

General Information and Policies

Index

- I. Attendance
- II. Structure of Rotations
- III. Charting/Documentation
- IV. Professionalism –Behavior and Attire
- V. Evaluation of Student Performance
- VI. Student Evaluation of Clerkship Experience
- VII. Medical Treatment

- I. **ATTENDANCE**: Clinical clerkships emulate the actual practice of medicine. As a junior colleague and future physician, you are expected to participate in all aspects of the clinical training and education experience under the supervision of a practicing physician/clinical preceptor. Attendance is 100% and rotations are 24/7, which means that depending on the nature and structure of the rotation, you may be required to participate in evening, night and weekend activities. Time off for national, state, and local holidays is at the discretion of the attending physician and the clerkship director and should not be construed as an entitlement. It is understood that as a medical student you require time for study and rest. The weekly schedule is structured to prevent excessive time on continuous duty and to allow appropriate rest periods between “shifts” and clinical activities. A student may appropriately bring concerns about excessive duty hours to the attention of the Director of Medical Education.
- a. **Core Rotations** – Students can be absent for a maximum of 3 days per rotation for both 6 week and 12 week cycles. Additionally, a half-day is permitted for NBME SHELF exams and a day-off is permitted for the Step 2 CK & CS exams.
 - b. **Elective Rotations** – ALL missed time MUST be APPROVED and REMEDIATED upon the direction and discretion of the preceptor/attending. However, please note that students CANNOT be absent for more than one (1) day per two week period of time in order to pass an elective rotation (excessive absence may result in failure on the rotation). Students on core or elective rotations must notify and seek approval from the attending/preceptor well in advance and must also clear the absence with the Clerkship Director or Director of Medical Education (or his designee).
 - i. **Request for Excused Absence** – Students are expected to complete the *Request for Excused Absence* form and submit it far enough in advance (as is reasonable) for review and approval. Please note that time off requests are granted at the discretion of the Clerkship Director and the Director of Medical Education, and may be denied based on requirements of the rotation.
 - ii. **Remediation** – It is at the discretion of the Clerkship Director to establish a required remediation plan for the student, *regardless of the reason for absence*. Note that if a significant component of the educational experience is missed for any reason, it is at the discretion of the Clerkship Director to remediate, give a lower or incomplete grade, or remove the student from the rotation.
 - iii. **Illnesses and injuries** – are handled on a case-by-case basis by Clerkship Directors and the Director of Medical Education. In almost all cases, such events cannot be predicted. When either occurs, student and patient safety are tantamount. Once the situation has stabilized sufficiently and it is safe to do so, a student should immediately notify all relevant parties as appropriate (e.g., Clerkship Director or Coordinator, clinical team or preceptor/attending with whom they are rotating, etc.). Family emergencies (including illness, death of a loved one, and birth of a child)

should be handled similarly. As necessary, remediation plans will be made on a case-by-case basis by the Clerkship Director or the Director of Medical Education.

- iv. **Unexcused Absences** – Students who fail to attend required activities (e.g., Clerkship Orientation, clinic or office hours, hospital or ER shifts, lectures/rounds, etc.) without advance notice and are unable to offer a reasonable or appropriate justification (as judged by the Clerkship Director) may be subject to grade reductions, a grade of “Incomplete” or “Fail” (regardless of passing performance in other evaluated areas), or disciplinary action on grounds of lack of professionalism. Excessive tardiness or leaving early falls into the category of unexcused absences.
- v. **Documentation** – Students may be appropriately asked to provide documentation supporting excused absences (e.g., USMLE ticket) or to justify an unexcused absence due to personal emergencies (e.g., doctor’s note).

II. **STRUCTURE OF ROTATIONS:** Core and elective clinical rotations are structured and aligned in accordance with your medical school’s clinical curriculum guidelines. The setting and nature of the rotation may vary by core so as to provide the appropriate clinical experiences for the discipline. Depending on the nature of the rotation, percentage of the time spent in outpatient and inpatient settings will vary.

- a. **Supervised Patient Care** – or “hands-on” learning is an expectation for all core and elective rotations. A significant component of your clinical experience should include opportunities to be observed and supervised in obtaining patient histories, performing examinations (focused and comprehensive), performing or assisting in procedures, and counseling and educating patients based on the treatment plan. Your preceptor is expected to provide such opportunities and to give you feedback and guidance on your knowledge application, critical thinking skills, and your clinical skills and performance. Please note that these opportunities are an earned privilege and that it is incumbent upon you as a student to demonstrate initiative, interest, and a baseline proficiency in clinical skills. The preceptor may appropriately assign you graduated responsibilities in patient care based on your demonstrated competencies. If you are uncertain as to how to proceed in any patient encounter, don’t be afraid to ask for additional instruction or clarification. Also, the nature of practice and patient care dictate that a certain amount of your time may be observing patient encounters. However, your preceptor will involve you in the patient encounter and engage you in a discussion related to evaluation and treatment of presenting conditions.
- b. **Assignments** – Your preceptor/attending may appropriately give you reading or other learning assignments and expect you to be prepared to discuss or present on assigned topics. This is an integral part of your clerkship experience and you should demonstrate responsibility and accountability in completing these

assignments. Your preceptor will provide you with feedback on your assignment and will find suitable opportunities to teach you by imparting his/her knowledge and clinical thinking to you. These can occur before patient care, between patients, at lunch time, or at the end of the day.

- c. **Lectures and Didactics** – A core rotation may schedule lecture/didactic day. Once scheduled, attendance and participation is required. You will receive a specific schedule and instructions for each core rotation. Student assignments can appropriately include case presentations, case discussions, submission of SOAP notes (i.e., patient write-ups, which must be HIPAA compliant) for discussion and feedback, quizzes, MedU cases (CLIPP, fmCASES, WISEMD, etc.), or review of assigned readings or other learning assignments.

- d. **Patient Logs** – must be maintained and submitted weekly via e*Value if available for a particular school program. Logs may also be kept in writing per a particular school program. It is incumbent upon students to track all patient encounters and to adhere to documentation requirements for Essential Patient Encounters and Essential Patient Procedures. Students should keep their preceptor/attending apprised of their progress toward meeting the requirements and should regularly review their logs with their preceptor/attending, but at a minimum at the mid-clerkship point in the rotation. The Clerkship Director may appropriately ask students to submit their logs for additional review.

- e. **Mid-Clerkship Evaluation** – Students are asked to participate in a mid-clerkship evaluation, at which time they meet with their preceptor/attending or the Clerkship Director to review performance to date. At a minimum, students should review their logs and progress in meeting Essential Patient Encounters and Procedures requirements. A Mid-Clerkship Evaluation worksheet is included in this packet, which may be submitted for the student’s file. Students who are assigned to rotation blocks where they work with more than one preceptor/attending (e.g. E.R. rotation or inpatient block) may appropriately ask for feedback from the preceptor with respect to performance and may ask the preceptor to complete the worksheet and submit for the student’s file.

III. CHARTING/DOCUMENTATION:

Depending on the preceptor, facility, and/or service, students may or may not be allowed to write in patient charts. Follow the preceptor/attending instructions for writing in charts.

Use of the electronic medical (health) record (EMR/EHR) is being introduced at CHS. Students at the Jackson Heath System facilities may receive training and instruction on charting in the EMR.

Under any circumstance, it is important that students learn how to properly document clinical encounters and patient care activities. In the absence of the above, students may be required by their preceptor/attending to maintain a separate journal to document the patient care, which should be reviewed by the preceptor/attending or the resident in order to provide feedback and instruction.

IV. PROFESSIONALISM – BEHAVIOR AND ATTIRE:

Students are expected to conduct themselves in a manner that reflects positively on themselves as a future physician, on their medical school, and on CHS and affiliated physician practices, patient care facilities and other medical institutions. It is expected that students will demonstrate responsibility and accountability for their actions and behavior and maintain the highest professional standards. Students must treat others with respect and dignity, and by the same token should also expect to be treated with respect and dignity by their preceptor/attending, residents/interns, faculty and administrators, other members of the health care team, and by their peers. All concerns regarding mistreatment, including observed mistreatment of others, should be reported in a timely manner to the Director of Medical Education. All concerns will be treated confidentially, with assurances that there will be no reprisal or retaliation.

Students are expected to dress professionally for all clinical activities, and must adhere to accepted standards for grooming and hygiene. The white lab coat should be worn at all times unless otherwise instructed. Medical school and hospital ID badges must be displayed on your person at all times and presented to hospital officials when requested. Scrubs should only be worn in permissible settings, and should not be worn outside of scheduled duty hours.

V. EVALUATION OF STUDENT PERFORMANCE:

Evaluation of student performance is a composite of assessments received from various sources. Students are primarily evaluated by their assigned attending(s)/preceptor(s), using the form provided by the medical school. Additionally, participation in scheduled lecture/didactic sessions and completion of assignments is taken into consideration.

Students must refrain from asking attending physicians/preceptors or residents for any type of grade change. If a student has concerns about a grade or thinks that a mistake has been made in a grade component determination, he/she may address this concern with the Clerkship Director and the Director of Medical Education.

VI. STUDENT EVALUATION OF CLERKSHIP EXPERIENCE:

Please complete your medical school's rotation evaluation form in a timely manner. Constructive and specific comments, along with recommendations for program

improvement are appreciated. Your evaluation is confidential. Please note that CHS/GMHETC and program faculty are not provided with individual identifiers. Rather, ratings and comments are received as an aggregate report covering several cohorts over a period of time.

VIII. MEDICAL TREATMENT:

Students should refrain from receiving treatment or medical care from attending physicians, preceptors, residents, or anyone directly involved in their supervision or grading – as this poses a potential conflict of interest. Students who receive treatment must do so formally (as an enrolled patient in the practice), and must refrain from requesting or receiving “curbside” care (e.g., requesting a prescription or treatment).