



PACIFIC NORTHWEST UNIVERSITY

CLINICAL PRECEPTOR GUIDE

ACADEMIC YEAR

July 2023 – June 2024



LEARN. CARE. COMMUNITY.

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COLLEGE OF OSTEOPATHIC MEDICINE (COM)

Letter from the Dean



Dear Colleagues,

Pacific Northwest University of Health Sciences College of Osteopathic Medicine became the second medical school in the state of Washington, and the first new medical school in the state in sixty years when it admitted its inaugural class in August of 2008. The faculty, staff, and administration are committed to educating students for careers in osteopathic medicine, with an emphasis on practicing generalist medicine in rural and medically underserved areas of the Northwest.

PNWU-COM is accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation, with regional accreditation from the Northwest Commission on Colleges and Universities. Our four-year curriculum leads to the degree of Doctor of Osteopathic Medicine (DO), and successfully prepares our graduates for postdoctoral specialty training upon graduation.

The Clinical Preceptor Guide is a compendium of resources, procedures, and guidelines that provide the framework for our high expectations for academic performance, conduct, behavior, and professionalism expected of PNWU medical students, and for which your valued dedication and expertise will help guide them.

Please familiarize yourself with this handbook. Content appearing herein serves as a reference for decisions pertaining to all aspects of student involvement at the College of Osteopathic Medicine and at the University.

Please avail yourselves of the extensive resources that are available to you in support of your pivotal involvement in medical education. The learned faculty, the dedicated staff, and the experienced administration stand steadfast in their commitment to provide the educational environment, experiences, and preparation that will allow students to be successful in their medical careers.

Sincerely,

Thomas A. Scandalis, DO
Dean & Chief Academic Officer

PNWU-COM Contact Information

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Regional Clerkship Administrators (PNWU Campus)	Connie Gunnier – cgunnier@pnwu.edu Jessica Moorman – jmoorman@pnwu.edu Tressa Rodriguez – trodriguez@pnwu.edu Heather Simpson – hsimpson@pnwu.edu
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Clinical Education Program Manager	Jordan Kramer – jkramer@pnwu.edu
Contact Clinical Education	rotations@pnwu.edu

Region Locations/Contacts for Clinical Education Regional Site Teams

Please use the following link to access online directory: [PNWU Staff Directory](#).

Please use the following link to access contact information for each region:

<https://www.pnwu.edu/academics/college-of-osteopathic-medicine/clinical-education/>

Introduction

Welcome from the Associate Dean of Clinical Education

Welcome to PNWU's Clinical Faculty. We are privileged to have you serve as a preceptor. Your work and dedication help PNWU provide quality medical education to our students. Preceptors are mentors, teachers, and practitioners. If there is anything you need to be an effective and satisfied preceptor, please reach out to anyone on the Clinical Education Team for further assistance.

Benefits for Clinical Faculty

- Continuing Education Credits
 - Osteopathic physicians serving in AOA approved medical education programs earn Category 1-B credits for teaching medical students. The credits are granted on an hour-for-hour basis. CME credit is submitted to the AOA on a quarterly basis.
 - Allopathic physicians: Credit is based on the rules of the ABMS specialty. MD's will receive a certificate with completed hours which they can self-report to their specialty board. <https://www.pnwu.edu/files/2023/04/CME-FAQ-Sheet.pdf>
- Library Services can be accessed at: <https://www.pnwu.edu/about/offices-departments/library/resources-for-adjunct-and-clinical-faculty/>
- Subscription to Teaching Physician:
 - <http://www.teachingphysician.org/>
- Scholarly Activity and Research Support
 - <https://www.pnwu.edu/offices-departments/scholarly-activity/>
- Stipend
 - PNWU provides a stipend of \$500/student/week for core rotations.

Overview

The core clerkship rotations will consist of four or six weeks of clinical experience. The rotation should expose the student to various aspects of clinical care and patient management in a hospital and/or ambulatory care setting. These experiences should include reading, lectures, and seminars when available, and patient care management. Although the student is assigned to a preceptor of record, the responsibility may be shared between multiple physicians in the practice setting and based on physician availability. Additionally, students may spend time with other health professionals while on a rotation to learn the inter-professional interactions involved in patient care. All preceptors must be appropriately licensed. The student is expected to be available to assist the preceptor in all duties including evening and weekend call up to 80 hours/week. It is the student's responsibility to achieve course objectives as outlined in the syllabus with the aid of the physician preceptor.

Here are a few suggestions for preparing to receive our OMS III-IV in the clinical sites:

- Students are passionate about caring for patients and learning from the patients and their preceptors.

- Students are looking forward to meeting their preceptors and receiving guidance on caring for patients, tools used in physician communication such as SOAP note writing, developing clinical reasoning, and improving their professional identity as health care providers.
- Students appreciate their preferred pronouns being acknowledged and used.
- We recommend always being honest about making mistakes with pronouns and proper pronunciation of their names. Just simply ask: “how do you pronounce your name and what are your preferred pronouns?”

Please contact rotations@pnwu.edu with any questions or concerns.

Introduction to 3rd & 4th Year Rotations

Osteopathic medical students from Pacific Northwest University (PNWU) in the third and fourth years of training are equipped to simultaneously aid in the care of patients and learn additional vital skills. Rotations are a balance of clinical encounters, feedback, and daily reading on pertinent topics. This blend will provide a solid foundation for learning critical care of hospitalized and/or ambulatory patients. The ideal working relationship between the preceptor and the student develops when the preceptor is easily approachable and readily available, and the student is willing and capable of assisting the physician in the delivery of health care. Students recognize that the more interest and motivation they demonstrate in learning, the more teaching and opportunity for clinical learning they will experience.

After the student’s successful completion of their second year at PNWU, student didactic education will be continued by the PNWU Department for Clinical Education. The primary focus of the preceptor is exposure to the clinical arena specific to their specialty and informing the student’s understanding of what it is like to be a doctor within that specialty.

Clinical Education

Osteopathic medical students in years three and four are assigned to regions established by PNWU. Clinical experiences occur primarily within hospital sites, ambulatory sites, long-term care facilities, and in rural and critical access hospitals for exposure to a well-rounded clinical experience. Didactic and online curriculum for the educational program is provided by PNWU. Clinical rotations are assigned, and program assessment is managed through the main PNWU campus in conjunction with the Assistant Dean and Regional Site Administrator at each site. The Associate Dean for Clinical Education is responsible for supervising and directing the clinical education of PNWU students. To fulfill this role, the Associate Dean for Clinical Education may delegate appropriate authority to Assistant Deans for Clinical Education.

The student may be required to attend didactics, conferences, or presentations; write papers; present cases; and participate in other appropriate activities. The Associate Dean for Clinical Education or designee has the authority and responsibility to enforce the academic policy of the college at each clinical site.

PNWU-COM Mission, Program Goals, and Objectives

Mission

The PNWU-COM mission is to educate and train students to become osteopathic physicians that provide research-driven quality care to communities of the Northwest, particularly in rural and medically underserved populations.

Program Goals and Objectives: Rotation Goals

- Provide opportunities for students to participate with healthcare teams in delivery of care.
- Aid the student in developing clinical reasoning, including forming a differential diagnosis and treatment plan for disease management.
- Facilitate an understanding of the approach to acute and chronic care management.
- Introduce students to procedures relevant to the rotation/specialty.
- Promote and provide opportunities for improvement of medical documentation and use of the electronic health records. *
- Encourage the development of formal case presentation skills.
- Facilitate student understanding of medical literature and the application of evidence-based care.
- Encourage the continued development of the student's professional attitude and behavior.

*Students are trained in medical documentation and oriented to electronic record systems. According to CMS guidelines, medical students may provide complete documentation of a patient encounter including historical details, history of present illness, physical exam, and medical decision making with verification (and correction if necessary) by the attending physician. This rule change became effective as of January 1, 2018. Visit PNWU's [Resources for Clinical Faculty \(CF\)](#) page for more information.

Objectives

Syllabi learning objectives for each clinical and research rotation can be found on PNWU's [Student Clinical Rotation Syllabi](#) page.

PNWU-COM and the Clinical Education department make every effort to ensure that all rotations are positive learning experiences. If any problems/concerns occur during a rotation, students should contact their Regional Site Administrator, Assistant Dean for Clinical Education, the Associate Dean for Clinical Education, Student Affairs, or the Office of DEI for assistance as soon as the concern arises. In addition, counseling services are available to all students.

Clerkship Rotation Information

Clerkships

PNWU curriculum is structured with the goal of developing self-motivated, life-long learners. As such, the student is responsible for the effort required to become an outstanding osteopathic

physician. Preceptors motivate, engender enthusiasm, encourage, and foster continuous learning by providing an effective and creative learning environment. Preceptors who share past experiences and clinical knowledge help students achieve their professional goals.

Regional Site Placement

PNWU third- and fourth-year curriculum delivery occurs through each region located in the five Pacific Northwest state target areas of: Alaska, Idaho, Montana, Oregon, and Washington. Student assignment to a region occurs during year two anticipating departure to clinical regional site during advancement to the third year. Region placement procedures are designed to support the mission of PNWU-COM to recruit students to meet the health care workforce needs of the rural and medically underserved in the Pacific Northwest. The selection process takes into consideration regions where the student has significant ties and falls in line with our philosophy to recruit, educate, and return to practice in the Pacific Northwest.

Students will not advance to clinical rotations and the OMS III year until they successfully pass the COMLEX-USA Level 1 licensure exam.

Orientation & Student Preparation

Students receive an orientation to the region when they advance from year two to year three. This orientation is presented in each region by the Assistant Dean and the Regional Site Administrator. PNWU provides each region with a template to follow, and the region adds site-specific information. The orientation lasts from 2-5 days depending on the region. Students are prepared with what to expect when they enter clinical rotations.

Each rotation should provide the student with an orientation to the rotation. The preceptor sets the tone and expectations for the rotation during the first day of orientation to the practice or service. The first day should begin with a quick introduction to the office or the service. Introduce the student to the office staff or staff on the hospital service so there is an understanding of roles and expectations of all involved. Explain the process on how the clinic or service functions and orient the student to the workflow. Discuss access to the EMR (Electronic Medical Record) and the expectations for student use. The orientation phase is a suitable time to talk about patient care expectations, student goals for the rotation, boundaries, dress code, parking, hours of operation, meals, lodging (if applicable), and interaction with ancillary staff. Phone numbers and contact information should be exchanged between the student, staff, and preceptor as deemed appropriate. Preceptors should discuss with the student the most appropriate method of contact, whether it be email, voicemail, texting, or through office administration directly.

Immunizations & Certifications

Prior to beginning clerkship rotations, all PNWU-COM students will have completed and submitted documentation to the COM for the following:

- Immunization record including annual PPD and flu vaccination
- Covid immunization or accommodation per PNWU policy
- HIPAA (Health Insurance Portability & Accountability Act) training
- Bloodborne Pathogen training
- N95 Mask Fit certification

- ACLS/BLS certification
- 10 panel drug test
- Criminal Background Check
- Sexual Harassment and Title IX training
- EMR (Electronic Medical Record) Training (EPIC)
- OSHA/Hazard Communication Training
- Sterile Technique Training
- WHO (World Health Organization) COVID-19 Training

These documents are stored within the PNWU electronic system, and each Regional Site Administrator has access to all the above information.

Supervision and Expectations of Students

Students do not have a state license to practice medicine and must be supervised during all aspects of patient care, including oversight of patient interviews, physical exams, ordering tests, prescribing, or during the performance of diagnostic and/or therapeutic procedures.

Performing Patient Care Activities

The preceptor of record is responsible for providing opportunities for the student to assist in healthcare delivery to patients and provide an evaluation of the student at the end of the rotation. During a rotation, the student may have an opportunity to learn about and participate in the delivery of patient care from other members of the health care team. These team members may include Residents, MA's, PA's, PT's, ARNP's and other allied health care workers. The student may work with any member of the healthcare team at the discretion/direction of the physician of record. While working with other members of the healthcare team, the student is still under the supervision of the physician of record. The physician of record is encouraged to seek feedback from anyone with whom the student receives training as part of the evaluation process and to add this information to her/his evaluations. Grades may only be assigned by a credentialed MD/DO.

Student involvement in patient care is permitted when authorized by the assigned clinical faculty/preceptor responsible for supervising that student. Students may not perform any medical treatments or procedures without appropriate supervision. The preceptor (or provider designated by the preceptor) must be present for any treatment, procedure, or invasive exam.

Students are not allowed to take the place of qualified medical staff. Students may not write patient care orders independently and all such orders must be reviewed and approved by the preceptor. Students may not accept payment or remuneration for services.

Medical Students Documenting in the EMR

The Centers for Medicare & Medicaid Services (CMS) is revising the Medicare Claims Processing Manual, Chapter 12, Section 100.1.1, to update policy on Evaluation and Management (E/M) documentation to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work. Students may document services in the medical record. However, the teaching physician must verify in the

medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed but may verify any student documentation of them in the medical record, rather than re-documenting this work.

PNWU, Student, Preceptor, & Practice/Hospital Responsibilities

PNWU Responsibilities

- Arrange and monitor clinical clerkship education for students in cooperation with the Assistant Dean and Regional Site Administrator in each region.
- Provide preceptors with an information packet that includes student information and syllabi for the appropriate clerkship experience.
- Communicate with preceptors and health care delivery partners.
- Provide liability insurance for students on rotations.
- Provide support and assistance for struggling learners.
- Offer ongoing faculty development opportunities.

Student Responsibilities

- Work with PNWU-COM 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/certifications (including BLS/ACLS, HIPAA (Health Insurance Portability & Accountability Act), Blood Borne Pathogens, etc.) and Mask Fit Testing. These are all provided by PNWU-COM.
- Actively participate in every learning experience by being proactive, engaged, and complete assigned patient care activities.
- Be familiar with each rotation syllabus - complete all learning objectives, participate in required OMM (Osteopathic Manipulative Medicine) learning activities, and fulfill all required assessments, including discipline-specific COMAT or PNWU-COM generated examinations as assigned.
- Demonstrate professionalism through appropriate behavior, communication, and attire at all times.
- Collaborate with faculty and staff to maximize opportunities in the learning environment.
- Give appropriate feedback by completing evaluation forms provided by PNWU-COM at the end of each rotation.
- Purchase and maintain personal health insurance in the event of an acute illness, injury, or occupational exposure while completing clerkships.

- Receive an attestation for completion of physical exam skills requirements, and pass COMLEX (Comprehensive Osteopathic Medical Licensing Examination) Level 2CE prior to graduation (ideally prior to submission of the resident Match Rank List).

Preceptor Responsibilities

- All PNWU-COM students and preceptors have access to the syllabi for core clerkship rotations and electives. All current [Student Clinical Rotation Syllabi](#) are located on the PNWU website. The preceptor should be aware of the educational responsibilities while understanding that it is the responsibility of the student to assure all objectives on the syllabus are met for each rotation.
- Assure the student knows to whom they report and how to reach that individual.
- Provide detailed expectations of the student such as time commitment, service duties, and dress code.
- Provide clear communication expectations including preferred method of communication (i.e., email, text, etc.).
- Be physically located in the facility where patient treatment is rendered.
- Supervise and authorize services provided by the student.
- Examine all patients seen by the student.
- Witness and supervise procedures when performed by the student.
- Assure that the documentation in the patient's medical record is appropriate and all student notes are signed or attested to by a preceptor.
- Provide mid-rotation feedback *
- Complete the end of rotation evaluation and review it with the student.
 - Preferably on the last day of the rotation and at the latest within 2 weeks of the end of the rotation to facilitate the student receiving a grade for the rotation.
- Notify PNWU authorities (Assistant Dean or Clinical Education team members) about any concerns related to student's performance and/or professionalism.

*PNWU utilizes E*Value as the electronic evaluation tool for preceptors, and preceptors will receive an email approximately five days prior to the end of the rotation with a link directly into E*Value (without need for login or password) and instructions on how to complete the evaluation of the student. The evaluation must be completed in a timely fashion (within 90 days/ 3 months). Please email rotations@pnwu.edu with any email address updates to ensure that an accurate email address is documented in E*Value.

Practice or Hospital Rotation Responsibilities

- Provide student orientation to the clinical facilities to help the student acclimate and understand policies and procedures, including but not limited to electronic medical record access, dress code, badge access, cafeteria, parking, etc.
- Maintain the confidentiality of student performance in compliance with the Federal Educational Rights and Privacy Act (FERPA).
- Provide the student feedback about 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.
- Direct the student to emergency care for acute student illness, injury, or occupational exposure occurring at the site. The site will not be responsible for the cost of the care.

Clinical Faculty Rank Assignment

Initial Appointment:

PNWU offers varying levels of academic standing for clinical preceptors according to participation in teaching, scholarly activity, and professional service. A record of competence in discharging these responsibilities contributes positively to a faculty member's evaluation when making appointments and promotion decisions.

Faculty appointment, reappointment, and promotion are a function of the respective college, school, program, or center to which the faculty has their primary appointment. The procedures and criteria established for appointment, reappointment, and promotion by each college, school, program, or center shall adhere to Federal and State requirements and associated accreditation standards and be in alignment with the PNWU bylaws and Faculty Credentialing Policy.

Faculty are appointed as necessary to meet the full range of academic needs of the University and may have appointments in programs other than their primary appointment.

Faculty initial rank is determined through the processes and within the criteria set by the respective college, school, program, or center seeking the appointment and in consultation with the academic officer (e.g., dean, program director).

Upon appointment, faculty are provided written information about their term of appointment; responsibilities; lines of communication; privileges and benefits; performance evaluation, reappointment, promotion, and remediation; terms of dismissal; and if relevant, practice earnings.

Reappointment:

Clinical Faculty appointments are for three (3) year terms. Renewal requests will be sent to the Clinical Faculty member at the completion of the term. Failure to complete the renewal request will result in termination of the appointment.

Promotion:

Clinical Faculty are eligible to request a rank promotion when they meet the criteria for the rank appointment. To request an evaluation for possible promotion, Clinical Faculty should send a Letter of Intent describing how they meet the criteria for the new rank and an updated CV to the Assistant Dean in their region. The request will be evaluated and if recommended, sent to the Dean for approval. Clinical Faculty will be notified of the decision. Please visit [COM Faculty Promotion Policy](#) for more information. Also see Appendix G Clinical Faculty Request for Promotion Checklist in this document.

Termination:

In the event a Clinical Faculty member becomes unable to fulfill the duties of Clinical Faculty/Preceptor, their rank appointment may be terminated. Clinical Faculty who have voluntarily terminated or been terminated from their Clinical Faculty appointment may not use the PNWU Rank Title. Inability to fulfill the duties of clinical faculty may include but are not limited to:

- Loss of or restrictions of the state medical license,
- Failure to comply with PNWU's Code of Conduct,
- Failure to comply with the relevant AOA/AMA Code of Conduct,
- Conflict of Interest,
- Faculty member moves from the service area.

Clinical Faculty must immediately disclose any license restrictions, loss of license, or limitation in privileges to the Clinical Education Department.

Faculty Development

Faculty development is the process where academic professionals engage in quality self-improvement and improving academic quality. Physicians are held to 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 curriculum and evaluation process of trainees. The [Faculty Development](#) program at PNWU-COM was designed by the Clinical Education Department to support both new and seasoned preceptors.

The [Clinical Faculty Development Handbook](#) describes activities designed to enhance teaching capabilities based on [Teaching Competencies for Community Preceptors](#). PNWU offers modules with CME (Continuing Medical Education) credit through [TeachingPhysician.org](#). Webinars through the [Preceptor's Lounge Program](#) are opportunities for preceptors to meet and discuss emerging topics and best practices. CME (Continuing Medical Education) is available for these scheduled events. Instructions for access and additional training modules can be found at www.pnwu.edu.

Preceptor Payments

Only Clinical Faculty members may receive stipend payment for rotations, and PNWU must have a W-9 on file to disburse payment. Only core rotations are eligible for stipend payment; elective rotations are not eligible for stipend payment. To be eligible to receive the preceptor stipend for core rotations, preceptors must complete and submit the student's post-rotation evaluation within 90 days of completing the rotation.

Clerkship Rotations

Most CORE rotations for clinical clerkships at PNWU-COM will be completed in the 3rd year at the assigned regional site.

Core Rotations include:

FM701 – Family Medicine (6 weeks)

IM701 – Internal Medicine (6 weeks)

OBGYN701 – Women's Health (6 weeks)

PEDS701 – Pediatrics (6 weeks)

BEHSC701 – Behavioral Health (4 weeks)

SURG701 – Surgery (6 weeks)

OPP701 – Osteopathic Manipulative Medicine (4 weeks)

PCC – Primary Care Core (6 weeks)

EM701 – Emergency Medicine (4 weeks) (may be completed in the 4th year)

Graduation Checklist – Class of 2024

**Pacific Northwest University of Health Sciences
College of Osteopathic Medicine
Rotation Graduation Requirement Checklist
Class of 2024**

Required Rotations

NEED TO BE DONE WITH CLINICAL FACULTY

If a rotation is not available at the assigned regional site, PNWU will place student in a rotation at **ANOTHER REGIONAL SITE**.

Elective Rotations

CAN BE DONE ANYWHERE – WITH PNWU APPROVAL

Use these electives as preview of residency programs and audition rotations.

Course #	Core Rotations	Credits	Done	Elective Rotations	Credits	Done
FM 701	Family Medicine	6		Elective – Internal Med • IM 704, IM 706, IM 708, IM 710, IM 711, IM 712, IM 713, IM 714, IM 715, IM 716, IM 717, IM 719, IM 801	4	
IM 701	Internal Medicine	6				
SURG 701	Surgery	6				
PED 701	Pediatrics	6				
OBGYN 701	Women's Health	6		Elective – Surgery • SURG 705, SURG 708, SURG 710, SURG 712, SURG 715, SURG 801	4	
BEHSC 701	Behavioral Medicine	4				
OPP 701	Osteopathic Principles & Practice	4				
EM 701	Emergency Medicine	4				
Primary Care Core rotation	BEHSC 705, EM 703, FM 702, IM 702, OPP 703, PED 702, OBGYN 702, SURG 702 (2 weeks only), SURG 713 (2 weeks only)	6		Elective - Unrestricted	28	
	Total credits/weeks	48		Total credits/weeks	36	

Rotation requirements include:

<input type="checkbox"/> All Faculty Evaluations of Student received and passing	<input type="checkbox"/> Student Evaluation of ALL Rotations
<input type="checkbox"/> Student Evaluation of ALL Preceptors	<input type="checkbox"/> Case Logs submitted for each rotation
<input type="checkbox"/> Passing all required COMATs for core rotations	

Other academic graduation requirements: Refer to Student Catalog and Student Handbook for most up-to-date graduation requirements

<input type="checkbox"/> Pass COMLEX-USA Level 1, 2CE	<input type="checkbox"/> CLIN 701 – Clinical Skills III (OSCE)
<input type="checkbox"/> Formal clinical presentation (recommend evaluation by Assistant Dean by end of third-year)	<input type="checkbox"/> Completion of Assistant Dean Reviews

Final 04/25/2022 L:\Enrollment Services\Student Records\Management\Graduation\2024

NOTE: Additional six weeks, called Primary Care Core (PCC), are assigned by the regional assistant dean and a decision is made in conjunction with the student to provide additional rotation experience in the specialties of choice. · The PCC can be any combination of Behavioral Medicine (BEHSC 705), Emergency Medicine (EM 703), Family Medicine (FM 702), Internal Medicine (IM 702), Osteopathic Principles & Practice (OPP 703), Pediatrics (PED 702), or Women's Health (OBGYN 702), Radiology (SURG 702), or Surgery (SURG 713)

- Each PCC must be at least two weeks in duration
- SURG 702 is a maximum of two weeks and SURG 713 is a maximum of two weeks
- PCC rotations must not exceed a total of six weeks
- Students are expected to log a minimum of 5 learning objectives per week while on the PCC rotation.

PCC Objectives are the same as the learning objectives for the core

- 2 weeks = 10 objectives
- 4 weeks = 20 objectives
- 6 weeks = 30 objectives

Graduation Checklist – Class of 2025

Pacific Northwest University of Health Sciences College of Osteopathic Medicine Rotation Graduation Requirement Checklist Class of 2025						
Required Rotations NEED TO BE DONE WITH CLINICAL FACULTY If a rotation is not available at the assigned regional site, PNWU will place student in a rotation at ANOTHER REGIONAL SITE .				Elective Rotations CAN BE DONE ANYWHERE – WITH PNWU APPROVAL Use these electives as preview of residency programs and audition rotations.		
Course #	Core Rotations	Credits	Done	Elective Rotations	Credits	Done
FM 701	Family Medicine	6		Elective – Internal Med • IM 704, IM 706, IM 708, IM 710, IM 711, IM 712, IM 713, IM 714, IM 715, IM 716, IM 717, IM 719, IM 801	4	
IM 701	Internal Medicine	6				
SURG 701	Surgery	6				
PED 701	Pediatrics	6				
OBGYN 701	Women's Health	6		Elective – Surgery • SURG 705, SURG 708, SURG 710, SURG 712, SURG 715, SURG 801	4	
BEHSC 701	Behavioral Medicine	4				
OPP 701	Osteopathic Principles & Practice	4				
EM 701	Emergency Medicine	4				
Primary Care Core rotation	BEHSC 705, EM 703, FM 702, IM 702, OPP 703, PED 702, OBGYN 702, SURG 702 (2 weeks only), SURG 713 (2 weeks only)	6		Elective - Unrestricted	24	
CLIN 704	Clinical Didactics	4				
Total credits/weeks		52		Total credits/weeks	32	
Rotation requirements include:						
<input type="checkbox"/> All Faculty Evaluations of Student received and passing				<input type="checkbox"/> Student Evaluation of ALL Rotations		
<input type="checkbox"/> Student Evaluation of ALL Preceptors				<input type="checkbox"/> Case Logs submitted for each rotation		
<input type="checkbox"/> Passing all required COMATs for core rotations						
Other academic graduation requirements: Refer to Student Catalog and Student Handbook for most up-to-date graduation requirements						
<input type="checkbox"/> Pass COMLEX-USA Level 1				<input type="checkbox"/> Pass COMLEX-USA Level 2CE		

Created 06/22/2023

COMAT Exams

Comprehensive Osteopathic Medical Achievement Tests (COMAT)

COMAT subject examinations must be taken at the end of the core rotation (except for PCCs (Primary Care Cores)). COMAT exams are provided online by the NBOME (National Board of Osteopathic Medical Examiners).

The following rotations require an end of rotation examination:

- Family Medicine
- Internal Medicine
- Pediatrics
- Surgery
- Obstetrics/Gynecology
- Osteopathic Principles & Practice
- Behavioral Medicine
- Emergency Medicine

PNWU-COM osteopathic medical students are expected to attend all patient-centered care opportunities during the entire rotation and are not granted days away from rotation to prepare for their rotation examination (COMAT). Students are expected to prepare for these examinations each day of the rotation through the direct patient care experiences supervised by the preceptors. They should use any other assignments, including the online modules provided by PNWU, to reinforce this learning experience when direct patient care is not available (evenings, weekends, or “downtime” during the day), but not as a substitute for patient encounters. Students shall not ask the preceptors for extra time away for study and preceptors are asked to continue to provide patient care opportunities for the students through the last day of the rotation.

NOTE: Exams are scheduled for the last Wednesday morning of the student’s rotation and students are expected to be available as scheduled. Any excused absence must be preapproved by the Assistant Dean. It is the expectation that the student will take the COMAT exam in the region that they are assigned to at the time.

Rotation Grading Process - End of Rotation Evaluations

Preceptor Evaluation of Student on Clinical Rotations

Should a learner be supervised by other physicians, residents on a service, or members of the healthcare team such as Advance Care Providers, it is the preceptor of record to whom the student is assigned who is responsible for evaluating the student’s performance. The preceptor should ask for and include feedback from other teaching participants in the final evaluation. Preceptor will be asked to add summative and formative comments to the evaluation. Summative comments are shared in the Medical Student Progress Evaluation (MSPE), which is included in residency applications (previously called Dean’s letter). The formative section allows the preceptor to provide constructive comments to help the student grow professionally. All comments about rotations, including comments from preceptors about student performance and comments from students about their experience on rotation, are reviewed by the PNWU Department of Clinical of Education, and both positive and negative feedback is addressed.

The post-rotation evaluation tool is based on the 13 Entrustable Professional Activities (EPAs). The EPAs are a list of clinical activities that all medical school graduates should be able to perform without direct supervision upon entering residency and describe observable, measurable units of work that integrate multiple competencies. See Appendix D.

Honors

Some preceptors never choose to give honors, while other preceptors want to give honors. There are required elements to be eligible for honors:

- Average evaluation score of 3.6
- Must-see case log and student evaluation of rotation and preceptor completed within 7 days of end of rotation
- Passing score on first COMAT attempt for core rotations

Preceptors:

- Should identify which actions or behaviors suggest a student is exceeding performance expectations for their current level of education.
- Preceptors should use the [RIME model](#) to determine what level the student is currently achieving and what the expected level of performance should be
- In assessing honors-level performance, consider the following:
 - How can students be involved and demonstrate some of the required evaluation skills on their rotation?
 - What are some of the pitfalls you see students encountering when trying to excel and achieve honors?

Students:

- Should demonstrate their desire to exceed their preceptor's expectations and "go the extra mile."
- Should ask for feedback about their performance and make appropriate changes to excel.

Student Evaluation of Preceptor & Rotation

The student will evaluate both the preceptor and the clinical rotation using the evaluation forms in E*Value. These evaluations will reflect the student's observations regarding the quality of training received on each rotation. Clinical Professors will receive a composite of the comments and feedback annually, when three or more students rotate with them during an academic year. (A minimum of three students maintains student confidentiality.) If less than three students are taught in an annual cycle, or if educator credentialed preceptors would like feedback, please request it by sending an email to rotations@pnwu.edu. See Appendix E.

Mid-rotation Evaluation

This informal mid-rotation evaluation provides an opportunity for students to learn what they are doing well, assess progress toward their self-identified goals, and determine where they need to improve before their final graded evaluation. Mid-rotation reviews are optional and highly encouraged. See Appendix F.

Providing Effective 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.

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. Provide mid-rotation review with the student
7. Balance of good and bad items of behavior
8. Limit the amount of information to what the student can use
9. Check for understanding

Policies and Student Information

Title IX and Non-Discrimination Policy

<https://www.pnwu.edu/title-ix/>

<https://www.pnwu.edu/about/policy-library/equal-opportunity-non-discrimination-and-harassment-policy/>

Clinical Faculty and preceptors are expected to abide by the PNWU Title IX and non-discrimination policies.

Clinical Faculty are integral to ensuring PNWU-COM students can train in an environment free from discrimination, harassment (including sexual harassment), and retaliation while on a clinical education rotation. It is the responsibility of the preceptor to take any allegations seriously and assist the PNWU-COM clinical education department in resolution of the concern. This may include reporting potential discrimination, harassment, or retaliation situations to the Title IX Coordinator. <https://www.pnwu.edu/title-ix/title-ix-report-form/>

Attendance Policies:

Attendance

1. Attendance is mandatory on **all** clinical rotations.
2. Students must notify the Assistant Dean/Regional Site Administrator and the preceptor **prior to any anticipated absence** and immediately for an absence due to illness or for unforeseen circumstances
3. All absences require permission from the preceptor and the Assistant Dean.
 - a. Students must provide clear reasons pertaining to the absence.
 - b. Students are required to make up missed work with their preceptor.
4. Any absence greater than two (2) consecutive days requires a Time Away Request submitted through E*Value.
 - a. If more than two (2) days are required for board examination the Assistant Dean has the authority to approve without a time away request.
5. Unexcused absences will result in failure of the clinical rotation.

Time Away from Rotation

Time away may be taken for vacation, interviews, conferences, board exam study, personal time, and when fourth-year students are unofficially done with rotations. Students will be allowed up to four weeks of time away in the third year. In the fourth year, the amount of time away is contingent upon meeting rotation graduation requirements. Time away is requested by the student through PNWU's electronic scheduling system, E*Value, and is done in consultation with the Regional Site Administrator (third year) or Regional Clerkship Administrator (fourth year). Travel arrangements should not be secured until approval is given by PNWU, including appropriate regional staff.

Attendance Policy for Professional Conferences

Attendance at AOA-sponsored national meetings, osteopathic divisional society meetings, and AOA/osteopathic specialty meetings is permitted with prior approval. If the conference is two days or less, no formal time away is required and should be arranged between the preceptor, Assistant Dean, and the student. If a student wishes to attend a conference for longer than two days, the student must follow PNWU's process for requesting time away at least 30 days prior to the conference. Once the request has been processed, the student will be notified if it is approved or denied and is expected to notify the preceptor of PNWU's decision.

Holiday/Leave of Absence/Inclement Weather Policies:

Leave of Absence (LOA)

A student may need to request a leave of absence due to medical, emergency situations, or military deployment. Students should provide 30 days' advanced notice of a leave unless there are extenuating circumstances.

Holidays

Holidays are at the discretion of the preceptor, hospital, or clinic facility where the student is rotating. There are NO designated holidays approved by PNWU during clinical rotations.

Inclement Weather

The PNWU-COM Inclement Weather policy does not apply to students participating in clerkship rotations. Students are to follow the instructions of their current preceptor and regional PNWU personnel.

Didactics

All third- and fourth-year students will attend didactics. Didactic sessions are held every Wednesday afternoon and attendance is monitored; students are excused from rotations to attend. Students are provided with the didactic schedule and topics to be covered. The Regional Site Administrator also notifies preceptors of the didactics schedule.

PNWU Policy on Diversity, Equity, and Inclusion

The PNWU Office of Diversity, Equity and Inclusion was created in 2021 for the purpose of expressing our commitment to inclusion excellence. The DEI mission statement is as follows:

Pacific Northwest University of Health Sciences **intentionally commits** to educating, encouraging, empowering, and advocating for a diverse, equitable, and inclusive community. We will endeavor to implement policies, **remove barriers**, share resources, and **practice restorative justice** that enhances recruitment, retention, and success for students, faculty, staff, and the community.

Inclusion excellence is a term which encompasses the diverse identities and gifts of our students, faculty, staff, and administrators. An equity-minded health sciences institution is a place where differences are welcomed, providing a place where each person can develop her, his, their full potential, and where **“no one** is disadvantaged from achieving this potential because of social position or group identity, or other socially determined circumstances.” This is accomplished with intentional inclusion of mind, heart, and spirit.

PNWU embraces these nine principles which lead to inclusion excellence:

1. There is demonstrated commitment to diversity
2. Intersectionality and authenticity are recognized, valued, and embraced
3. Employees and learners are part of the fundamental fabric of the organizational community
4. Talent optimization is practiced, and differences are recognized, leveraged, and rewarded
5. There is equitable access to opportunities
6. Transparent, effective communication and information sharing are the norm
7. There is demonstrated culture of inclusion in alignment with the organization’s vision, mission, and values
8. There is demonstrated commitment to community engagement
9. Shared accountability and responsibility for the diversity and inclusion efforts are the expectation

Student Clerkship Work Hours

Minimum Attendance/Training Hours

The schedule for a clinical rotation will be determined by the preceptor and should not exceed 80 contact hours in a week. It is expected that students are in a period of training that parallels the schedule of their preceptor. Therefore, students may be required to be on shifts with their preceptor that may include evenings and weekends. Rotations officially begin on a Monday and end on the last Sunday of the rotation. Students should not ask for or be allowed additional time away from clinical experiences while on rotation to study for exams.

General Guidelines

1. A shift may vary in length.
2. A workweek must not exceed a maximum of 80 hours.
3. Some rotations may include weekday hours while others may involve evenings, weekends, and call.
4. The maximum duration of a workday is 36 hours and should be followed by a minimum of 12 hours off duty.
5. The workday does not end until the preceptor releases the student from clinical duties.

Night calls are encouraged. Students may be required to be available evenings and weekends at the discretion of their preceptor. Students should not be required to take a call more than every third night and should be given an average of one day off in seven (7) during a rotation.

Students shall not work unsupervised. If a preceptor is out of the office for more than two days, the student should be either assigned to a substitute preceptor or given an assignment. If this is not an option, the student is required to contact the Assistant Dean. The Assistant Dean will assign the student other clinical duties or assignments until the preceptor returns.

Report for Rotation

It is the responsibility of each student to be present at the commencement of each rotation. If orientation is required at a clinical rotation site, the student shall participate and follow the protocols established by that rotation.

End of Service

The student is not allowed to leave the designated clinical rotation prior to the scheduled departure date without approval of the preceptor and the Assistant Dean. Departures prior to the scheduled departure date without prior consent will be considered an unexcused absence. The COMAT exam may be held before the end of service date; completion of COMAT does not signify completion of rotation. Preceptors should review the student's overall performance with students and consider completing the post-rotation evaluation on the last day of the student's rotation.

NOTE: The student should be prepared to remain on their rotation through Sunday. If a preceptor requires the student to be available on the weekend, the student must comply. The student does not dictate weekends off or the need to have the last weekend off to move to the next rotation. The end of the day occurs when the preceptor releases the student from the rotation. A preceptor will often stay after business hours to catch up, teach the student, or do other duties that were not complete during the day. All these activities are part of the rotation.

Concerns about Student Performance

Concerns Regarding Student Progress, Academic, or Professional Performance

If there is a concern about a student's progress, academic or professional performance, the Assistant Dean should be contacted by the concerned party. If performance concerns are impacting clinical workflow or student progress in any way, please do not wait until the end-of-rotation evaluation to address them. Addressing issues as soon as they arise permits opportunities to course correct and improve, but if infractions are serious or if you do not feel equipped to address them in your environment, please contact PNWU immediately. If the Assistant Dean is not available, the Associate Dean for Clinical Education at PNWU should be contacted. All reports will be thoroughly investigated by PNWU, and appropriate action taken. Examples of concerns may include, but are not limited to:

- Poor communication skills, inappropriate communication methods as defined by the preceptor

- Deficient clinical skills
- Poor academic performance
- Unexcused absenteeism
- Medical or psychological illness
- Suspected substance abuse
- Suspected illegal behavior
- Suspected physical, sexual, or emotional abuse
- Issues with ancillary support staff
- Failure to complete rotation requirements
- Poor professionalism

PNWU-COM will address any reported concerns and take appropriate action in accordance with the student handbook and PNWU policies.

Professionalism

Professionalism and trust are the basis of medicine's contract with society. This contract includes placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health. The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. A set of professional responsibilities includes, but is not limited to a commitment to:

- Clinical competence
- Honesty with patients
- Patient confidentiality
- Maintaining appropriate relations with patients
- Improving quality of and access to care
- A just distribution of finite resources
- Scientific knowledge
- Maintaining trust by managing conflicts of interest
- Records maintenance, such as logging information into E*Value/Portfolio, etc.
- Timely and courteous response to staff emails and phone calls
- Professional appearance
- Professional communication with staff and physicians

As members of a profession, physicians should be respectful of one another and participate in the processes of self-regulation, including remediation and discipline of members who have failed to meet professional standards. The profession should also define and organize the educational and standard setting process for current and future members. Physicians have both individual and collective obligations to participate in these processes. These obligations include engaging in internal assessment and accepting external scrutiny of all aspects of professional performance.

Professionalism is a key component of distinction for students as they are evaluated for residency positions. Some suggested phrases and words that residency directors may find helpful when evaluating summative post-rotation evaluation comments regarding student's professional behaviors can be found in Appendix H.

Professionalism Emphasis for Clinical Education

Students must show professionalism in all actions during rotations and outside activities.

Professionalism includes but is not limited to:

- Maintain professional appearance consistent with expectations of the rotation site, wear appropriate ID and lab coat displaying PNWU logo.
- Be punctual and arrive before the start of clinical responsibilities – responsive, prompt, and available when called upon.
- Maintain educational records and complete required paperwork and assignments.
- Be motivated to learn – be self-initiated, flexible, and able to adapt.
- Demonstrate a cooperative attitude and be receptive to feedback.
- Respect and observe the organization's policies and guidelines.
- Observe patient confidentiality policies – follow HIPAA (Health Insurance Portability & Accountability Act) policies.
- Communicate orally and in writing in a concise, clear, and organized manner.
- Maintain appropriate and ethical boundaries with patients and members of the healthcare team.
- Treat all staff and patients with respect and courtesy.
- Engage in self-learning – set appropriate priorities and complete tasks.
- Demonstrate consistent effort and professional growth during the rotation.
- Be receptive to feedback from all members of the clinical team including nursing staff and administrators

Examples of student conduct, which violate professional standards and may lead to disciplinary action by the University include but are not limited to:

- Intentionally interfering with classes, research, administration, patient care, movement of other people, or any school function.
- Showing a lack of respect towards other students, patients, faculty, staff, administration, or other school personnel. Lack of respect includes sending disrespectful emails, text messages or placing derogatory comments on a physician preceptor web page.
- Failure to complete assignments, attend required classes, shadowing, or rotations.
- Failure to resolve conflicts in a reasonable manner or disrespecting diversity.
- Being mentally or constitutionally unable to follow the directions provided by faculty, staff, administration, or other school personnel.
- Academic dishonesty, including cheating, plagiarism, attempting to pass examinations by improper means, assisting another student in such an act, or simply tolerating it in others.
- Intentionally providing false information to the school or officers of the school, altering records, or refusing to comply with the directions of school officials.

- Intentional damage or theft of any school property or property of any school employee, fellow students, or visitor.
- Practicing or appearing to practice medicine without a license (such as engaging in clinical activity without the direct supervision of a licensed physician) or accepting any form of reimbursement, payment, or gift for performance of clinical duties.
- Sexual or physical harassment of any other student, employee, or visitor to the school.
- The use, distribution, sale, or possession of illicit drugs or non-prescribed substances.
- Any action in violation of local, state, or federal law or being indicted by a local, state, or federal court system for a felony.
- Any action in violation of PNWU policy, including the student honor code. The PNWU student honor code can be found on our [Student Ethics Board](#) page.

Student/Patient/Faculty/Preceptor Relationships

The relationship between a student and faculty/preceptor or patients must always be kept on a professional basis.

A student may not date or become intimately involved with faculty/preceptor or a patient. Concerns involving these issues should begin with contacting Student Affairs at studentaffairs@pnwu.edu or 509-249-7724 or Human Resources at HR@pnwu.edu or 509-452-5100.

Clinical Faculty may not be a preceptor for a medical student who is a personal patient. A student's relative may not act as primary preceptor of record for a rotation.

Guides for Appropriate Dress on Rotations

Students on clinical rotations are expected to use good judgment and if there is a question as to the appropriateness of dress, the student should ask the preceptor.

Short white lab coats with PNWU logo and any required badge are expected to be worn unless specifically instructed otherwise by the hospital or preceptor. Alterations in this dress code are subject to the discretion of individual physicians/institutions/facility.

PNWU-COM Resources for Student Health and Wellness

Counseling

Confidential on-campus and off-campus counseling services are available to students through Student Affairs. PNWU has providers who can meet with students on- or off-campus. Information for students about accessing these services is on our [Counseling Services](#) web page.

Needle Stick/Exposure Policy

BBP/HIV/AIDS EXPOSURE: All students with medical education-related BBP/HIV/AIDS exposure through another person's blood or body fluids—by injury caused by a sharp object or exposure to mucous membranes/skin—will take the following steps immediately:

- a. PERFORM BASIC FIRST AID: IMMEDIATELY clean the wound and skin with soap and running water. Flush any mucous membranes or eyes with copious amounts of water or normal saline for several minutes. Blood should be allowed to flow freely from the wound. Blood should not be squeezed or “milked” from the wound.
- b. IMMEDIATELY NOTIFY the preceptor or instructor. Any PNWU students with medical education related BBP/HIV/AIDS exposure will be immediately released from his/her preceptorship/rotation or course to go to the nearest hospital Emergency Room (ER).
- c. If on rotations NOTIFY, the PNWU regional personnel of the incident.
- d. The goals of the student reporting to the ER for BBP/HIV/AIDS exposure are:
 - 1) To help the student assess whether the exposure is low or high risk using the most current CDC&P guidelines.
 - 2) To start post-exposure prophylactic medication within two hours if the incident is a high risk. High-risk exposure is typically defined as significant blood or bodily fluid exposure of a source person with any of the following: known HIV/AIDS and/or symptoms of AIDS, multiple blood transfusions 1978-1985, IV drug user, multiple sexual partners, or homosexual activity.
 - 3) Counseling the student on medication side effects and clarifying the benefit/risk ratio of their use.
 - 4) Check baseline labs: HIV/AIDS antibody testing, complete blood count, renal and hepatic chemistry profile, and hepatitis evaluation.
- e. After initial evaluation by emergency services, the Student Health Nurse shall be a point of contact for workplace bloodborne pathogen exposures that may arise during clinical rotations.
- f. The student shall report for follow-up to their primary care provider or local healthcare provider who should be responsible for:
 - 1) Ensuring HIV/AIDS antibody testing is done at 6 weeks, 12 weeks, and 6 months and results checked.
 - 2) Writing prescriptions for the 4-week drug regimen if needed.
 - 3) Monitoring and managing potential side effects and drug toxicities as needed.
- g. The student is responsible for any costs incurred by these procedures and should ensure that their medical insurance provides coverage for such situations. If students need additional financial support to pay for medical treatment related to a bloodborne pathogen exposure, students should be directed to their Assistant Dean for more guidance. Financial support for these situations is available through PNWU.

COVID Related Student Health

1. Students are expected to follow the institutional policies as outlined for each specific health care delivery institution where they are rotating. Preceptors are responsible for sharing guidelines for their clinical environment with students at the beginning of their rotation.
2. For students with symptoms or who test positive for the disease please see [PNWU Exposure Controls/Quarantine Protocols](#).
3. For students who have experienced occupational exposure and who are asymptomatic, guidelines specific to that clinical setting or region for surveillance (e.g., Local symptom tracking) will apply.
4. Covid vaccine is mandatory for students unless they have been approved by student affairs for an accommodation to be exempt. Vaccine exemption from PNWU does not supersede any requirements of the rotation facility.

Student Drug Testing Policy

PNWU reserves the right to require drug screens of students at any time it so chooses. In compliance with this requirement, PNWU requires that all students agree to undergo a drug screen whenever it is requested of them. For further information about drug screen policy, contact the local Assistant Dean or site administrator.

Family Educational Rights and Privacy Act of 1974

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law governing access to student education records. FERPA stipulates conditions for the release of information from education records and affords students the opportunity to review and seek revision of those records. Pacific Northwest University of Health Sciences (PNWU) accords all the rights provided by the law and reserves for itself the right to use and release student education records under the conditions specified by the law.

Malpractice Insurance Coverage & Certificate

PNWU Provided Insurance

PNWU students are covered with liability insurance only if the students are participating in an officially approved clinical experience or rotation. If a student is aware of a potential legal liability situation, the Associate Dean for Student Affairs or designee must be notified immediately. Progression of any legal liability action is to be detailed in writing by the student and regularly sent to the Associate Dean for Student Affairs or designee.

Appendices

A. General Teaching Tips

Precepting Students in a Busy Practice

- Preceptors are busy physicians with their own practices, and many are on production models.
- Students can be utilized in health care delivery so the physician can keep on task.
- EMR (Electronic Medical Record) training – Students can document a full patient encounter with the physician repeating but not re-documenting the physical exam and medical decision-making components. Physicians will need to review student's notes and write their own verification note.
- Students can supply and discuss patient education.
- Students may keep you engaged.
- Being a professor raises your esteem in the eyes of your patients and colleagues.
- Teaching energizes and reminds you of why you went into medicine.
- Patients appreciate the extra time students spend with them, leading to a rise in patient satisfaction scores.
- Students sometimes remember the “zebras”, those less likely diagnoses that are not often encountered.
- PNWU preceptors have access to research assistance through the PNWU Office of scholarly Activity. Visit our [Office of Scholarly Activity](#) page for more information.
- By teaching you are preparing the next generation to care for the rural and underserved communities of the Pacific Northwest and assure that these communities will continue to have access to highly qualified physicians.
- Have students spend extended time with your patients who like to talk.
- Third year osteopathic students are skilled in osteopathic manipulation – many patients appreciate appropriate OMT (Osteopathic Manipulative Treatment).
- Students can help meet clinic metrics.

B. How to Train Students Without Getting Behind

The secret is putting the student to work while you stay on task. Use the Wave Scheduling Model to let students help you get ahead in your office setting.

Physician	3 rd Year Student	Physician	4 th year Student
9:00 Patient 2	Patient 1	9:00 Patient 2	Patient 1
9:15 Patient 3		9:15 Patient 3	
9:30 Patient 4		9:30 Finish 1	
9:45 Finish 1		9:45 Patient 5	Patient 4
10:00 Patient 6	Patient 5	10:00 Patient 6	
10:15 Patient 7		10:15 Finish 4	
10:30 Patient 8		10:30 Patient 8	Patient 7
10:45 Finish 5		10:45 Patient 9	
Preceptor stays on time`		Preceptor gets ahead	

C. Educator Credentialed Precepting Guide



EDUCATOR CREDENTIALLED PRECEPTING GUIDE

PREPARING YOUR ENVIRONMENT

Establish a teaching-friendly environment

- Orient site and students, plan a space
- Have MA/nurse get patient consent at intake

Establish a teaching-friendly schedule

- Double book first visit, block off last visit
- Block 15 minutes morning/afternoon to deliver feedback
- Book one complex patient (student's) with several simple ones (yours)
- Use the "Wave Model" of scheduling

Model "Wave" Schedule for Ambulatory Care Teaching Sites

8:00 AM to 8:20 AM	Student sees patient 1, while preceptor sees patient 2.
8:20 AM to 8:40 AM	Patient 1 seen by student and preceptor together.
8:40 AM to 9:00 AM	Student charts on patient 1, while preceptor sees patient 3.
9:00 AM to 9:20 AM	Student sees patient 4, while preceptor sees patient 5.
9:20 AM to 9:40 AM	Patient 4 seen by student and preceptor together.
[Wave-scheduling pattern would be continued throughout the day.]	

(Ferenchick Gary, et al. "Strategies for efficient and effective teaching in the ambulatory care setting." *Academic Medicine* 72.4 (1997): 277-280)

Create learning opportunities

- Understand your learner's current level
- Discuss goals (yours and theirs) at regular intervals

STUDENTS AS HELPERS IN HEALTHCARE DELIVERY

Involve your learner

- Enlist staff's help, let students help with administrative tasks
- Develop a panel of "teaching patients"
- Let learners educate your patients (and you)

Students' EHR documentation

- Students may document a full patient encounter independently

- Preceptors must conduct independent physical exams and participate in medical decision making
- Preceptors can verify student note then attest to validity and their participation

STUDENT ASSESSMENT AND GIVING FEEDBACK

Entrustable Professional Activities

- Describe measurable, objective and observable activities designed to be performed without direct supervision on the first day of internship
- Form the framework for the post-rotation evaluation completed at the end of the clinical experience

RIME Model of Learner Assessment

- Helps preceptor determine if learner is performing at their expected level
- Reporter: usually understands "what", can report back the situation and context, generally describes early medical students
- Interpreter: usually understands "why", can develop ideas and plans about the condition and the patient, generally describes later medical students
- Manager: understands how of addressing a problem, can initiate treatment strategies, generally describes early residents
- Educator: implies an expert knowledge, and commitment to education of both self and the team, generally describes senior residents

Ask-Tell-Ask for Feedback

- A framework for developing feedback for learners
- ASK the student how the experience went, TELL the student what you think about what they've described, then ASK what can be improved upon for next time

WHERE TO GO FOR ASSISTANCE

- PNWU Regional Assistant Dean or Regional Site Administrator
- Email questions to Rotations@pnwu.edu
- [Clinical Faculty Development Handbook](#)

D. Sample Faculty Evaluation of Student



Pacific Northwest
University of Health Sciences

College of
Osteopathic Medicine
200 University Parkway
Yakima, WA 98901
509.452.5100
f 509.249.7990
rotations@PNWU.edu

Faculty Evaluation of Student

Student: _____ Dates: _____ to _____

Preceptor (First Last, Degree): _____

Preceptor Email: _____

Rotation Name, Institution, and City: _____

PLEASE FAX COMPLETED FORM TO 509-249-7990 or SCAN and email to rotations@pnwu.edu

To complete this evaluation online, please email rotations@pnwu.edu to be set up to submit evaluations directly in eValue.

Summative Comments:

Overall performance during rotation –
Comments for use in the Dean's
MSPE/sent to residency programs.

(See page 3 for sample language)

Formative Comments:

Areas for improvement and growth –
Not for use in the Dean's MSPE – if
there is a pattern across clerkships,
the pattern may be addressed by the
Dean in the MSPE but will not include
specific evaluator comments.

Instructions for completing the following section: Please rate the level of competence for the named student for the listed *Entrustable Professional Activities (EPAs)*. Students should be rated relative to other students in the same training year. *The target for medical student training is to attain a competency level 3 or "meets expectations" for general activities.*

If the student receives a *Exceeds Expectations* (4) for any activity, the evaluator must provide additional explanation in the *Summative Comments* section. If the student receives a *Significant Deficits* (1) for any activity, the evaluator must provide additional explanation in the *Formative Comments* section above. *An average assessment score of 3.6 qualifies students for consideration for honors.*

The **RIME model** provides a basic framework for assessing the learner by describing the stages of performance according to general activities undertaken by learners at specific levels.

- **Reporter:** usually understands the "what" and can report back the situation and context, applies to early medical students (approximately MS 3)
- **Interpreter:** usually understands the "why" and can develop ideas and plans about the condition and the patient, applies to later medical students (approximately MS 4)
- **Manager:** understands the "how" of addressing a problem and can initiate treatment strategies, applies to early residents (approximately intern level)
- **Educator:** implies an expert knowledge, and commitment to education of both self and the team, applies to more senior residents

Activities	Not Observed (0)	Significant Deficits (1)	Needs Improvement (2)	Meets Expectations (3)	Exceeds Expectations (4)
Performs a thorough patient-centered medical history and physical examination to develop a clinically-sound differential diagnosis and recommend appropriate treatment plans, including osteopathic considerations where appropriate. (EPA 1, 2, 3, 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes evidence-based resources to develop an appropriate differential diagnosis, recommend screening tests and treatment plans, including osteopathic considerations where appropriate. (EPA 3, 5, 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies patients requiring urgent or emergent care and initiates appropriate evaluation and management. (EPA 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately consents patients for tests/procedures, to include discussion of risks, benefits and alternatives. (EPA 11,12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays competency when performing procedures, to include osteopathic manipulative therapy where appropriate. (EPA 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-aware and acknowledges self-limitations, acting in a manner that solicits appropriate oversight to ensure patient safety. (EPA 11, 13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: Arrives to duties on-time, dressed appropriately and prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents clinical encounters and completes orders and prescriptions in an accurate and timely manner utilizing appropriate preceptor oversight. (EPA 4, 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes the transition of care utilizing a collaborative team-based approach. (EPA 8, 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively and respectfully with preceptors, patients and the greater medical team. (EPA 6, 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my opinion, the student successfully completed the expectations for this rotation as outlined in the syllabus: Yes <input type="checkbox"/> No <input type="checkbox"/>			Was this rotation <i>entirely</i> online/virtual? Yes <input type="checkbox"/> No <input type="checkbox"/>		

My signature is my symbol and intent of authentication where I willingly signed, understood, and adopted this document:

EPA Frequently Asked Questions

What are the EPAs and how do they relate to undergraduate medical education? The 13 Entrustable Professional Activities (EPAs) for Entering Residency were first developed by the American Association of Medical Colleges (AAMC) in 2014 and further extended in the same year by the American Association of Colleges of Osteopathic Medicine (AACOM) to include osteopathic considerations and perspectives. The EPAs are a list of clinical activities that all medical school graduates should be able to perform independently upon entering residency, describing observable, measurable units of work that integrate multiple competencies.

Why did PNWU transition to this format for post-rotation evaluations? The previously utilized competency-based post-rotation evaluation tool was recognized to be cumbersome to complete, vague in its assessments of strengths and weaknesses, and did not provide enough objective information for students to develop actionable areas for targeted improvements. Goals for changing the evaluation process from competency-based to EPA-based included: Improving students' performance and better prepare them for residency; Delivering objective information about performance to students and potential residency directors; Making the evaluation easier for preceptors to complete.

Professionalism: suggested comments and helpful words

PRO Statement Examples: Team-builder, Mindful, Teachable, Adaptable, Prompt

CON Statement Examples: Misrepresents, Defensive, Inappropriate, Disrespectful, Unaware

Some selected PRO statements to consider:

- Demonstrates honesty, integrity, empathy and respect to patients and team members
- Presents self in respectful manner
- Recognizes conflicting personal and professional values exist and working to harmonize physician well-being with patient care
- Maintains work-life integration through principles of physician wellness
- Self-regulates in stressful situations
- Engages in self-initiated pursuit of excellence
- Accepts and gives constructive feedback
- Completes all clinical and administrative tasks in timely manner
- Identifies and engages in conflict and its resolution while involving appropriate parties
- Displays attitudes of acceptance of diverse individuals
- Incorporates patient's culture, values and beliefs into patient care plans
- Protects patient confidentiality
- Contributes to an atmosphere conducive to learning
- Dresses in an appropriate fashion
- Resolves conflicts in a manner that respects the dignity of every person involved
- Uses professional language and is mindful of the environment
- Respects diversity

Some selected CON statements to consider:

- Unmet Professional Responsibility: unable to adequately perform the essential tasks of a medical student in a timely fashion or without repeated reminders; cannot communicate effectively; cannot be relied upon to be present and prepared for work
- Lack of effort towards self-improvement and adaptability: defensive to criticism; resistant to changes based on feedback; unable to assume accountability for errors; arrogant
- Diminished relationships: inappropriate behavior with staff; patients, colleagues, families, lacking empathy or unable to establish appropriate rapport; difficulty functioning within a healthcare team

E. Sample Student Evaluations of Faculty and Rotation

Pacific Northwest University of Health Sciences
College of Osteopathic Medicine
Student Evaluation of Faculty

Comments are required for ratings of "Strongly Disagree"

(Question 1 of 10 - Mandatory)

Patient Care - This Attending...	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Insufficiently Able to Judge
Balances teaching medical students and seeing patients in a timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages me to form a differential diagnosis and treatment plan on my patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is open to patient behavioral/psychosocial needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treats patients with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates care and respect for patients' families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 2 of 10 - Mandatory)

Medical Knowledge - This Attending...	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Insufficiently Able to Judge
Is up-to-date on current literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is a good role model as a teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is a good role model as a clinician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 3 of 10 - Mandatory)

Practice-Based Learning and Improvement - This Attending...	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Insufficiently Able to Judge
Uses bedside teaching to demonstrate medical and interviewing and exam skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulates me to read, research and review pertinent topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is active in his/her role and enjoys teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 4 of 10 - Mandatory)

Interpersonal and Communication Skills - This Attending...	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Insufficiently Able to Judge
Provides feedback in a constructive and timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listens to and values my opinion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treats me with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 5 of 10 - Mandatory)

Systems-Based Practice - This Attending...	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Insufficiently Able to Judge
Encourages a cost conscious approach to patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishes rapport with students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows respect for physicians in other specialties and for other health care professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 6 of 10 - Mandatory)

OPP/OMT - This Attending...	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Insufficiently Able to Judge
Is open to the application of OPP/OMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotes and encourages the practice of OPP/OMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any strengths of this preceptor *(Question 7 of 10)*

Please list any areas for improvement for this preceptor *(Question 8 of 10)*

PNWU is interested in knowing which physicians you worked or came in contact with during your rotation, in addition to your primary preceptors, who enjoy teaching students. Please list them here. *(Question 9 of 10)*

Pacific Northwest University of Health Sciences
College of Osteopathic Medicine
Student Evaluation of Rotation

(Question 1 of 15 - Mandatory)

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	There were no suggested readings
Suggested readings for this rotation were valuable for my education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 2 of 15) – comments on suggested readings

(Question 3 of 15 - Mandatory)

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
There was ample opportunity to learn clinical procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 4 of 15) – comments on opportunity to learn clinical procedures

(Question 5 of 15 - Mandatory)

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
I was given significant patient management responsibilities on this rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 6 of 15) – comments on being given significant patient management responsibilities during this rotation

(Question 7 of 15 - Mandatory)

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
I had a clear understanding of what was expected of me during this rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 8 of 15) – comments on your understanding of what was expected of you during this rotation

(Question 9 of 15 - Mandatory)

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
I received adequate support services (such as access to food services, patient support services, lab, pathology, radiological services). If services were lacking, provide details in comments box	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 10 of 15) – comments on receiving adequate support services

(Question 11 of 15 - Mandatory)

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
Overall, this was a quality rotation which provided the expected level of education experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 12 of 15) – comments on the overall quality of this rotation

(Question 13 of 15) – Please discuss any preparations or advance arrangements not discussed or covered by the rotation coordinator, if any, which must be made prior to requesting/beginning this rotation

(Question 14 of 15) – Further Comments

(Question 15 of 15) – Please share any information about this rotation that other students may consider valuable (i.e. good audition rotation)

F. Sample Mid-Rotation Review



College of
Osteopathic Medicine
200 University Parkway
Yakima, WA 98901

509.452.5100
f 509.249.7990
rotations@PNWU.edu

Mid-Rotation Review

This form should be completed halfway through any core rotation. The student is responsible for printing the form, finding a time that works for the preceptor, and asking the questions as they appear below. The student should then complete the form based on the preceptor's input.

This form is optional, and while NOT part of the student's final grade, serves as a useful feedback tool for the student. Upon completion, the preceptor and student should sign the form and the student will keep the form for future reference.

Student _____ Preceptor _____

Rotation Name and Site: _____

What am I doing well?	
What can I improve?	

Activities	N/A	Significant Deficits	Needs Improvement	Meets Expectations	Exceeds Expectations
Performs a thorough patient-centered medical history and physical examination to develop a clinically-sound differential diagnosis and recommend appropriate treatment plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes evidence-based resources to develop an appropriate differential diagnosis, recommend screening tests, and treatment plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies patients requiring urgent or emergent care and initiates appropriate evaluation and management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately consents patients for tests/procedures, to include discussion of risks, benefits, and alternatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays competency when performing procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-aware and acknowledges self-limitations, acting in a manner that solicits appropriate oversight to ensure patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: Arrives to duties on-time, dressed appropriately and prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents clinical encounters and completes orders/Rx in an accurate and timely manner utilizing appropriate preceptor oversight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes the transition of care utilizing a collaborative team-based approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively and respectfully with preceptors, patients, and the greater medical team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Clinical Faculty Request for Promotion



PNWU Clinical Faculty Document Submission Request for Promotion

For full policy, please refer to the PNWU Clinical Preceptor Guide

https://www.pnwu.edu/download_file/view/2667/254

Submission deadline: August 15 (for July 1 appointment)

REQUIRED DOCUMENTATION Please arrange packet/binder contents in the order below.

- ☐ Letter of intent summarizing how the candidate meets the promotion criteria
- ☐ Letter of recommendation from Regional Dean
- ☐ Complete curriculum vitae which includes:
 - ☐ Demographic/Employment Information
 - ☐ CV/Resume – General Information
 - ☐ Professional Development
 - ☐ Teaching
 - ☐ Scholarly Activity
 - ☐ Service

Please send documents to the Clinical Education Office:

111 University Parkway, Suite 201
Yakima, WA 98901
Fax: (509) 249-7990
Email: rotations@pnwu.edu

To be completed by PNWU-COM Clinical Education Department

- ☐ Rank at time of initial appointment: _____
- ☐ Length of appointment: _____
- ☐ Rotation evaluations attached

For additional information, feel free to view the PNWU Clinical Education website
<https://www.pnwu.edu/academics/college-of-osteopathic-medicine/clinical-education/>