site guidelines by using a trained medical interpreter. (A student may not act as an interpreter without being certified with interpretation services at the specific facility, even if the student is fluent in the language.)
  - Avoid using family members to translate.
- 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, meditation, 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.
  - Students should 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 should familiarize themselves with and adhere to these protocols during training. Students should 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 upon returning all hospital or training site property.

Student Discipline Procedures
See catalog for discipline procedures.

Patient Care

Patient Rights & Responsibilities
Each clinical site outlines the rights afforded to each patient in their facilities. All sites have a commitment to creating an environment of trust where patients 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, family, physician, and 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 the Hospital system 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 should clearly identify themselves as Osteopathic Medical Students both verbally and by wearing their Noorda-COM picture identification badge in addition to any clinical site-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 behave professionally. They should demonstrate an awareness and compliance to the ethical, moral, and legal values of the osteopathic medical profession. With observance of best principles and practices of medical ethics, students will:
- Place the patient's best interest as their primary concern.
- Fulfill preceptor's and core site's expectations by being available to attend to patient's needs at all reasonable times.
- Perform medical activities only within the limitations of a medical student's capabilities and within the guidelines determined by the site and/or preceptor (see Patient Care and Supervision Policy)

- Strictly maintain patient and institutional confidentiality.

Privacy & Security of Health Information

Certain laws and regulations require practitioners and health care providers to maintain patient's rights to keep their health information private. The Health Insurance Portability and Accountability Act (HIPAA) sets rules and boundaries to protect individual identifiable health information and medical records. HIPAA also establishes appropriate safeguards that healthcare providers, practitioners, health plans, healthcare clearinghouses and others must adhere to, to protect the privacy of health information.

Hospitals, Clinics, and other health facilities take privacy regulations very seriously. HIPAA impacts students in the following ways:

- Patient records may not be viewed, photographed, 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 clinical site preceptor/supervisor.
- Violations of HIPAA may result in termination of the student experience and referral to SPC.

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 confidential and may not be disclosed without clinical site 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, students should ask their supervisor/preceptor for relevant policies and procedures.

Social Media
Student's private social media is not really private. Students must not post any information regarding their clerkship, patient information, or issues with their site on any forms of social media. Posting any information of the sort is unprofessional and violates HIPAA regulations. Even if a student removes patient identifiers on their post, details of the case such as date, time, and location can be pieced together to allow the reader to identify the individual. Patients place their trust in their medical providers, including medical students, to care for them without their privacy being compromised. Students do not have the 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.
- Do not discuss patients in public areas such as hallways, cafeteria/cafe, waiting rooms, restrooms and elevators.
- Do not discuss patients or patient care with family or friends. Please use campus resources such as counselors if needed.
- 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.
- Do not use cell phones or other electronic devices 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.
- Only call out the patient's name in waiting rooms, do not mention their diagnosis or procedure.
- If a student receives a clinical site computer systems access code or password, they cannot share it with anyone, even with their peers. Students should take precautions to prevent others from learning their access code and password.

- Students must be diligent about logging out of every computer after every use.
- Students must not access systems they are not authorized to access. They must only access information needed for their 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.
- If a patient asks, students may take a picture of the patient using the patient's personal device only. Do not take a picture of a medical procedure or one of a sensitive/personal nature.
- E-mailing patient information to anyone, including to oneself, for student learning is not permitted.

National Patient Safety Goals

Hospitals follow the National Patient Safety Goals established by The Joint Commission. The National Patient Safety Goals focuses on improving patient safety and identifying and solving problems that arise in health care establishments.

Identify Patients Correctly

- To identify patients correctly, use at least two forms of patient identification such as, patient's name and date of birth. Proper identification ensures that each patient receives the correct medicine and treatment.

Improve Communication

- All critical test results must be reported to the patient's physician and should be repeated back for clarification.
- Patients' verbal and written consent must be obtained for all procedures.

Use Medications Safely

- Before a procedure, if you are drawing up a medication from a multi-dose vial, all unmarked syringes need to be labeled. Students must set up and label every supply item or equipment that will be used. Example: sample cups, bottles, basins.
- Be cautious and take extra care with patients who take blood thinners.
- Make sure to separate medications that look-alike and sound-alike.
- Take the time to understand the complexity of a patient's medication instructions.

Use Alarms Safely

- Be aware of alarms on medical equipment.
- Notify appropriate clinical staff immediately when electronic clinical alarm is activated so they can respond promptly and assess patient needs in a timely manner.

Infection Prevention

For infection prevention and decontamination, use the hand cleaning guidelines established by the Centers for Disease Control and Prevention or the World of Health Organizations. Students should set goals for improving hand cleaning, such as:

- Using proven hand cleaning guidelines for handling difficult to treat illnesses.
- Use proven hand cleaning guidelines to prevent infection of the blood from central lines.

- Use proven guidelines to prevent infections of the urinary tract caused by catheters.
- Using proven hand cleaning guidelines for before and after surgery care.
- For further prevention, see Infectious and Environmental Hazards Exposure Policy

Rounding
Regardless of the specialty, all clinical clerkships involving the care of inpatients will involve rounds. Rounds take many different forms, but mostly they provide structure for the interaction between the patient and the health care team to collaborate on a care plan.

Pre-rounds
On most services, students will begin a typical day "pre-rounding" on patients. The goal of pre-rounding is to find out what happened with the patient since the student left the night before so that students can update the team on the patient's progress.

Early in their clerkship, during their pre-rounds, medical students should not be discouraged if they miss information. They should also plan on allocating about thirty minutes per patient. However, with time and practice, medical students can expect to improve and pre-round faster, and each patient will then only take about five minutes. Residents and interns may also pre-round with the same patients assigned to medical students. If there's time before rounds, the interns may review any important developments with medical students before their presentation. Each patient is an intern's or residents' responsibility.

Rounds
After pre-rounding, the house staff will review each patient's progress and plan basic care for the day. The discussion format will vary depending on the Attending physician's preference. Sometimes, Medical Students/Residents and Interns will do "sit down" rounds where they sit around a table and talk about each patient. Sometimes, they will do "walking" rounds where they will see each patient as a team. At other times they will do a combination of both. When the team gets to one of the medical student's patients, the student should briefly summarize pertinent data from their pre-rounding notes and include their ideas for a daily basic care plan. Students should use the SOAP format (subjective, objective, assessment, plan). Student presentations should be concise and complete, noting each patient's name, age, current problems, vitals, pertinent exam findings, study results, and assessment/plan.

Many will volunteer to listen to practice their presentation prior to attending rounds. They will have invaluable advice on content and style, especially early in the month. This is often a medical student's only contact with the attending, and a well-rehearsed presentation will make a great impression.

This is something that gets easier with each presentation. Students should not sacrifice completeness early on because a student may feel compelled not to read from their notes. They should start by delivering some of it from memory and gradually add more and more components of the presentation. Students should feel free to ask their attending or residents about style preferences for the presentation; most will tell students if they have something else in mind, so be flexible.

Students should have read enough about their patient's disease the night before to be able to answer most questions that the 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 to 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.

For intimate examinations, patients must express their consent either verbal 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 to be present during all intimate examinations. A chaperone must not be a person accompanying the patient (e.g., friend, relative of the patient, another medical student, etc.). Students are highly encouraged to record the date, time, results of the examination, and the name of the chaperone in the medical record.

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

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

Call
Inpatient medical and surgical services have patients in the hospital all day and every day. Hospitals need to be staffed by a member of the medical team at night-time, weekends and after working hours. The medical team member must stay behind to provide services such as admitting new patients, taking care of medical issues, providing emergency care for both the current and incoming patients, etc. This is known as call duty. The students' 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 a given service, students may also be expected to give at least one brief prepared topic presentation during a clerkship. Students should seek advice from residents or attendings about the length and degree of detail expected in these presentations. It helps to practice the presentation and time it the night before.

Patient-Care Supervision Policy

Noorda College of Osteopathic Medicines' (Noorda-COM) curriculum includes required clinical experiences in a variety of clinical learning environments. One of the roles of a Noorda-COM student is to participate in patient care in ways that are appropriate for the student's level of training, experience and clinical situation. Each student must know their limitations and what they are allowed to do, when interacting with patients

The "Core Entrustable Professional Activities" is vital in the medical field, both in practice and in growing future medical professionals. Under this setting, in a real-world clinical environment, attending physicians, faculty or preceptors supervise and educate medical students by developing their skills, knowledge and attitudes while attending to patients. Assigned attending physicians, faculty or preceptors must always supervise students while providing their service both on regular duty and on call duty. The burden of patient care is ultimately the attending physicians' responsibility. However, students share some of that responsibility. Students must ensure provision of, to the best of their ability, responsibility and accountability for patient safety and quality care. It is the job of supervising faculty to delegate portions of patient care to the student based on the needs of the patient and the skill of each student.

Preceptors must always be available for supervision, consultation, and teaching. Although the assigned preceptors may not be present in every shift, preceptors can assign another physician or non-physician provider to take their place in supervising students during their time in clinical environment. Having more than one preceptor/teacher may be perceived as a disruption of continuity for the student, but the advantage to it has a possible positive chain reaction like; the ability for the assigned preceptor to share precepting duties, which then exposes students to valuable variation in practice style which can then help learners develop and acquire professional personality that best fits them.

Preceptors provide direct supervision of students' technical skills and can gradually increase students' autonomy in accordance with the student's demonstrated level of expertise:
- First- and second-year medical students will be directly supervised at all times (supervising physician or designated substitute must be present or immediately available).
- Third- and fourth-year medical students will be supervised at a level appropriate to the clinical situation and student's level of experience.

Definitions:
- Preceptor/Supervising physician - a licensed, practicing physician, credentialed by Noorda-COM, who gives or oversees personal instruction, training, and supervision to a medical student.

Four types of different supervision:
- Direct Supervision - The supervising physician is physically present with the student and patient.
- Indirect Supervision with Direct Supervision immediately available - The supervising physician is physically within the confines of the site of patient care and is immediately available to provide Direct Supervision.

- Indirect Supervision with Direct Supervision available - The supervising physician is not physically present within the confines of the site of patient care, but is immediately available via phone, and is available to provide Direct Supervision.
- Oversight - The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Refer to the Patient Care Supervision Policy for additional information.

Safety and Compliance

In Case of Emergency

Students should always follow emergency procedures and protocols at their specific clinical site. If a clerkship schedule is interrupted due to hazardous weather conditions or another emergency, notify the Clinical Education Department 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 students to evacuate their location, relocate for a period of time, or any other emergency, contact the Noorda-COM Campus Security office at (385) 375-8724.

Emergency Text Messaging System

Noorda-COM has a mass notification system, DialMyCalls, that provides an easy and effective way to send text and email messages to notify the College community of a significant emergency or dangerous situation involving an immediate threat to the health or safety of students or employees occurring on the campus.

A student's name, phone number and email address will be uploaded into the DialMyCalls software upon enrollment when they enroll with the Registrar's Office. This student information will be passed to the Operations Department, who will then enter their information into the system. Students will be sent a test page and email. Noorda-COM will conduct annual test pages to ensure that the system is functioning properly.
**If a student has any updates or changes to their information, they should inform the Registrar's Office immediately. **

Contact Information Changes

It is essential to have the most current contact information for every student including their address, phone number and emergency contact information. Any change of information should be provided to the Registrar's office immediately to be updated in the Student Information System (SIS) and Exxat. Noorda-COM cannot be held responsible if a student fails to update their contact information.

If a student wishes to change their name prior to graduation, the applicable information should be submitted to the Office of the Registrar, prior to beginning the fourth year for the updated information to be reflected on graduation documents, including the diploma.

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

Noorda-COM students are encouraged to establish a permanent primary care provider. Having a primary care provider enhances how quickly a student can be seen and diagnosed. If a student requires chronic care or needs to be seen during off hours, they should contact their provider. If students need assistance finding a primary care provider, more 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.

Preceptors will ensure that clerkship experiences will meet the direct patient contact requirements by making sure that:
- 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.
- Adequate 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 Health Care Worker (HCW) needs.

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

- Current medical students are students, not employees.

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- 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 or 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.

- Students' health insurance coverage will be reviewed to ensure that coverage is sufficient if student volunteers take on specific clinical roles and that their volunteer work will not inadvertently cause the student to lose the health insurance coverage they have.

- PPE appropriate for the situation or performance of a job should be supplied to students and students should have consistent access to the PPE needed. The school should document when a student has been trained how to use and access PPE and that safety precautions have been specified and explained.

- If the risk to clinical performance is increasing, an evaluation must be made to assess if students are being provided with adequate safety training and appropriate resources. Steps should be implemented to protect students, other health care personnel and patients for whom they are caring. This *may include temporary suspension of students' participation in direct patient care activities.*

See Infectious and Environmental Hazards Exposure Policy.

Disruption of Direct Patient Care

In the event of a disruption in student's participation in direct in-person patient contact activities, Noorda-COM will endeavor to collaborate with clinical partners to advance medical students' clinical education. Plan of actions may include clinical partners' involvement in teaching students how to deal with risk, specifically in direct patient contact activities, appropriate attention to safety with emphasis on minimizing personal risk, and individual compliance with current professional and educational activity safety guidelines. Another plan of action may include ongoing communication and dialogue about safety protocols between medical students and Clinical Affairs, Clinical Education Departments, and all other individuals working in the health care environment.

The disruption of direct patient care policy is intended to add to, but not to supersede, a clinical site's independent judgment call, based upon considering the patients' immediate needs and student's risks and safety preparedness. The Associate Dean for Clinical Affairs has the authority and responsibility to make a direct patient care disruption call regarding medical students.

Noorda-COM along with their clinical partners' knowledge and input, will evaluate conditions regularly and on an ongoing basis, to determine medical students' ability to participate in direct patient contact activities. Evaluations will include, among other considerations, the extent to which community and local mandates and directives may be applied.

Students participating in direct patient contact activities as part of their required clerkships or other required clinical experiences/assessments, should be able to do so, in an environment in which the patient population, the teaching and supervision by faculty and residents, and the administrative/staff support, are all able to adequately ensure the following:

- (a) that medical students have sufficient opportunities to meet the goals and objectives of the required clinical experiences.
- (b) that 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*).

There may be some limitations that may preclude meaningful participation in direct patient contact activities at some clinical sites and/or in some disciplines because of patients' volume and/or clinical diversity. Where applicable, clinical simulation will be applied in support of medical students meeting the required clinical experience/ assessments.

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

Second Year

Osteopathic Medical Student Year 2 Clinical Curriculum Objectives
A second-year osteopathic medical student level will be able to:
- Understand the importance of having a care team.
- Understand how each piece of the care team contributes to the healing of the patient.
- Observe patient encounters of preceptors and clinical staff to enhance student learning.
- Be attentive to effective communication styles, body positioning, verbal cues, clinical information, etc.
- Observe others to establish one's own communication style and professional interactions.
- Familiarize themselves with electronic charting.
- Gain confidence and improve documentation skills.
- Take opportunity to meet preceptors in the community and understand their specialty
- Establish a relationship with preceptors before clinical rotations.
- Create and develop a network of professionals who will help when applying for residency.
- Learn different workflows in various healthcare settings.
- Understand how a physician fits into an office setting or a hospital setting.

Curriculum
Longitudinal Community Medicine (OMED 200 and 201) (LCM)
In this course, students will attend in person, a minimum of eight clinical experiences per semester in an ambulatory or inpatient setting, preferably two per month (clinical experiences are considered at least four hours). LCM will help prepare medical students for clerkships. In addition, LCM will enhance students' electronic medical record and documentation skills, deepen students' understanding of the duties of being a member of a complete clinical care team, and increase students' professional communication skills.
Grading for LCM is Pass/Fail/High Pass/Honors

Transition to Clinical Care (OMED 212) (TCC)
This required course incorporates elements for the transition of students into clinical rotations. The course will address the following: HIPPA training, introduction to universal precautions, PPE, needle stick protocols and completion of mask fitting. To advance to third year studies, students are required to have updated immunization records, completed drug screen and background checks, Basic Life Support (BLS) accomplishments, and Advanced Cardiac Life Support Certification (ACLS).
Grading for TCC is Pass/Fail

Third Year

Osteopathic Medical Student Year 3 Program Level Objectives
A third-year osteopathic medical student will be able to:

- Interview patients and document appropriately as part of the core clinical clerkships (family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, surgery) to include:
- Take a comprehensive patient history
- Conduct problem focused histories
- Conduct an appropriate physical examination
- Perform basic clinical procedures
- Develop an appropriate differential diagnosis
- Suggest treatment plans for patients
- Use appropriate technology
- Utilize evidence-based resources
- Write orders
- Display patient-centered, wellness-oriented approach to patient care, including an appreciation of patient diversity, socioeconomic status, family values, and culture.
- Incorporate OPP and utilize OMT in patient care.
- Demonstrate knowledge and application of clinical concepts, interpersonal and effective communication skills, systems-based practice, and practice-based learning during clerkships.
- Demonstrate professionalism during all clerkship experiences and standardized assessments, including an appreciation for other health care professionals while working collaboratively as a healthcare team member.
- Describe and demonstrate techniques that will support self-directed and life-long learning.

Enrollment and Attendance Verification

The first day of the semester (CEPA courses July 3, Jan 1), enrollment and attendance MUST be verified. For each clerkship, students must edit/verify that their registration information is correct within three (3) business days following the designated start date. If enrollment verification is not completed on time, the Clinical Education Department cannot confirm the student is actively enrolled. This may cause a disruption in students' enrollment status with the College which may put their financial aid or graduation status in jeopardy.

Please reference the Absence from Clerkships section for other details about attendance.

Curriculum

Third Year Requirements		
CEPA 301	Core Entrustable Professional Activities V	2 Credits
CLERK	Core Clerkships - 6	36 Credits
CEPA 302	Core Entrustable Professional Activities VI	2 Credits
OMED 301	Clinical Management II	0.5 Credit
Total Required Credits		40.5 Credits

Core Clerkships

Third year core clerkships consist of six (6) required clinical clerkship blocks for a total of thirty-six (36) semester credits.

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

Third-year core clerkships should be completed at sites selected by the Clinical Education Department. Attempting to schedule a clerkship outside of this requirement is not allowed. Students must be enrolled in clinical activities throughout the entire academic year up to graduation. Clerkships completed in the third year may not fulfill any fourth-year clerkship requirements.

Third-year clinical experiences at a minimum, will include the following: at least one core clerkship supervised by a DO preceptor, more than one of the required clinical clerkship experiences must include an inpatient component, and one clerkship in which student works with resident physicians.

PreCORE and PostCORE weeks (Curriculum & Objectives for Rotational Experiences)

- PreCORE week
  - Students will begin their clerkship on the Noorda-COM campus for 1 week, where they will work through pre-recorded content with a specific faculty to prepare themselves with
    - Clerkship specific common case OSCEs (Objective Structured Clinical Exam)
    - Hands-on physical diagnosis and procedure training utilizing simulation and task trainers.
    - Review of clerkship relevant OMM techniques,
    - EMR and documentation review
    - Utilize practice questions
- On site, weeks 2-5
  - To ensure consistency and as a reference, a standardized specialty specific curriculum/syllabus will be provided to students and preceptors.
  - Students are required to enter a minimum of 10 unique patient encounter logs per clerkship in Exxat. These diagnoses will aid discussion during the PostCORE week.

- PostCORE week
  - After the 4 weeks of clinical clerkship, the students will return to the Noorda COM campus for 1 week to assess the student's knowledge gained while on clerkship.
    - Specific cases that students did not encounter in their clerkships' clinical setting may be included in the administration of their OSCE, simulation or patient presentation.

- Clerkship specific OMM and participation in 2nd year OMM labs.
- Qbank question
- Shelf Exam

Online Education and Reading Assignments

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

Students must complete, without exception, assigned content given by the Noorda-COM's Director of Medical Education (DME), the Designated Institutional Officer (DIO), the core site hospital, the clerkship service and/or preceptors.

In addition to the core clerkships, third-year students are also required to complete clerkship/training sessions in the following courses:
- Clinical Management II (OMED 301)
- Core Entrustable Professional Activities (CEPA 301 and CEPA 302)

Clinical Management II (OMED 301)

Course Description: Clinical Management II prepares students to transition into their fourth-year direct patient care environment and prepares them to participate in sub-internships. The importance of clinical decision-making skills and clinical presentation are emphasized in this course. It also emphasizes the importance of continuous use of the clinical library, medical information literacy, medical technologies, and evidence-based practice.

Core Entrustable Professional Activities (CEPA)

Core Entrustable Professional Activities (CEPA) provides osteopathic medical students with the knowledge, skills, attitudes, and behaviors to meet or exceed the common, required competencies to enter post-graduate residency programs.

Competencies include observable characteristics or qualities that progressively integrate measurable milestones. Milestones describe the progression of a learner toward an expected level of proficiency in their competency development and summarized under entrustable activities. Entrustable Professional Activities (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 competency 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 includes the following:
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 able to perform them in anticipation of matriculation into graduate medical education programs. Entrustment decisions are complex and require multiple measures across various contexts. There is a progression to completion of each EPA from unsupervised to supervision of others. Click here for AACOM's Core EPAs.

Core Entrustable Professional Activities (CEPA) – (CEPA 301 and 302)
Course Description: CEPA 301/302 is the third year of a four-year longitudinal course. Students will continue professionalism education with communication, IPE, DEI, ethics, and health systems science modules. In addition, the principles of biostats and research will continue with case studies as well as the ability to continue research projects that will span the course of the curriculum culminate during the fourth-year Capstone Course.

Optional Elective
Electives in the third year are optional and created to enhance specialty exploration. All requests should be submitted six months in advance of the elective rotation start date. Approval will be determined within three months of the rotation start date contingent upon student's academic standing and credentialing of host site/preceptor. Electives taken prior to completion of all third-year clerkships will not be given credit for fourth year electives. Click here to fill out the Rotation Request Form.

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 302. Exam dates are arranged through the Office of Assessment. If a grade of Honors (H), >90th percentile, or High Pass (HP), >80th percentile is achieved, it will be noted in the student's Medical Student Performance Evaluation (MSPE) and not in their transcript.

COMSAE Phase 2

The COMSAE Phase 2 examination uses content, scoring, and reporting similar to the corresponding COMLEX-USA Level 2 cognitive examination.

Students will be scheduled to sit for their COMSAE Phase 2 exam on the first day of their OMED 301 - Clinical Management II course.

COMLEX Level 2 CE

Students are eligible to sit for COMLEX-USA Level 2 CE after successful completion of their third-year core clinical rotations, Clinical Management II, and completion of COMSAE Phase 2 with an acceptable score.

It is recommended that students attempt COMLEX-USA Level 2 CE by August 15th of their fourth year to ensure that scores will be available for their ERAS application.

For COMLEX-USA Level 2 CE failures and remediation, please refer to the COMLEX Policy.

Fourth Year

Osteopathic Medical Student Year 4 Program Level Objectives

Student doctor will be able to:

- Interview patients and document appropriately as part of the core clinical clerkships (emergency medicine, sub-Internships, and electives) to include:
- Take a comprehensive patient history
- Conduct problem focused histories
- Conduct an appropriate physical examination
- Perform basic clinical procedures
- Develop an appropriate differential diagnosis
- Suggest treatment plans for patients
- Use appropriate technology
- Utilize evidence-based resources
- Write orders
- Display patient-centered, wellness-oriented approach to patient care, including an appreciation of patient diversity, socioeconomic status, family values, and culture.
- Incorporate OPP and utilize OMT in patient care.
- Demonstrate knowledge and application of clinical concepts, interpersonal and communication skills, systems-based practice, and practice-based learning during clerkships.

- Demonstrate professionalism during all clerkship experiences, auditions, and residency interviews, to include an appreciation for other health care professionals while working collaboratively as a healthcare team member.
- Describe and demonstrate techniques that will support self-directed and life-long learning.
- Demonstrate the competencies and professional aptitudes expected of a resident of any graduate medical education (GME) training program across all specialties.

Scheduling Process

Students are eligible to begin the fourth-year scheduling process at the start of the third year and it is recommended to begin planning fourth-year clerkships no later than December of the student's third year. Some sites will schedule a student 12 months in advance while others will not open their schedules until 60 days before the experience is to start.

Students should investigate preceptor options such as:
- Existing Noorda-COM affiliated hospitals, facilities and preceptors which can be found on Exxat.
    - For current "In-Area" preceptors, communication **MUST** go through Noorda-COM clinical coordinators. If contact is made individually by the student, the request may be denied.
- Visiting Student Learning Opportunities (VSLO)
- Non-affiliated hospitals, facilities and preceptors
- Residency program sites (affiliated and non-affiliated)

NOTE: If a student has requested a "FERPA Block" from the Registrar's Office, the Clinical Education Department will be unable to confirm the student's matriculated status at Noorda-COM without written authorization for the individual site who may be seeking confirmation for authorization of rotation eligibility. The Clinical Education Department will defer requests to the Office of the Registrar which may delay the scheduling process.

Student's Responsibility for Scheduling In-Area Rotation Sites
Students interested in completing a rotation with one of our in-area preceptors should not attempt to contact the location/preceptor. Site approval before submitting Rotation Request form is not necessary.

See **Student's Responsibility to Noorda-COM** for how to request an in-area rotation.

Student's Responsibility for Scheduling Out of Area Rotation Sites
Students' rotation site responsibility may vary depending on specific site requirements (Ex: VSLO, Clinician Nexus, individual sites)

1. It is the student's responsibility to inquire about the site-specific processes and requirements. Students should do all they can to have all their inquiries answered by using all forms of communication, and by reaching out to site personnel (program coordinators, office managers, etc.) who oversee scheduling rotations. Questions students may consider are facility's processes, student responsibilities, availability, fees, housing, etc.

      a. If the students' status of clerkship has not been verified, it is the students' responsibility to contact the personnel mentioned above.

2. The student completes site-required paperwork (e.g., site application, hospital forms, immunization/health forms, etc.) and forwards them to appropriate site personnel for processing.
   a. Incomplete paperwork will not be processed and may be returned to the student.

Student's Responsibility to Noorda-COM for Scheduling Rotations

1. Once the student receives site approval for the rotation, if applicable, the student will submit a Rotation Request 90 days prior to the proposed start of a rotation. This is required so the Noorda-COM clinical coordinator can complete preceptor credentialing paperwork.
   a. Noorda-COM clinical coordinator processes information within 30 days of receipt to complete paperwork and Rotation Request.
   b. 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.

Enrollment and Attendance Verification

The first day of the semester (CEPA courses July 1, Dec 1), enrollment and attendance MUST be verified. For each clerkship, students must edit/verify that their registration information is correct within three (3) business days following the designated start date. If enrollment verification is not completed on time, the Clinical Education Department cannot confirm the student is actively enrolled. This may cause a disruption in students' enrollment status with the College which may put their financial aid or graduation status in jeopardy.

Please reference the Absence from Clerkships section for other details about attendance.

Curriculum

Individual start and end dates will vary per student. The fourth year requires no less than 38 weeks of organized clinical rotations. Students must be enrolled in clinical activities, including the capstone course, through the last Friday of April in the Spring Semester.

Fourth Year Requirements		
EMED 401	Emergency Medicine	6 Credits
CEPA 401	Core Entrustable Professional Activities VII	2 Credits
ELEC	Elective Rotation (Minimum of 6)	24 Credits
SUB-I	Sub-Internships (Minimum of 2)	8 Credits
CEPA 402	Core Entrustable Professional Activities VIII	2 Credits
CAP 401	Capstone	1 Credit
Total Required Credits		43 Credits

Core Clerkship:
- Emergency Medicine EMED 401
  - Completed at a Noorda-COM Core Clerkship Site

PreCORE and PostCORE weeks (**C**urriculum & **O**bjectives for **R**otational **E**xperiences)
- PreCORE week
  - Students will begin this clerkship on the Noorda-COM campus for one week where they will work with faculty to prepare themselves with:
    - Clerkship specific common case OSCEs
    - Hands on physical diagnosis and procedure training utilizing simulation and mannequins.
    - Review of clerkship relevant OMM techniques
    - EMR and documentation review
- On site, weeks 2-5
  - To ensure consistency among specialty specific clerkships, a standardized curriculum/syllabus is provided to both students and preceptors for reference.
  - Patient encounter logs will be required with a minimum of ten unique diagnoses entered in the Exxat software program. These diagnoses will aid discussion during the PostCORE week.
- PostCORE week
  - After the 4 weeks of clinical clerkship, the students will return to the Noorda COM campus for 1 week to assess the student's knowledge gained while on clerkship.
    - Specific cases that students did not encounter in their clerkships' clinical setting may be included in the administration of their OSCE, simulation or patient presentation.
    - Clerkship specific OMM

In addition to the Core clerkship, fourth-year students are required to complete sub-internships, elective clerkships, capstone, and the Core Entrustable Professional Activities (CEPA 401 and CEPA 402) courses.

- **Sub-Internships**: Two (2) 4-week or 1-month rotations, no splitting of Sub-I
- Completed at a residency program

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 should be scheduled at a recognized residency training program.

- **Elective Rotation**:Rotations can be 2-weeks to 4-weeks in length (each week is 1 credit)
- 24 credits required

Elective rotations are part of the fourth year. The student typically determines the schedule, time and/or location at which elective(s) may be completed.

All students must be enrolled in clinical activities through the last business day of April in the Spring Semester.

Elective Research Rotations

Research associated with elective research rotations, being conducted on or off campus, requires written approval from the Department of Research as well as the Clinical Education Department prior to starting the project. Questions regarding whether a project is considered research should be directed to the Department of Research.

To schedule, proceed as follows:
- Complete and submit a research application to the Department of Research.
  - Include required documentation as outlined in the application
  - **No retroactive approval is granted**
- The Department of Research confirms to the student and Clinical Education department 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 email a summary report, abstract or copy of the finished project to their PI.
  - The PI must complete an assessment of the student

Core Entrustable Professional Activities (CEPA 401-402)

Course Description: CEPA 401-402 is the fourth year of a four-year longitudinal course. Students will continue professionalism education with communication, IPE, DEI, ethics, and health systems science modules. In addition, the principles of biostats and research will continue with case studies as well as the ability to continue a research project that will span the course of the curriculum culminate during the fourth-year Capstone Course.

Capstone (CAP 401)

Course Description: In the Capstone Course students apply the knowledge acquired throughout the four-year longitudinal CEPA course and encapsulate all the learning objectives through submission for publication or presentation at college, local, regional, or national conferences content related to their longitudinal research efforts.

Elective International Rotation Opportunities

Approval of Noorda-COM sponsored international rotation opportunities for credit, such as INMED (https://www.inmed.us/) (Used only in the Global Health Track), Global Medical Training (https://www.gmtonline.net/), and DOCARE (https://docareintl.org/), is reviewed on an annual basis. When approved by the Assistant Dean for Clinical Education, 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 clinical coordinator of their intent to apply upon completion of all third-year core clerkships, prior to fourth-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 Clinical Education, and copy their assigned Noorda-COM clinical coordinator

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 spring of their second year. If the invitation expires, students should contact their clinical coordinator to have it resent.

Transcript Requests for VSLO
The Clinical Education Department will manage the process for ALL applications submitted during the VSLO season. Once a student applies, the Office of the Registrar will upload a transcript within 3-5 business days.
- IMPORTANT: A transcript will not be uploaded 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 be amended
- Students will not receive an automatic notification that their transcript has been uploaded
- Students should 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 clinical coordinator from the preceptor
- The Noorda-COM clinical coordinator will upload these letters into VSLO

Since VSLO is separate from Noorda-COM, Clinical Education Department and IT cannot troubleshoot the program. Students need to utilize the VSLO Client Technical Support Team for login or other technical problems when using the site. Please contact them by phone (202) 478-9878 or online.

Frequently asked questions and essential information can be found here.

Assessments

Clerkship Grades
Students must demonstrate satisfactory performance on the Clerkship-Clinical Competency Assessment, complete all assignments in Canvas, submit all End of Clerkship Assessments 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:
- 75% - Subject Exam
- 15% - Clerkship-Clinical Competency Assessment
- 10% - Assignments and on-campus activities (Q-banks, OSCE's, Simulation, etc.)

Clerkship final grade is assigned after all components are completed:
- Clerkship- 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 third year core clerkships only

Skills Proficiency %	Performance	
94 -100	Honors	Special recognition for exceptional work in clinical rotations.
85 -93	High Pass	Recognition for above average proficiency.
70 - 84	Pass	Pass.
</= 69	Fail	Failure of a clerkship.

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 will pass a designated subject 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 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 third year)

Subject exams are one component of the clerkship grade that students may be awarded Honors (H) or High Pass (HP) for excellent performance on a Clerkship. Subject 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 as study material. A retake of a subject exam is only allowed to achieve a passing score.

Subject exams are taken during the Post-CORE week of each core clerkship and will be proctored on campus. Students will receive detailed schedule information from the Office of Assessment.

Subject Exam Scores
Students are awarded 75% of their Clerkship 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 electronically to students within ten (10) business days of Noorda-COM's receipt of scores. Please see the course syllabus for more details.

Subject Exam Failure
Students may remediate one Subject Exam during their third year without affecting a clerkship grade or the MSPE (Deans Letter). For any further subject exam failure, the highest Subject Exam score and clerkship grade achieved after the remediation is a "Pass." The following will apply:

1st Failure:
- Student receives failure notification from the Office of Assessment
- Student meets with the Assistant Dean for Clinical Education and PACC
- Student contacts the Office of Assessment to reschedule the exam during a PreCORE or PostCORE week
- Failure and remediation of a Subject Exam will be indicated on the MSPE.

All Subsequent Failures:
- 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 of entire clerkship, repeating third year, or possible dismissal

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

Retakes are allowed to accomplish a passing final clerkship grade. In this circumstance Noorda will cover the cost for up to three retakes throughout the third year. Students may retake one additional

subject exam to receive a higher national performance score at their own expense. Any such attempt will not be applied to the student's clerkship grade but can be noted on the MSPE.

Optional Subject Exams

An optional, non-required National Board of Medical Examiners (NBME) subject exam may be taken at the student's own expense. These exams should be scheduled at National testing centers (Prometric or Pearson-Vue) and cost approximately $100.00. Onsite proctoring may be available. Contact the Office of Assessment a minimum of 60 days in advance to make arrangements and remit payment as the exam will not be 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.

Sub-Internship and Elective Assessment

All elective and sub-internship clinical rotations are awarded credit based on length and assessed by the Clerkship-Clinical Competency Assessment alone.

All sub-internships are graded:

H	Honors	Special recognition for exceptional work in clinical rotations.
H P	High Pass	Recognition for above average proficiency.
P	Pass	Pass.
F	Fail	Failure of a clerkship.

All elective clerkships are graded:

S	Satisfactory	Pass. Satisfactorily met requirements.
U	Unsatisfactory	Did not satisfactorily meet requirements.

Clerkship-Clinical Competency Assessment

Preceptors will 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 of the student. The preceptor documents the performance of expected competencies 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 to 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 Exaat, the Noorda-COM Clinical Education Department Student Database. Paper copies are available upon request and may be returned directly to the Noorda-COM Clinical Education Department. 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 having trouble

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 the Administrative Director of Clinical Education to discuss the most constructive way to obtain the desired feedback.

Deficiencies
The student will be notified of a poor Clerkship-Clinical Competency Assessment. 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 Assistant Dean for Clinical Education. Additional assessments submitted following official review are accepted but may not impact the outcome.

Clerkship Grade Appeal
If a student wishes to appeal a clerkship grade, they must request for a review within five (5) business days of grade posting. Students should first reach out to the Clinical Education Department to confirm accuracy of points and grade(s). If the student believes an error or issue is present, the student should complete a Grade Appeal Form to be reviewed by the Assistant Dean for Clinical Education, and/or their designee.

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

Clerkship Failure
All clerkship failures will be reviewed by the SPC. Any student identified as having failed a clerkship may be required to meet with the SPC. The final disposition of the Clerkship grade in question will not be determined until after the review or meeting with the SPC is complete.

**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.

Residency Placement

Finding a Residency Position
1. Students need to register in ERAS (Electronic Residency Application Service) during the fall of year three in school using the token emailed to them 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 their 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 their residency application plan
9. Review the recommended number of applications per specialty (click here for AAMC data)
10. Go on interviews – recommendations for quantity may be different for each student/specialty
11. Assess their results and consult with their residency advisor on their progress and concerns
12. Register in the National Residency Matching Service (NRMP)
13. Rank programs in the NRMP
14. Match
15. If unmatched, participate in the Supplemental Offer and Acceptance Program (SOAP)

Career Counseling
The Clinical Education Department has prepared a program for career counseling that includes
- Road to Residency Podcast
- Careers in Medicine - AAMC
- Clinical Docent Program
- MAP
- TRIP

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
- Clinical Affairs Department – answers questions about CVs, LoRs, MSPEs, Personal Statements and LoRs

Medical Student Performance Evaluation (MSPE)
The MSPE, also known as the "Dean's Letter" is a summary letter of evaluation that provides residency program directors an honest and objective summary of a student's experiences, attributes, and academic performance. Information in the MSPE is standardized across all medical schools.

Noorda-COM MSPE Database is where students will enter basic information to the school and is used to assist to write the MSPE. Students will be given an opportunity to review their MSPE for errors prior to it being uploaded to ERAS on September 30th of the fourth year.

Curriculum Vitae (CV) for Residency
The Curriculum Vitae (CV) is a summary of a student's 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 a student can bring to a residency program.

Students 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 a student's 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, students generate a Letter Request Form (LRF) for each LoR the student is requesting and provide the form to their preceptor. Preceptor/Authors and/or their designees use the unique Letter ID on each form to upload LoRs for a student into the ERAS LoRP.

Important Tips for LoRs:

- Ask early
- A student should provide their preceptor with:
    - A copy of the ERAS Letter Request form with unique Letter ID
    - A copy of their Curriculum Vitae (CV) for reference
    - A copy of their Personal Statement
    - A list of specific items students would like them to highlight
- Make sure their 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 the student)
    - 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)
- A student should thank their preceptor for writing the LoR

Standardized Letters of Evaluation (SLOE)

- Most specialty programs require LoRs. Certain specialties may require a SLOE instead. More specific details will be available during the ERAS application process.

Residency Match Services

There are multiple residency match service programs available to students. Most students will only utilize one match program.

- National Resident Matching Program (NRMP) ACGME Accredited Programs
- San Francisco Match (SF Match) ACGME Ophthalmology Residencies
- Urology Match ACGME Urology Residencies

- Military Match (MODS) All Military Programs

SOAP

The Supplemental Offer and Acceptance Program ("SOAP") provides a uniform system for programs to offer unfilled positions to eligible unmatched or partially matched applicants through a series of offer rounds during Match Week. It is important that all students be ready for SOAP in the event they learn on Monday of Match Week that they are unmatched. Noorda-COM faculty and staff will be available to help with the process. Please see SOAP RESOURCES for more information.

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 Fifteen (15) weekdays of flextime during their fourth-year clerkships. Students may combine no more than two (2) consecutive weeks of Flextime.

Students wishing to schedule Flextime should submit an Absence Request Form to their clinical 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 clinical coordinator.

Flextime expires after April 15th. 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 clinical coordinator
- Enter clerkships into Noorda-COM Canvas 90 days in advance, followed by full preceptor information within two weeks of the start of clerkship
- Comply with requests for information from the clinical 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 1st to January 31st of the fourth year. Flextime 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 should include a completed Absence Request Form and supporting documentation submitted directly to the clinical coordinator. Written verification of the interview location and date should be provided to the Clinical Education Department with the Absence Request Form. Permission for an absence should be cleared in advance with the following:
    - Noorda-COM Clinical Education Department, 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 for the last two (2) years at Noorda-COM
- Has passed COMLEX-USA Level 1, Level 2-CE
- Has complied with all the curricular, legal, and financial requirements of Noorda-COM
- Has received formal approval for graduation from the Faculty Council 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.

Awards for Graduation
Please see [catalog](#) for specific clinical awards.

Appendix

Check List for Student Clerkship Responsibilities

Enrollment Verification
- Completed within first five (5) days of every clerkship
- List the 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 the assigned clinical coordinator

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

Preparing for the Next Clerkship
- Check Noorda-COM Exxat and update the clinical coordinator with ANY changes to the clerkship
- Is the next clerkship information what the student thought it was?
    - Needs to reflect exactly where the student is going, preceptor, and clerkship type
- Has the student contacted the next site for first day information?
    - Start Day/Time, Appropriate Attire, etc.

Clerkship Glossary

Many interns and residents will prefer to be called by their first name, but students should wait for them to give 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. They 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. Students should expect to spend much of their 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 the 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 contact with fellows as a student will be limited, students will undoubtedly encounter them when consulting 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 the service and accordingly will make all major decisions regarding patient management. They run attending rounds and are the people to whom students will present their patients. The attending is often the person who asks students the most questions, and they are usually responsible for writing their primary evaluation for the team. While students should try to spend as much time with their attending as possible, the degree to which the attending will teach students 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, aides, volunteers, medical assistants, technicians, social workers, dieticians, pharmacists, counselors, and chaplains.

Clerkship Evaluation

NOORDA COLLEGE of OSTEOPATHIC MEDICINE

Name:	
Student ID:	
Course:	
Start:	End:
Grade:	Credit:
Coord:	

Clerkship Evaluation

TRAINING ENVIRONMENT – Which of the following **MOST REFLECTS** the setting of the clinical experience:

☐ Inpatient   ☐ Outpatient   ☐ Both In & Outpatient   ☐ Research   ☐ Other

ON THIS CLERKSHIP
N/O = No Opportunity

I have reviewed the clerkship syllabi for:

	Yes	No	N/O
1. Learning Objectives	☐	☐	☐
2. Core Presentations	☐	☐	☐
3. Osteopathic Clinical Skills	☐	☐	☐

I experienced the following during this clerkship:

	Yes	No	N/O
1. Education on patient safety	☐	☐	☐
2. Care transitions (change-of-duty hand-offs)	☐	☐	☐
3. Quality improvement activities	☐	☐	☐
4. Patients with health care disparities	☐	☐	☐
5. Team-based (interprofessional) patient care	☐	☐	☐
6. Appropriate supervision	☐	☐	☐
7. Well-being activities for patients and clinical care team	☐	☐	☐
8. Respectful communication between patient care teams	☐	☐	☐

I had the opportunity to:

	Yes	No	N/O
1. Interact with:			
a. Residents	☐	☐	☐
b. Advanced Practice Provider (ANP, CRNA, PA)	☐	☐	☐
c. Nursing (RN, LPN, MA, PSR)	☐	☐	☐
d. Students from other medical schools	☐	☐	☐
e. Students form other health professions	☐	☐	☐
2. See an adequate number of clinical cases	☐	☐	☐
3. Accomplish **Osteopathic Manipulative Treatment**	☐	☐	☐

EPA – COMPETENCIES Self-Assessment
I believe I have performed at the following Level of Expectation on this clerkship

Patient Care

	Below	Met	Exceed	N/O
1. Obtained History	☐	☐	☐	☐
2. Perform Physical Exams	☐	☐	☐	☐
3. Interpreted:	Below	Met	Exceed	N/O
a. Laboratory data	☐	☐	☐	☐
b. Imaging and other tests	☐	☐	☐	☐
4. Developed differential diagnosis	☐	☐	☐	☐
5. Developed treatment plan	☐	☐	☐	☐
6. Apply Osteopathic Principles	☐	☐	☐	☐
7. Perform (assist with) procedures	☐	☐	☐	☐

Interpersonal and Communication Skills

	Below	Met	Exceed	N/O
1. Demonstrated effective interactions				
a. Healthcare Professionals	☐	☐	☐	☐
b. Patients	☐	☐	☐	☐
c. Family	☐	☐	☐	☐
d. Staff	☐	☐	☐	☐
2. Contributes to the medical record	☐	☐	☐	☐

Practice Based Learning

	Below	Met	Exceed	N/O
1. Recognize strengths & weaknesses	☐	☐	☐	☐
2. Accomplish self-directed learning	☐	☐	☐	☐
3. Received feedback	☐	☐	☐	☐
4. Utilized information technology	☐	☐	☐	☐

I FELT MY PROGRESS ON THIS CLERKSHIP WAS ➔ ➔ ➔   ☐ **Below** Expectations   ☐ **Met** Expectations   ☐ **Exceeded** Expectations

Evaluation of Preceptor
1 = Almost Never 2 = Rarely 3 = Sometimes 4 = Usually 5 = Almost Always

Engagement/ Receptiveness to Student

	1	2	3	4	5
Respects students as adult learners and participants in healthcare team	☐	☐	☐	☐	☐
Assists students when problem arises	☐	☐	☐	☐	☐
Allows adequate/ realistic time to accomplish a task	☐	☐	☐	☐	☐
Provides student opportunity in formulating plan and decision making	☐	☐	☐	☐	☐
Relates didactic knowledge in clinical practice	☐	☐	☐	☐	☐

Teaching Practices

	1	2	3	4	5
Demonstrates flexibility to improve learning	☐	☐	☐	☐	☐
Assists student in identifying problems	☐	☐	☐	☐	☐
Demonstrates utilization of therapeutic modalities	☐	☐	☐	☐	☐
Leads students through decision making	☐	☐	☐	☐	☐
Encourages questions and discussions	☐	☐	☐	☐	☐
Facilitates appropriate documentation	☐	☐	☐	☐	☐
Considers student's limits according to level of experience	☐	☐	☐	☐	☐
Encourages student to assume increasing responsibility	☐	☐	☐	☐	☐
Gives honest and productive feedback	☐	☐	☐	☐	☐

Assessment of clerkship facilities:

During this clerkship, was there access to the following?

	Yes	No	N/A
Wi-fi	☐	☐	☐
Lockers	☐	☐	☐
Shower facilities	☐	☐	☐
Study Space	☐	☐	☐
Classroom space	☐	☐	☐
Tele-conference apps (Zoom, Teams, etc.)	☐	☐	☐
Conference Rooms	☐	☐	☐
Learning Resources	☐	☐	☐

Which **best describes** this preceptor:

☐ Accessible	☐ Friendly
☐ Apathetic	☐ High Expectations
☐ Approachable	☐ Humble
☐ Arrogant	☐ Impatient
☐ Assertive	☐ Inappropriate
☐ Attentive	☐ Informal
☐ Capable	☐ Instructive
☐ Clear Expectations	☐ Interactive
☐ Composed	☐ Knowledgeable
☐ Confident	☐ Logical
☐ Conscientious	☐ Mature
☐ Considerate	☐ Negative
☐ Cooperative	☐ Organized
☐ Dependable	☐ Passionate
☐ Detached	☐ Reliable
☐ Determined	☐ Rude
☐ Dismissive	☐ Structures
☐ Eccentric	☐ Supportive
☐ Efficient	☐ Teacher
☐ Empathetic	☐ Team Player
☐ Energetic	☐ Thorough
☐ Engaged	☐ Trustworthy
☐ Excited	☐ Understanding
☐ Focused	☐ Unorganized
☐ Formal	☐ Well-read

Do you have any concerns about this clinical experience? ☐ Yes ☐ No ➔ ➔ ➔ If yes, would you like to be contacted regarding that concern? ? ☐ Yes ☐ No

Preceptor Evaluation

NOORDA COLLEGE of OSTEOPATHIC MEDICINE

Clerkship – Clinical Competency Assessment

Name:	
Student ID:	
Course:	
Start:	End:
Grade:	Credit:
Coord:	

⎯ Inpatient	⎯ Outpatient	⎯ Both In & Outpatient	⎯ Research	⎯ Other

*Student demonstrated appropriate ability for their **CURRENT LEVEL** of training (**noted above**), select Y=Yes , N=No or N/O=Not Observed:*

Professionalism – Demonstrates	Yes	No	N/O
1. Compassion, integrity and respect for others	⎯	⎯	⎯
2. Responsiveness to patient needs, supersedes self-interest	⎯	⎯	⎯
3. Respect for patient privacy and autonomy	⎯	⎯	⎯
4. Accountability to patients, society and the profession	⎯	⎯	⎯
5. Sensitivity and responsiveness to a diverse patient population	⎯	⎯	⎯
6. A commitment to ethical principles	⎯	⎯	⎯

Patient Care – appropriate ability for CURRENT LEVEL	Yes	No	N/O
1. Obtains accurate history	⎯		⎯
2. Performs accurate physical exam	⎯		⎯
3. Appropriate use and interpretation of:	Yes	No	N/O
a. Laboratory data	⎯	⎯	⎯
b. Imaging and other tests	⎯	⎯	⎯
4. Develops reasonable differential diagnosis	⎯	⎯	⎯
5. Develops reasonable treatment plan formulation	⎯	⎯	⎯
6. Applies osteopathic principles to treatment plan	⎯	⎯	⎯
7. Demonstrates technical and procedural technique ability	⎯	⎯	⎯

Do you have any concerns about this student becoming a physician? ⎯ Y ⎯ N

Interpersonal and Communication Skills	Yes	No
1. Demonstrates effective, respectful interactions with:		
a. Faculty	⎯	⎯
b. Patient	⎯	⎯
c. Family	⎯	⎯
d. Staff	⎯	⎯
2. Maintains comprehensive, timely medical records	⎯	⎯
3. Conveys sensitivity, honesty and compassion	⎯	⎯

Systems Based Practice – in caring for patients	Yes	No
1. Advocates for quality	⎯	⎯
2. Recognizes cost implications	⎯	⎯
3. Considers "risk-benefit" awareness in decisions	⎯	⎯

Practice Based Learning	Yes	No
1. Recognizes personal strengths and weaknesses	⎯	⎯
2. Demonstrates self-directed learning	⎯	⎯
3. Has appropriate response to feedback	⎯	⎯
4. Utilizes information technology to optimize learning	⎯	⎯

⇒⇒⇒⇒ **If yes,** would you like to be contacted? ⎯ Y ⎯ N

COMMENTS / ACCOLADES ⇒⇒ *Comments ARE USED in the MSPE (Dean's Letter):*   *Mark word(s) **best describing** the student:*

OVERALL STUDENT PROGRESS

⎯ *Below* Expectations
⎯ *Meets* Expectations
⎯ *Exceeds* Expectations ⎯ High Pass ⎯ Honors

SUGGESTIONS FOR IMPROVEMENT ⇒⇒ *Comments MAY NOT BE USED in the MSPE:*

⎯ Ambitious   ⎯ Follows Through
⎯ Attentive   ⎯ Hard Worker
⎯ Capable   ⎯ Humble
⎯ Coachable   ⎯ Leader
⎯ Confident   ⎯ Logical
⎯ Composed   ⎯ Mature
⎯ Cooperative   ⎯ Reliable
⎯ Conscientious   ⎯ Resourceful
⎯ Considerate   ⎯ Responsible
⎯ Decisive   ⎯ Self-assured
⎯ Dependable   ⎯ Team-player
⎯ Determined   ⎯ Takes Initiative
⎯ Empathetic   ⎯ Trustworthy
⎯ Engaged   ⎯ Understanding
⎯ Enthusiastic   ⎯ Well-read

**SUPERVISING PHYSICIAN SHALL BE _CERTIFIED OR BOARD ELIGIBLE IN THE SPECIALTY IN WHICH HE/SHE PRACTICES_

*Mailing Address:*_____

                                                        City   *State*   *Zip*

Office Phone: (____) _____ *Fax:* (____) _____ *Preferred E-mail:*_____

Gender: ☐ *Male* ☐ *Female Ethnicity:*_____ ☐ AOA# / ☐ AMA#:_____

*Office Contact Name:*_____ *Office Contact E-mail:*_____

**ARE YOU AN INTERN, RESIDENT OR FELLOW? ☐ YES ☐ NO *(If yes, see below)*

                    DO or MD

ATTENDING FIRST AND LAST NAME *(Please Print Clearly)*   **DATE EVAL COMPLETED**   **PRIMARY STATE LICENSED**

SIGNATURE OF ATTENDING PHYSICIAN *(Required)*   ****BOARD CERTIFIED / ELIGIBLE SPECIALTY *(Required)*

SIGNATURE OF DME / REG ASST DEAN *(Optional)*   **PLEASE COMPLETE AND RETURN WITHIN [1] WEEK**