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Acknowledgements

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Osteopathic Medicine

The American Association of Colleges of Osteopathic Medicine (AACOM) describes osteopathic medicine as a distinct form of medical practice in the United States. Osteopathic medicine (OM) provides all of the benefits of modern medicine including prescription drugs, surgery, and the use of technology to diagnose disease and evaluate injury. It also offers the added benefit of hands-on diagnosis and treatment through a system of therapy known as osteopathic manipulative medicine (OMM). Osteopathic medicine emphasizes helping each person achieve a high level of wellness by focusing on health promotion and disease prevention.

Osteopathic medicine was founded by Andrew Taylor Still, MD, DO, in the late 1800s in Kirksville, Missouri. He recognized that the medical practices of the day often caused more harm than good. He focused on developing a system of medical care that would promote the body's innate ability to heal itself and called this system of medicine osteopathy, now known as osteopathic medicine. Osteopathic Physicians (DOs) are trained to look at the whole person from the day they begin medical school; they learn to see each person as more than just a collection of organ systems and body parts that may become injured or diseased. This holistic approach to patient care means that osteopathic medical students learn how to integrate the patient into the health care process as a partner. DOs consider the impact that lifestyle and community have on the health of each individual, and they work to break down barriers to good health.

DOs are licensed to practice the full scope of medicine in all 50 states. They practice in all types of environments, including the military, and in all types of specialties, from family medicine to obstetrics, surgery, and aerospace medicine. The osteopathic medical profession has a proud heritage of producing primary care practitioners. In fact, the mission statements of the majority of osteopathic medical schools clearly state that their purpose is the production of primary care physicians. Osteopathic medical tradition expounds that a strong foundation in primary care makes one a better physician, regardless of specialty area of practice.

For more information on the history, principles and practices of osteopathic medicine go to http://www.aacom.org/become-a-doctor/about-om

Clerkships

Introduction

Students are ultimately responsible for the effort required to direct their own learning and become outstanding osteopathic physicians. Preceptors are a primary contributor to their success. Preceptors motivate, engender enthusiasm, encourage, and help foster continuous learning, by providing an effective and creative learning environment. As a preceptor sharing your past experiences and clinical knowledge helps our students achieve their goals. For this, we will be eternally grateful.

Supervision and Expectations

Students in clerkship rotations are unlicensed. Supervising physicians need to be engaged in all, aspects of patient care, including oversight of histories and physicals, ordering labs and any form of imaging, prescribing, or during the performance of diagnostic and/or therapeutic procedures.

A preceptor's introduction should include:
- Whom the student directly reports to and how they can be reached if needed
- Detailed expectations of the student per the preceptor e.g., time commitment and service duties.
- A discussion of grading policies / expectations.

Preparation and Orientation

Although the students have been prepared for their clerkship rotations, the impression they get from their first meeting with their preceptor tends to set a tone for the entire rotation. So, a good first day might begin with a quick introduction to the office or the service if you are a hospital-based physician. It is important for the student to feel welcome and preparing your office staff or the nurses, PA's and ward clerks on the hospital service about your presence and expectations for being there. Discuss the expectations for the rotation with the student and ask the student for their expectations as well. Go over
the evaluation process and how the clinic or ward service functions, all the things that will help orient the student and allow them to visualize working there. Talk about the EMR if one exists and the limitations for student use. Once the student begins to function and interact with patients the preceptor will have a chance to observe performance and behaviors and have opportunities to discuss assigned patients. The orientation phase of the rotation is a good time to talk about patient expectations, boundaries, dress code, parking, hours of operation, meals, lodging arrangements, and interactions with ancillary staff.

**Orientation Guidelines for Hospital Experience**

All MU-COM students need to be informed if the following resources are available to them at your facility during their clerkships:

- Available Housing / Meals if provided by facility
- Call / Sleep Rooms as necessary
- Study Space / Internet Access / Library Access
- Osteopathic Manipulative Medicine (OMM) Tables

When the student comes to your site he/she should be introduced to the clinical service as well as the physical location/campus by someone from the medical education office or by another individual deemed appropriate by the clinical practice site. This introduction should include information pertaining to:

- Patient Rooms
- Nurses Stations
- Emergency Room and its procedures
- All ancillary Services (Radiology, laboratories, etc.)
- Lounges, Cafeterias, Call rooms
- Parking and required security information
- Library and Study rooms

**Immunizations and Certifications**

Prior to beginning clerkship rotations, all MU-COM students will have completed and submitted documentation to the site consisting of the following to all clerkship sites:

- Immunization records including: Annual PPD and flu vaccination
- HIPAA training
- Bloodborne Pathogen Training
- ACLS/BLS certification
- 5 panel drug test
- Criminal Background Check

All documentation will be maintained and kept at MU-COM through the Office of Student Affairs.

**Educational Responsibilities**

**Placement Site Responsibilities**

- Provide student orientation to the clinical facilities to help the student acclimate and understand policies and procedures.
- Allow accreditating bodies' permission, within a reasonable time request, access to inspect clinical practice site for site visits pertaining to MU-COM accreditation.
- Maintain the confidentiality of student performance in compliance with FERPA.
- Provide the student feedback with learning and patient care expectations throughout the clinical clerkship rotation to enhance the student experience and assist the student in achieving successful completion of the rotation.
- Provide MU-COM with a completed evaluation within 7 days of rotation completion date.
- Provide emergency care for acute student illness or incident occurring at the site. The site will not be responsible for the cost of the care.

**MU-COM Student Responsibilities**

- Work with MU-COM faculty and staff to assure all rotation requirements are confirmed in a timely manner prior to the beginning of every rotation.
- Be compliant with all required immunizations, training (including BLS/ACLS, HIPAA, Blood Borne Pathogens, etc.) and Mask Fit Testing. These are all provided by MU-COM.
- Students are to actively participate in every learning experience by being proactive, engaged, and participating in assigned patient care activities.
- Be familiar with each rotation syllabus - complete all learning objectives, participate in required OMM learning activities, and fulfill all required assessments, including discipline-specific COMAT or MU-COM generated examinations as assigned.
- Demonstrate professionalism through behavior and appropriate attire at all times.
• Collaborate with faculty and staff to maximize opportunities in the learning environment
• Provide appropriate feedback by completing evaluation forms provided by MU-COM at the end of each rotation to augment learning experiences for future students.
• Assure that individual medical insurance coverage is current in the event of an acute illness or injury while completing clerkships.
• Schedule and PASS COMLEX Level 2PE and 2CE prior to graduation (ideally prior to submission of the resident Match Rank List).

MU-COM Responsibilities:
• Arrange and monitor clinical clerkship education for students in cooperation with the clerkship clinical practice site.
• Provide every preceptor an information packet that includes student information and syllabi for the appropriate clerkship experience.
• Indemnification of students on rotations

Faculty Development
Faculty development is the process where academic professionals engage in quality self-improvement and improving academic quality. Physicians are increasingly held to newer educational standards including assessment of professionalism, communication, teamwork, emotional and social functioning, ethical behavior and reasoning, and self-management skills that are part of the overt curriculum and evaluation process of trainees. The Faculty Development program at MU-COM was designed by the Office of Clinical Affairs and the Office of Educational Development to be supportive of both the novice teacher as well as the seasoned professional.

Needs Assessment
MU-COM will periodically conduct a faculty needs assessment in order to target the needs of various groups more specifically. Electronic survey forms distributed via New Innovations will be used to collect this data from faculty.

MSUCOM Statewide Campus System
MU-COM is also an academic member of the Statewide Campus System (SCS) of Michigan State University College of Osteopathic Medicine, (MSUCOM). This Osteopathic Postdoctoral Training Institution (OPTI) has a rich tradition of faculty development programs in which MU-COM can participate. A topics list has been put together not only for clinical faculty, but also for basic science faculty at all levels of experience and training. Faculty can choose from the list and gain access to one of the programs online; provide feedback about topics they would like to have in a seminar.

Library & Electronic Resources
All Marian University preceptors are granted access to a selection of online medical library resources. These resources are accessible with an Electronic Library Resources username and password. Preceptors will be able to access the following:

  - Clinical Key- Elsevier clinical textbooks, journals, drug information, and guidelines
  - Ovid Databases (Medline) - Lippincott Williams & Wilkins clinical textbooks, journals, database
  - StatRef! E-books- ACP Medicine, 5 minute Clinical Consult, Family Practice Guidelines,

For questions, concerns, or issues please contact our Health Services Librarian:

  Chris Bishop, MLS
  Health Sciences Librarian
  cbishop@marian.edu
  317.955.6584
Clerkship Rotations

3rd Year CORE & Elective Rotations

The majority of CORE rotations for clinical clerkships at MU-COM will be completed in the 3rd year with our clinical partners Community Health Network and St. Vincent’s Health. These CORE rotations include:

- MED 830 General Surgery (4 weeks)
- MED 820 & MED 821 Emergency Medicine I & II (8 weeks)
- MED 800 & MED 801 Family Medicine I & II (8 weeks)
- MED 810 & MED 811 Internal Medicine I & II (8 weeks)
- MED 880 Orthopedics/Sports Medicine (4 weeks)
- MED 850 Pediatrics (4 weeks)
- MED 860 Psychiatry (4 weeks)
- MED 840 OBGYN (4 weeks)
- MED 870 Radiology (2 weeks)

Emergency Medicine and Family Medicine rotations will be split into two 4-week rotations. Third year students will complete their first four-week rotation in Emergency Medicine and Family Medicine within their 3rd year. Students will also complete a second four-week rotation in either Emergency Medicine or Family Medicine during their 3rd year. The remaining four weeks, of either service will be completed during the 4th year clerkship rotations.

In addition to the CORE rotations, 3rd year students will also be required to complete rotations/training sessions in the following:

- MED 829 OMM/Neuromusculoskeletal Medicine ½ day per week
- MED 831 Clinical Ethics
- 1 elective rotation done in the hospital with all other CORE rotations

Rotation Descriptions (see appendix)

4th Year CORE & Elective Rotations

The CORE rotations for the 4th year clinical clerkship include:

- MED 821 Emergency Medicine II (4 weeks)
- or
- MED 801 Family Medicine II (4 weeks)
- MED 900 Rural Health Rotation (4 weeks)
- MED 918 OMM Elective Rotation
- or
- MED 929 OMM Longitudinal Experience

In addition to the CORE rotations 4th year students will also be required to complete 5 elective rotations.

Rotation Descriptions (see appendix A)

Rotation Grading Policy

Class of 2017

Clerkship grades will be a reflection of weighted values from the completed Preceptor Evaluation of a Student assessment, required participation on the Comprehensive Osteopathic Medical Achievement Test (COMAT), and professionalism (Dean’s Score). Students pass a learning activity after earning an overall score of 70%.

Rotation grades are out of 90 points with a breakdown as such:

- Evaluation by Preceptor: 70%
- If you took the COMAT: 20%
- Dean’s Score: 10%

All electives are graded as Satisfactory/Unsatisfactory

Evaluations:

Evaluations will be completed by preceptors and students (Appendix B and C). An evaluation will be completed at the end of each rotation. The current assessment format contains five assessment criteria that will apply to both the hospitals and clinical sites. Each category on the evaluations holds a point value (see sample Eval) for a total of 35 points. The point value will then be doubled to get a total out of 70.
COMAT Exams:
The National Board of Osteopathic Medical Examiners (NBOME) has developed a series of eight tests on CORE clinical disciplines that will be used as an end of rotation exam. These exams will assess the achievement level of the students on these particular disciplines after they have completed their clinical rotation. COMAT exams focus on clinical applications and thoroughly assess the students' knowledge of osteopathic principles and practices. The eight disciplines currently available include Family Medicine, Internal Medicine, Obstetrics/Gynecology, Osteopathic Principles and Practice, Pediatrics, Psychiatry, Surgery and Emergency Medicine. Students are required to take the rotation's COMAT exam in order to pass. At this time students will receive all 20 points for taking the COMAT exam.

The remaining CORE disciplines, Radiology, Orthopedics/Sports Medicine and Rural Medicine will not have required shelf exams at this time. Students will be given full participation credit in their final rotation score. The exams will be taken electronically via the student's iPad on the MU-COM campus or at their rotation site with a suitable proctor. COMAT/Shelf Exam learning objectives, by discipline, will be available through the MU-COM Clerkship Library Guides http://libguides.marian.edu/sb.php?subject_id=26015

Dean’s Score: Your Dean’s Score is determined by Dr. Henley and relies on the comments by your preceptors and your professionalism. As long as you interact professionally with all individuals on your rotations and at MUCOM you will receive the points.

Class of 2018
Beginning July 1, 2016, the preceptor evaluation is worth 50% and the COMAT is worth 50% of final grade. The COMAT comes with percent and standard scores. The percent score will be utilized as the COMAT grade and the preceptor’s grade will be calculated with a total possible of 21 points. If a preceptor elects to not answer a question it will be voided and will not hurt the student’s final grade.

Evaluations:
Evaluations will be completed by preceptors and students (Appendix B and C). An evaluation will be completed at the end of each rotation. The current assessment format contains five assessment criteria that will apply to both the hospitals and clinical sites. Each category on the evaluations holds a point value (see sample Eval) for a total of 35 points. The point value will then be doubled to get a total out of 70.

COMAT/Shelf Exams:
The National Board of Osteopathic Medical Examiners (NBOME) has developed a series of eight tests on CORE clinical disciplines that will be used as an end of rotation exam. These exams will assess the achievement level of the students on these particular disciplines after they have completed their clinical rotation. COMAT exams focus on clinical applications and thoroughly assess the students' knowledge of osteopathic principles and practices. The eight disciplines currently available include Family Medicine, Internal Medicine, Obstetrics/Gynecology, Osteopathic Principles and Practice, Pediatrics, Psychiatry, Surgery and Emergency Medicine. Students are required to take the rotation’s COMAT exam in order to pass. At this time a student’s percent score will determine 50% of their final rotation grade.

The remaining CORE disciplines, Radiology, Orthopedics/Sports Medicine and Rural Medicine will have required shelf exams. These exams will be created in cooperation with MU-COM faculty, clinical preceptors and resources such as MedU. These shelf exams will also contribute 50% to the student’s final rotation score. All exams will be taken electronically via the student's iPad on the MU-COM campus or at their rotation site with a suitable proctor.

COMAT/Shelf Exam learning objectives, by discipline, will be available through the MU-COM Clerkship Library Guides http://libguides.marian.edu/sb.php?subject_id=26015
MU-COM operates in compliance with the Family Education Rights and Privacy Act of 1974 (Appendix D)

Grade Scale- Class of 2017 & Class of 2018
Student Clerkship grades will be weighted and recorded in the following manner:

Class of 2017 Example:
Preceptor's Score; student scored all ‘Meets Competency’; 3.5x6= 21. Total 30 points 21/30=.70 x .7 = .49
COMAT Exam; 20 points participation= .20
Dean’s Score; 10 points = .10
.49+.20+.10 = 79% Pass
Class of 2018 Example:
Preceptors score; student scored 19 out of a possible 21 responses; \( \frac{19}{21} = .90 \)
COMAT percent score= 86
\( .86 + .90 = 1.764 \)
Divide by 2 for a Mean score of \( \frac{.86 \times 100}{2} = 88\% \) High Pass.

The grades that go to the registrar are all in a pass / fail mode with:

90-100 = Honors
80 - 89 = High Pass
70 – 79 = Pass
< 70 = Fail

All electives are graded as Satisfactory/Unsatisfactory

The numerical grades for the rotations will be used to determine the students’ class ranking and in their MSPE Letters.

COMAT/Shelf Exam learning objectives, by discipline, will be available through library access in the same was as the syllabi are available.

### Clerkship Rotation Grids

#### 3rd Year Rotations- Class of 2018

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
<th>Group 5</th>
<th>Group 6</th>
<th>Group 7</th>
<th>Group 8</th>
<th>Group 9</th>
<th>Group 10</th>
<th>Group 11</th>
<th>Group 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN</td>
<td>Elective</td>
<td>Family Med I</td>
<td>Internal Med I</td>
<td>Orths SM</td>
<td>Rad/ Vac</td>
<td>Surgery</td>
<td>Elective</td>
<td>Emerg. Med I</td>
<td>Internal Med II</td>
<td>OB/ GYN</td>
<td>Peds</td>
</tr>
<tr>
<td>FEB</td>
<td>Psych</td>
<td>Elective</td>
<td>Family Med I</td>
<td>Internal Med I</td>
<td>Orths SM</td>
<td>Rad/ Vac</td>
<td>Surgery</td>
<td>Elective</td>
<td>Emerg. Med I</td>
<td>Internal Med II</td>
<td>OB/ GYN</td>
</tr>
<tr>
<td>MAR</td>
<td>Peds</td>
<td>Psych</td>
<td>Elective</td>
<td>Family Med I</td>
<td>Internal Med I</td>
<td>Orths SM</td>
<td>Rad/ Vac</td>
<td>Surgery</td>
<td>Elective</td>
<td>Emerg. Med I</td>
<td>Internal Med II</td>
</tr>
<tr>
<td>APR</td>
<td>OB/ GYN</td>
<td>Peds</td>
<td>Psych</td>
<td>Elective</td>
<td>Family Med I</td>
<td>Internal Med I</td>
<td>Orths SM</td>
<td>Rad/ Vac</td>
<td>Surgery</td>
<td>Elective</td>
<td>Emerg. Med I</td>
</tr>
<tr>
<td>MAY</td>
<td>Internal Med II</td>
<td>OB/ GYN</td>
<td>Peds</td>
<td>Psych</td>
<td>Elective</td>
<td>Family Med I</td>
<td>Internal Med I</td>
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<td>Rad/ Vac</td>
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<td>Elective</td>
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<td>JUNE</td>
<td>Emerg. Med I</td>
<td>Internal Med II</td>
<td>OB/ GYN</td>
<td>Peds</td>
<td>Psych</td>
<td>Elective</td>
<td>Family Med I</td>
<td>Internal Med I</td>
<td>Orths SM</td>
<td>Rad/ Vac</td>
<td>Surgery</td>
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#### Electives

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<thead>
<tr>
<th>Neurology</th>
<th>Gynecology</th>
<th>Pulmonary</th>
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<tbody>
<tr>
<td>Cardiology</td>
<td>Peds. Specialty</td>
<td>Anesthesia</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>CT Surgery</td>
<td>Hematology/Oncology</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Ophthalmology</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Allergy/Immunology</td>
<td>Geriatrics</td>
<td>Osteopathic Manipulative Medicine</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Neurosurgery</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Ethics</td>
<td>Urology</td>
<td>Neonatal ICU</td>
</tr>
<tr>
<td>Clinical Investigations</td>
<td>ICU/CCU</td>
<td>Dermatology</td>
</tr>
</tbody>
</table>

*Some electives will not be available unit 4th Year Rotations*
Assessment of Clinical Clerkships

**Evaluations**

*Sarah Zahl PhD, Sherry Jimenez, EdD, and Charles E. Henley, DO*

Whether the learner is supervised by one attending physician or several or perhaps a resident on a service, the preceptor to whom the student is assigned will usually evaluate student performance.

The preceptor will be asked to provide an online evaluation consisting of likert scale ratings along with direct observation comments and the results of a shelf exam (COMAT) or other end of rotation exam.

**Providing Effective Feedback**

Giving Feedback

Providing feedback is different from an evaluation. If done well, feedback is non-judgmental and is meant only to provide a frame of reference to the learner so they may better understand their level of performance based on observations from the preceptor.

There are three levels of feedback:

1. Observations of the learner, what you saw the learner doing.
2. Your own reaction to what you observe
3. Your judgment about the appropriateness or helpfulness of the observed behavior.

**Characteristics of Effective Feedback**

1. Provide descriptive rather than evaluative information
2. Focus on specific rather than general behavior
3. Address the expectations of the student and the preceptor
4. Direct feedback toward behavior the student controls
5. Provide feedback as soon after the behavior occurs as possible
6. Balance good and bad items of behavior
7. Limit amount of information to what the student can use.
8. Check for understanding

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</tr>
</thead>
<tbody>
<tr>
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<td>Elective</td>
<td>Elective</td>
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<td>Elective</td>
<td>Family Med II</td>
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<td>Elective</td>
<td>Elective</td>
<td>Family Med II</td>
<td>Elective</td>
<td>Elective</td>
</tr>
<tr>
<td>MAR</td>
<td>Elective</td>
<td>Elective</td>
<td>Rural Med</td>
<td>Elective</td>
<td>Elective</td>
<td>Elective</td>
<td>Family Med II</td>
<td>Elective</td>
<td>Elective</td>
</tr>
<tr>
<td>APR</td>
<td>Elective</td>
<td>Elective</td>
<td>Rural Med</td>
<td>Elective</td>
<td>Elective</td>
<td>Elective</td>
<td>Elective</td>
<td>Family Med II</td>
<td>Elective</td>
</tr>
</tbody>
</table>

Winter Break 12/22/16-1/4/17
Sample Preceptor Evaluation of Student15-17

Student Name:_________________ Rotation name:_________________ Preceptor’s Name:_________________

Rotation Dates:_________________ To:_________________ Facility:_________________

FERPA Agreement - please indicate whether you agree to the following:
Consistent with the requirements of The Family Educational Rights and Privacy Act (FERPA), I understand that I will not communicate anything about a student’s grades or evaluation with anyone besides the student and authorized individuals at Marian University College of Osteopathic Medicine.

Agree [ ] Disagree [ ]

Please evaluate the student’s competency in each area below and return to MU-COM within 7 days of rotation completion.

1. Patient Care: Provides care that is effective with regard for health promotion, wellness, treatment of illness, and end of life care. Demonstrates good judgment, performs an adequate history and physical appropriate to the specialty, and is respectful of patients.

<table>
<thead>
<tr>
<th>Exceeds Competency</th>
<th>Meets Competency</th>
<th>Does Not Meet Competency</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often takes initiative to follow up with patients</td>
<td>Precise and detailed</td>
<td>Needs reminders to complete tasks</td>
<td></td>
</tr>
<tr>
<td>Coordinates health care team</td>
<td>Monitors patient problems and maintains proper records</td>
<td>Reluctant to try basic procedures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fulfills duty toward patient</td>
<td>Does not know basic differential diagnoses</td>
<td></td>
</tr>
</tbody>
</table>

2. Medical Knowledge: Demonstrates a knowledge base consistent with the student’s level of training and applies this knowledge effectively in the patient care setting. Exhibits a commitment to continuous learning and applies clinical reasoning skills.

<table>
<thead>
<tr>
<th>Exceeds Competency</th>
<th>Meets Competency</th>
<th>Does Not Meet Competency</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows initiative</td>
<td>Accepts ownership for self-education</td>
<td>Does not develop expertise</td>
<td></td>
</tr>
<tr>
<td>Understands therapeutic interventions</td>
<td>Demonstrates understanding of basic science and clinical knowledge</td>
<td>Major deficiencies in knowledge base</td>
<td></td>
</tr>
<tr>
<td>Thorough understanding of diagnostic approaches</td>
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<td></td>
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</tbody>
</table>

3. Practice Based Learning and Improvement: Understands evidence-based concepts and applies sound principles of practice within the scope of patient care.

<table>
<thead>
<tr>
<th>Exceeds Competency</th>
<th>Meets Competency</th>
<th>Does Not Meet Competency</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critically evaluates methods of practice as they relate to evidence based care</td>
<td>Integrates evidence based medicine into patient care</td>
<td>Needs reminders to complete tasks</td>
<td></td>
</tr>
<tr>
<td>Exhibits an understanding of &amp; directed literature searches</td>
<td>Monitors patient problems and maintains proper records</td>
<td>Reluctant to try basic procedures</td>
<td></td>
</tr>
<tr>
<td>Applies reasonable interpretations of the data</td>
<td>Fulfills duty toward patient</td>
<td>Does not know basic differential diagnoses</td>
<td></td>
</tr>
</tbody>
</table>

4. Interpersonal and Communication Skills: Establishes rapport and solicits information; maintains detailed, legible and timely medical records, and communicates with the preceptor and other members of the team.

<table>
<thead>
<tr>
<th>Exceeds Competency</th>
<th>Meets Competency</th>
<th>Does Not Meet Competency</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elicits appropriate findings in patient exams</td>
<td>Defines medical terminology for patients</td>
<td>Uses medical terminology with patients without providing definitions</td>
<td></td>
</tr>
<tr>
<td>Excellent interpersonal skills</td>
<td>Responds to feedback from preceptor</td>
<td>Inappropriate facial expressions</td>
<td></td>
</tr>
<tr>
<td>Ensures that patients &amp; family members understand medical terminology</td>
<td>Appropriate body language and tone</td>
<td>Does not respond to preceptor’s feedback</td>
<td></td>
</tr>
</tbody>
</table>
**5. Professionalism and Ethics:** Student behaves in a professional and ethical manner at all times, including his/her personal behavior, interacting professionally with patients, and peers. Maintains boundaries in professional relationships and relationships with patients.

<table>
<thead>
<tr>
<th>Exceeds Competency</th>
<th>Meets Competency</th>
<th>Does Not Meet Competency</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Upholds highest ethical standards</td>
<td>• Respectful and reliable</td>
<td>• Breach of ethical boundaries</td>
<td></td>
</tr>
<tr>
<td>• Patients and medical staff voice compliments about interactions with this student</td>
<td>• Maintains boundaries in professional relationships &amp; patient relationships</td>
<td>• Did not maintain boundaries in relationships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Develops rapport and trust</td>
<td>• Rude or disrespectful</td>
<td></td>
</tr>
</tbody>
</table>

**6. Systems based Practice:** Demonstrates awareness and responsiveness of the overall healthcare system, and demonstrates knowledge of cost effective care.

<table>
<thead>
<tr>
<th>Exceeds Competency</th>
<th>Meets Competency</th>
<th>Does Not Meet Competency</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consistently exhibits understanding of potential overall costs of patient care</td>
<td>• Shows understanding of costs to the patient</td>
<td>• Recommends procedures or referrals without consideration of cost to the patient</td>
<td></td>
</tr>
<tr>
<td>• Discusses options with patient</td>
<td>• Considers lower cost options when possible</td>
<td>• Does not consider cost when developing treatment plans</td>
<td></td>
</tr>
</tbody>
</table>

**7. Osteopathic Principles and Practice:** Incorporates Osteopathic philosophy into the evaluation of patients and uses osteopathic techniques when appropriate.

The Four Key Osteopathic Principles are:
1. The body is a unit; the person is a unit of body, mind, and spirit.
2. The body is capable of self-regulation, self-healing, and health maintenance.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based on an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.

<table>
<thead>
<tr>
<th>Exceeds Competency</th>
<th>Meets Competency</th>
<th>Does Not Meet Competency</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Proficient understanding of osteopathic principles &amp; practices</td>
<td>• Suggests appropriate osteopathic medical treatment when appropriate</td>
<td>• Does not display understanding of osteopathic principles and practices</td>
<td></td>
</tr>
<tr>
<td>• Integrates diagnosis &amp; osteopathic therapeutic techniques into treatment plans</td>
<td>• Exhibits understanding of osteopathic principles and practices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

---

Preceptor Signature ___________________________ Date ____________

**Preceptor Certification:**

By signing and submitting this evaluation, I certify that I have interacted with this student in a clinical and/or educational setting.
### Sample Student Evaluation of Preceptor & Site

**Student Evaluation of Preceptor/Site**

Please rate the PRECEPTOR of the rotation you have just completed according to how strongly you agree/disagree with a statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Neither Agree nor Disagree (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The preceptor provided adequate orientation to the practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The preceptor exemplifies the characteristics of a professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The preceptor gave me adequate feedback on a regular basis</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The preceptor directly supervised me in patient encounters, including</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>history taking and physical examination skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The preceptor allowed me to perform Osteopathic manipulation on patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The preceptor allowed me to perform diagnostic and therapeutic procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I experienced an adequate number of patient encounters during this rotation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Policies & Student Information

Student Clerkship Work Hours Policy

In order to stay in accordance with MU-COM's educational mission and clerkship goals, normal work hours will be determined by the supervising physician and consistent with current residency guidelines. MU-COM student work hours must follow the below guidelines:

1. Student work hours will be determined by the supervising physician for the clinical rotation.
2. Students will not be permitted to work over 80 hours per seven-day week, averaged over a four-week period.
3. Clinical rotations that are scheduled as shift work, such as Emergency Medicine and night float will be limited to 12 hour shifts with a minimum of 10 hours between each work period.
4. Students are permitted to take call, night float and to work weekends, but must be permitted to have one continuous 24 hour period free from all educational and clinical activities in a seven day period averaged over a period of four weeks.
5. Medical students cannot be scheduled for in-house call or night float more than every fourth night when averaged over the period of the clerkship.
6. All MU-COM third year students will be required to attend Osteopathic Manipulative Medicine seminars held during their third and fourth years in the Evans Center on the Marian University Campus.
7. All third and fourth year MU-COM students will have a Winter Break established by their Clerkship Rotation Grid during clinical rotations.
8. There are no designated religious and/or national holidays approved by MU-COM during clinical rotations. Attendance on clinical services during religious or national holidays is at the discretion of the current preceptor and training facility.
9. The clerkship directors, preceptors and MU-COM Associate Dean are permitted to institute more restrictive duty hour guidelines then listed above. Work hours may not however, exceed or violate the above regulations.

Attendance & Absence Policy

Students are required to be at all of their assigned clerkship rotations during normal work hours, unless it violates the Guidelines for Student Clerkship Work Hours.

Normal work hours will be determined by the supervising physician and must meet the educational goals of the clerkship, clinic and hospital service; this may include call, night float and weekend hours consistent with current residency guidelines. Students are expected to be familiar with work hours for the rotation and must be present for all educational events such as hospital rounds, grand rounds, tumor board, morning report, or other educational venues deemed important by the supervising physician.

Students are permitted two excused absences per rotation with a total of five excused absences per clerkship year including bereavement, illness, and other emergency situations.

Excused absences from clerkship rotations must be approved by the Chairman of Clinical Clerkships and/or the Associate Dean of Clinical Affairs. In the event that a student is ill or cannot report to their clerkship rotation, they are to first notify their preceptor or rotation point of contact. Students must then report their illness to the Clerkship Coordinators.

If a student is injured or becomes acutely ill while at a rotation the affiliation agreement with that site allows for immediate / emergency treatment. All students are required to have personal health insurance and after the initial assessment / treatment will follow up with a primary care provider on their own. The supervising physician along with the Associate Dean for Clinical Affairs will decide whether or not the lost time constitutes a requirement for the student to repeat the rotation in order to get a grade for that rotation.

This attendance policy may be modified at the discretion of the Associate Dean for Clinical Affairs and the Chairman for Clinical Clerkships.

Interview Leave

During the fourth year clinical clerkship rotations, it will be necessary for students to take certain periods off for post graduate residency program interviews. Students will be encouraged to utilize their four (4) weeks of allotted vacation for these interviews.
If a student has an interview outside of their vacation time they will only be permitted to take a maximum of four (4) days off of a rotation for an interview, including travel time. Students must complete an Interview Leave Request Form and submit to the Clerkship Coordinators for approval from the Chairman of Clinical Clerkships and/or the Associate Dean of Clinical Affairs. Any excessive time outside of the 4 day limit could result in a failing grade for that rotation. Any time taken for interviews without prior approval will be considered unexcused and subject to disciplinary actions.

**Professional Meetings and Conferences**

**Attending Professional Meetings:** These opportunities afford the participating student exposure to the profession at large, the ability to network with other students and faculty as well as the potential exposure to residency programs. The meetings are classified as International, National, Regional or Local. The value of the meeting will be assessed on the basis of the importance for the student, the college (MU-COM) and the profession at large. The approval for attendance to any meeting will comply with the policy established in *Section 4: Request for Meeting Leave* of this document. The following categories identify the level of participation.

- **Presenter:** defined as a student who is delivering a personal research project or study either as a speaker, discussion leader, or poster presentation.
- **Representative:** defined as a student who is participating in a forum as an emissary for MU-COM. This includes student organizations, student representative to national medical societies and political action committee (such as DO day on the Hill).
- **Attendee:** defined as a student is receiving additional educational experiences to augment the standard professional training provided by MU-COM. (such as the Convocation)

**Request for Meeting Leave:** the following is the policy for requesting leave of absence to attend professional meetings

- Request must be submitted in writing with the accompanying meeting program to the Clerkship Chair **90 days prior** to the meeting
- Approval of attendance to the meeting will be confirmed or denied by the Clerkship Chair based upon the materials submitted supporting the educational validity of the program.
- The Clerkship team will contact the preceptor whose clinical rotation will be affected by the leave in advance in writing (email) prior to the start of the month of the rotation.
- The student will provide the preceptor with the leave request form for signature confirming their release and approval.
- In the event of a preceptor denial, the Clerkship Chair will personally contact the preceptor and further explain the importance of the student's participation in the meeting. (Speaker, Representative, or Attendee)
- In the event that the requested meeting does not have apparent relevant educational value for the student, the Clerkship Chair will consult directly with the Dean for final confirmation or denial.

**Holidays/Vacations/Inclement Weather/LOA**

**Holidays**

There are no designated religious and/or national holidays approved by MU-COM during clinical rotations. Attendance on clinical services during religious or national holidays is at the discretion of the current preceptor and training facility.

**Vacations**

Students will be allotted two (2) weeks of vacation time during their third year clerkships. This two-week period will be during the same month as the students' two-week Radiology rotation. Students will also be allotted four (4) weeks of vacation during their fourth year clerkships. These vacation weeks can be taken in a one month lump sum or divided into 2-week increments. Students are encouraged to use this time for residency interviews.

**Breaks**

The Winter and Summer Break established in the Clerkship Rotation grid are the only approved breaks, other than the third year two week vacation, during clinical rotations. All other MU-COM breaks will not be observed.

**Inclement Weather**
The MU-COM Inclement Weather policy does not apply to students participating in clerkship rotations, unless they are scheduled to be on campus. Students are to follow the instructions of their current preceptor and the Inclement Weather Policy at their designated clerkship rotation site.

**Leave of Absence**
A leave of absence (LOA) is granted for a maximum of one year from the date the LOA is approved. An LOA may be granted for military, jury duty, maternity/Paternity, or circumstances covered under the Family and Medical Leave Act of 1993. This section includes information on how to request a Leave of Absence, receive approval for a Leave of Absence, return from a Leave of Absence, and implications of a Leave of Absence.

**How to Request a Leave of Absence:**
You must first make an appointment to discuss your situation with the Dean’s office. The next step is to write a letter to the Dean explaining the LOA request and request a meeting. Final approval comes from the Dean.

**Completing the Leave of Absence Process:**
After receiving approval from the Dean, the student will be given the MU-COM Leave of Absence Request Form to complete. The form must be completed at least seven days prior to when the Leave of Absence is to begin. The Leave of Absence form can be found in the Dean’s Office.

**How to Process a Leave of Absence form:**
1. The osteopathic medical student (OMS) must fill out an LOA request form and submit it to the MU-COM Dean explaining the LOA request. This form must include the **exact** proposed LOA begin and end dates. Final approval must be granted by the Dean.
2. If the Dean approves the LOA, the OMS must submit the approved form to Office of the Registrar either in person to Marian Hall 104, via fax: 317-955-6575, or via email: regis@marian.edu. The Registrar will review and sign the completed form. Notification will be sent to all MU-COM administrative offices and the National Student Clearinghouse of the student’s LOA status. The Dean will follow-up with a letter to the student that will provide additional instructions, after the Registrar has sent notification that the completed LOA form has been received.
3. The OMS also must set up an appointment with MU-COM’s Financial Aid Officer to discuss how the LOA will affect the student’s financial aid.
4. An updated billing statement will be available on the CAMS student portal if an adjustment of tuition and fees occurs on the student account (see implications of an LOA below).

**IMPLICATIONS OF A LEAVE OF ABSENCE**
In addition to the implications an LOA can have on academic progress, an LOA also impacts financial aid, academic standing and access to campus services. Depending on when the LOA is approved, the academic record and billing statement could be impacted in the following ways:

**LOA approved prior to the start of a fall or spring term:** student will be dropped from all registered classes and tuition and fee charges will be removed from the student account. The LOA letter from the Dean to the student will specify details related to re-enrollment after the LOA period. Students will not have access to online course materials.

**LOA approved during a fall or spring term:** student will receive ‘W’ grades in all classes where a final exam has not yet been completed. If the student has completed the final exam, the final grade given will stand on the academic record. The student will be responsible for all tuition and fees for that semester. Students may have some limited access to online course materials.

If a student has not earned a final grade in any classes, the student will receive ‘W’ grades in those classes and the university will use the published refund schedule to determine any adjustment to charges based on the approved effective date of the LOA. Students may be required to repeat and/or remediate all or some of the DO program courses. The LOA letter to the student will specify details related to re-enrollment after the LOA period.

**Impact on Financial Aid**
A student who is on a Leave of Absence, is considered **withdrawn** from MU-COM unless the student returns from the LOA within that same semester. Once an LOA is approved, the student will not be eligible for any aid during the LOA period. Aid eligibility will be re-evaluated once attendance resumes.
Please be aware that a financial aid withdrawal status may affect:
Financial Aid that was already received for the term of the Leave of Absence
Disbursements pending in the term of the Leave of Absence.
The grace period and repayment of your student loans.

Mission Trips and Global Health Electives

Mission Trips: defined as a volunteer experience promoting health care improvement in underdeveloped countries. The student’s participation during the clinical years (3rd and 4th) will be restricted to personal vacation time. This option is available during the two-weeks off the required radiology rotation, the winter holiday break or the

Global Health Electives: defined as an elective experience to interact with other professionals in advancing healthcare globally. This is not limited to underdeveloped countries and may be a collaboration with other medical schools. The elective must be approved by the clerkship chair in advance (minimum of 90 days prior) must comply with the institutional global studies guidelines and required affiliation documents both institutional and preceptor. At the conclusion of this elective the student will be required to submit a written document summarizing the experience and the benefit to the profession and the individual provided by this exposure. This document is to be submitted to the clerkship chair and the preceptor. The preceptor will provide evaluation as outlined in the preceptor manual to MU-COM for student grade submission. [1 month]

Professionalism

Students will demonstrate a commitment to personal responsibility, honesty, empathy, and integrity in all their interactions with patients, peers, staff and all health care providers. Students are expected to demonstrate the following objectives (outcomes):

- Demonstrate respect, compassion and a responsiveness to the needs of patients and society that supersedes self-interest.
- Demonstrate accountability to patients, the profession, and a commitment to excellence and professional development.
- Demonstrate a commitment to ethical principles with regard to patient confidentiality, informed consent, and withholding and termination of care.
- Demonstrate sensitivity to the patient’s culture, age, gender, and disabilities.
- Demonstrate an understanding that a patient must give permission for the release of any health information, even to family members.
- Serve as the patient’s advocate
- Demonstrate an awareness of appropriate Physician and patient boundaries.

Guidelines for Clerkship Attire

During clinical clerkships students will wear clean, white jackets with MU-COM name tags or name badges provided by the clerkship facility. The student must dress in a manner that is fitting for a physician in the clinical setting (business casual). If the clerkship facility has a dress code that differs from MU-COM, the student will be informed to abide by that policy. If students are on a service that requires scrubs, students will be required to wear scrubs provided by the clerkship facility or personal scrubs that meet the facilities requirements.

MUCOM Resources for Student Mental Health

MUCOM provides all students with access to behavioral health resources twenty four hours a day, seven days a week. Students and rotation sites are both provided with a list of resources and emergency services available at every rotation site. Clerkship placement sites and preceptors are responsible for providing emergency care to students in the case of illness or accident occurring at the rotation site. The expense of all treatment will be the responsibility of the student.

A list of accessible mental health resources is available to all students in Appendix J. Students can also utilize the services provided by Mental Health America of Greater Indianapolis. The hotline is available twenty four hours a day.

MHA Indy
800-273-8255 or 317-251-7575
Clerkship Rotation Needlestick/Exposure Policy

In the case of Needlestick/exposure to blood and/or bodily fluids, it is suggested that students follow the below guidelines:

1. Immediately wash the area with soap and water and then apply direct pressure to stop bleeding if needed.
2. If blood or a bodily fluid has come in contact with the skin, eyes, nose, or mouth thoroughly flush the exposed area with saline or water for a minimum of 5 minutes. If available use the closest wash station. Remove contact lenses from eye if necessary.
3. Bodily fluids that come into contact with intact skin are NOT considered exposures.
4. Identify the source patient MRN, physician, physician phone and pertinent health information.
5. Immediately report the incident to your preceptor or charge nurse at your current location. The charge nurse or other clinical staff member will supervise the testing of the source patient and complete any necessary steps required by the clinical site’s exposure policy.
6. Immediately seek medical treatment, if necessary, at the nearest emergency facility. **Payment of any treatment will be the student’s responsibility and charged to the student’s insurance.**
7. All results from blood draws or lab work are to be faxed to the Marian University Student Health Center, 317-955-6133.
8. Students are to complete a Student Incident/Injury Report form and fax one copy to the Student Health Center and one to MU-COM Clinical Affairs, 317-955-6622.
9. Students are to follow up with the healthcare providers at the MARIAN Student Health Center following an exposure. The providers at the MARIAN Student Health Center will review any test or lab results with the student. If necessary the healthcare provider will refer the student to outside providers for further treatment.

The Division of Clinical Affairs and the Associate Dean for Clinical Affairs shall serve as a point of contact for any incidents involving students on clerkship rotations.

Student Drug Testing Policy

All MU-COM students are required to submit to a five panel drug screen prior to beginning clerkships. Students must use one of the approved testing sites which abide by Marian University’s *chain of custody* policy. The sites will conduct tests on walk in basis. The below approved testing sites have standing orders for MU-COM clerkship students, Summit Occupational Medicine and Madison Avenue Lab. The approved sites will report all results directly to MU-COM Student Affairs. It is required that the students complete the process a minimum of thirty (30) days prior to the first day of rotations. In addition to the initial drug screening, clinical rotation sites may request students to submit a more current or a more extensive drug screening in order to begin their rotations. These screenings will be scheduled on an individual basis as necessary. The cost of all drug screenings during the third and fourth year clerkships will be covered by MU-COM.

Procedure for Suspected Impairment

Impairment is defined as being under the influence of psychoactive substances and/or evidencing psychological or physical symptoms. This can be episodic or chronic and affect cognitive, interpersonal, and psychomotor learning and performance. When a clerk’s performance is impaired, safe effective care is at risk in the clinical setting.

1. Any student suspected of being under the influence of drugs or alcohol will be requested to submit to a blood and/or urine analysis immediately at his/her own expense. A specific lab may be requested by the clinical preceptor or MU-COM faculty member.
2. If the test is positive the student will be referred to the Associate Dean of Clinical Affairs and/or the Vice President/Dean of MU-COM for referral to Fairbanks Hospital and disciplinary sanctions (See current Marian University Code of Student Rights and Responsibilities).
3. If the student meets the disciplinary sanctions, faculty will determine, based on the amount of work the student has missed, whether the rotation will have to be repeated or if a grade can be issued.

4. If the test is positive and the student does not meet disciplinary sanctions, the student will fail the rotation and be referred to the Associate Dean of Clinical Affairs and/or Vice President/Dean for possible dismissal from MU-COM.

5. If a student refuses to submit to drug screening on demand, the student will fail the rotation and be referred to the Associate Dean of Clinical Affairs and/or Vice President/Dean for immediate dismissal from MU-COM.

6. If the student holds a current professional license, MU-COM is required to notify the licensing agency of a positive test.

**Remedial Action and Penalties for Positive Drug Screening**

Students who test positive on a drug screening will be referred to Fairbanks Hospital in Indianapolis, Indiana where designated staff will assess the student and make treatment recommendations. Costs for assessment and treatment, if any, are the responsibility of the medical student. Until cleared by the designated staff and assessed by the Associate Dean of Clinical Affairs and/or Vice President/Dean the student is not permitted to return to clerkship rotations.

**Counseling Resources**

Counseling resources are provided for all Marian University students that may have a possible drug problem. If a medical student requires treatment above and beyond those resources, they are responsible for any related expenses.

**Family Educational Rights and Privacy Act of 1974**

MU-COM operates in compliance with the Family Educational Rights and Privacy Act of 1974, (FERPA), as amended. Students have the right to inspect all official records which pertain to them and to challenge inaccurate or misleading information. Exceptions are parents’ financial records and confidential letters and statements placed in the record before January 1, 1975, or placed under conditions where students have signed a waiver of right of access.

All COM student academic information is considered confidential except the following “directory” information available to the public: student's name, campus and off-campus address, email address, telephone and voice mail number, photograph, major field of study, participation in university activities and sports, physical and performance statistics of members of athletic teams, dates of attendance, full-time or part-time status, degrees, awards, and honors, dean’s list, and most recent previous institution attended by student.

COM Students may waive the right of nondisclosure, allowing access to their records by anyone who has a completed copy of the waiver form. The waiver form is effective through the student’s graduation or until the student designates otherwise. The student may request that directory information not be released. This must be made in writing to the Office of the Registrar within 15 days of the beginning of each term. Failure to notify the Office of the Registrar may mean that university publications, such as team roster, promotional brochures, or the student directory, may include some directory information.

**FERPA Complaints**

Complaints regarding alleged violations of rights accorded by students by the Family Educational Rights and Privacy Act or the regulations promulgated under may be directed in writing to:

**Family Policy Compliance Office**

U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901

For more information visit the Department of Education's Family Compliance Office at http://www.ed.gov/offices/OM/fpco/index.html

**Malpractice Insurance Coverage Policy & Certificate**

Students are fully covered by Marian University College of Osteopathic Medicine's professional malpractice insurance while on all training assignments approved by the College. Students may participate in unique clinical opportunities outside of the regular curriculum only with prior written approval of the MU-COM Dean. Direct any such requests for special assignments or activities to the MU-COM Dean.
Appendices
Appendix A: General Teaching Tips

As noted, preceptors are an important key to the clinical education of our students and are critical to the creation of an effective learning environment. The following are some tips and suggestions that should assist you in serving as a preceptor.

Clinical Teaching

Tips for effective clinical teaching include:
1. Create a challenging but supportive learning environment
2. Set daily teaching goals
3. Use One-minute Preceptor teaching skills

Create a Challenging but Supportive Learning Environment

Make it clear to your students that:
- You expect them to fulfill assigned responsibilities.
- You have high standards for their work, and that:
  - You expect them to be learners—they will often feel uncertain and make mistakes.
  - Learning involves taking risks.
  - They will have your support as they learn.
  - They can feel safe to share issues of personal and professional development.

Set Daily Teaching Goals

1. Major learning goals for the clerkship should be established during the initial orientation discussion.
2. At the start of each day reinforce important concepts from the prior day.
   * You might say something like the following to a third-year student:
     "Jane I know we decided that this month you'll work on picking up signs and symptoms of depression in patients. Please interview several with this in mind today, and report to me on what you've found."

One-minute Preceptor Teaching Skills

1. Get a commitment by asking the student questions like, "What do you think is going on with the patient?" "What other information is needed?" and "Why do you think the patient has been non-compliant?" Such an approach is collegial; it engages the student in solving the patient's problem and tends not to cut off communication, which often happens if a preceptor adopts an expert role.
2. Probe for supporting evidence by asking questions like, "What were the major findings that led to your conclusion?" and "What else did you consider?" This approach allows you to find out what the student knows and where there may be gaps. In using the approach it is important to avoid grilling the student or conducting an oral examination.
3. Teach general rules by making comments such as, "Patients with cystitis usually experience pain with urination, increased frequency and urgency of urination, and may see blood in their urine."
4. Tell the student what he/she did right. Say, for example, "You didn't jump into solving her presenting problem but kept open until the patient revealed her real agenda for coming in today." Make your comments to the student specific and focused.
5. Correct mistakes. As soon after a student mistake as possible find an appropriate time to discuss what was wrong and how to correct the error in the future. Say for example, "You may be right that the child's symptoms are due to a viral upper respiratory infection, but you can't be sure it isn't otitis media until you've examined the ears." Again, make your comments specific and focused.

A recent study found that this sequence of questioning and instruction was highly efficient and actually saved preceptors' time.
Training Students in a Busy Practice - A Note to Preceptors

Preceptors are by definition those of us in clinical practices who have agreed to teach students. For many of us this is an exciting opportunity to give back to our profession and enjoy the interactions we have with learners. For others it can be a little worrisome trying to think of training a learner while being in a busy practice. The answer to how to teach students without having it impede your clinic efficiency is probably different for each practitioner and clinical setting, but it seems to be a recurring concern among most potential preceptors. I can only share what seems to be a consensus of opinion by preceptors who have learned to deal with this issue, as well as my own experience.

1. Find one or two patients per half day that are well known to you and have the student spend time with them. Have them populate the chief complaint, history and review of systems in the EMR, plus a review of the problem and meds list. The students can then spend a few minutes presenting the patient to you and then together you can see the patient. This will allow you to spend less time charting except for making minor adjustments for diagnosis and billing. In this way the student functions similar to a scribe and performs a time saving function and receives the educational value.

2. There may be times when you don’t want to get out of your patient care rhythm but want the student to learn from the cases. It is also OK to use some other time such as after the half day of clinic is over to discuss patients the student saw, whether they wrote in the chart or not. If not, then ask them to make their own notes separately so you can go over their thought process.

3. Help him or her understand the thought process that goes into each patient encounter and decision you make. How do you weigh all the information you have in order to make a diagnosis or a treatment plan or to know who is really sick and who is not? How do you define your relationship with your patients? Students will learn about patient boundaries, professionalism, empathy, and listening by observing your behavior with the patients, so it could be a good idea to discuss some of these issues openly.

Student Competencies and Procedures

In order for MU-COM to graduate competent osteopathic physicians, it is necessary for them to demonstrate knowledge in the six National Board of Osteopathic Medical Examiners (NBOME) Medical Competency Domains, including Competency Domain 2: Osteopathic Patient Care. After completing their clerkships, students will be expected to be able to perform the basic clinical procedures listed in this domain. The ability of students to interact with patients and complete the below procedures under supervision is at the discretion of the preceptor. If the student does not have the opportunity to complete these procedures in the clinical setting, alternative education arrangements will be made through MU-COM.

1. Perform a clinically appropriate standard physical examination including evaluation of each of the body areas (head, neck, chest, abdomen, genitalia/groin/buttocks, back/spine, upper and lower extremities) and organ systems (constitutional; cardiovascular; ears, nose, mouth and throat; eyes; genitourinary – female and male; hematologic/lymphatic/immunologic; musculoskeletal; neurological; psychiatric; respiratory; skin).
2. Perform an osteopathic structural examination and OMT.
3. Perform a phlebotomy and administer intradermal, subcutaneous, and intramuscular injections.
4. Obtain peripheral intravenous access.
5. Perform endotracheal intubation.
6. Perform an abdominal thrust (Heimlich maneuver).
7. Insert a nasogastric tube.
8. Administer basic cardiac life support (BCLS) and advanced cardiac life support (ACLS).
9. Control external blood loss by application of pressure and/or the appropriate use of a tourniquet.
11. Apply simple wound dressings and splints.
13. Perform an incision and drainage of a simple abscess and collect fluid from an abscess.
14. Obtain appropriate specimens for common laboratory tests.
15. Perform a lumbar puncture.
16. Perform basic needle aspiration of a hip, knee, shoulder, and elbow joint.
17. Insert a Foley catheter in both male and female patients.
18. Perform an uncomplicated, spontaneous vaginal delivery.
Appendix B: Preceptor Quick Guide to Success

Clerkship Preceptor

- Be available to the student for any questions, problem identification and resolution
- Set a regular meeting time for clinical discussions with your student
- Decide on goals with the student to achieve learning objectives and competencies in their syllabus.
- Plan different learning experiences for the student as they progress through the rotation.
- Demonstrate leadership skills in administration and clinical settings
- Provide the student with regular feedback on their progress throughout rotation
- Consult with MU-COM clinical faculty whenever necessary
- Encourage professional socialization with other providers and staff members

Clerkship Facility

- Provide the student with an in-depth and thorough orientation of the facility and the team they will be working with.
- Involve the student in daily activities concerning the clinic and patient care
- Provide a supportive learning environment, effective feedback, and support student inquiry on a continuous basis

Establishing the Relationship

Establishing trust is one of the most crucial steps in the educator-student relationship and provides the foundation upon which the learning experience will develop. The student frequently experiences anxiety in this new learning situation and can benefit from structure provided by the preceptor in the form of carefully scheduled meetings and conferences. The preceptor’s availability at the beginning of the student’s placement is crucial in planning the student’s experience.

The Working Phase

The implementation of an educational plan is the main focus of the working phase. Reviewing the student’s experience, discussing patients, exploring feeling regarding the experience and identifying the meeting of learning objectives are all appropriate areas that can be discussed. Feedback from the preceptor on a regular basis assists the student in maximizing his/her strengths and systematically addressing problems that may interfere with the achievement of the professional role. During this phase, the educator serves as role model, resource person and consultant to the student. By demonstrating his/her own skills as an expert clinician, the clinical educator assists the student in role development, application of theory and science, problem solving and decision making. An effective strategy is to encourage the student to observe and analyze the clinician’s role as s/he works with patients and clients and interacts with colleagues and staff members. Mutually sharing observations and discussing strategies for practice enables the student to enrich his/her own understanding of how the role is operationalized and how problems are solved. Evaluation is an ongoing process to assess how the learner is achieving his/her goals. At least daily verbal feedback is helpful. Students, through their clinical logs and competency check lists, should track their own progress and accomplishments. Think about assigning the student a patient, if you are in the hospital the student should be charting every day and signing MSIII. The student should also be presenting the patient case to an attending during daily rounds.
Appendix C: Clerkship Exam and Professional Day Schedule
Academic Year 2016-2017

All clerkship students are required to attend all Exam/Professional Days scheduled below.

July 29, 2016
August 31, 2016
September 30, 2016
October 31, 2016
November 30, 2016
December 23, 2016
January 31, 2017
February 27, 2017
March 30, 2017
April 28, 2017
May 30, 2017
June 23, 2017

Throughout the year students are also to attend the below required events on the MU-COM campus. Specific times for student absences will be communicated prior to the event date.

Winter Break December 24, 2016 – January 1, 2017
4th Year OSCEs February 20-27, 2017
3rd Year OSCEs March 8-10, 2017
3rd Year OSCEs March 15-17, 2017
Match Day March 2017
Hospital Day April 20, 2017
Class of 2017 Rotation End April 30, 2017
Class of 2017 Graduation May 7, 2017

Please contact the MU-COM Clerkship Coordinators at:

mucom-clerkships@marian.edu
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