



Touro University Nevada
College of Osteopathic Medicine

TUNCOM
Clinical Preceptor Guide

Department of Clinical Education

ACADEMIC YEAR
2021-2022

3rd Year DO Class of 2023
4th Year DO Class of 2022

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INTRODUCTION

Clinical Education – MISSION

Clinical Education is a center for excellence in all aspects of osteopathic clinical education. The department passionately supports TUNCOM students and our preceptors with a focus on service and quality education through developing and maintaining professional partnerships in an ever-changing environment.

Clinical Education

Throughout the University's history, strong and valued partnerships have been established with highly regarded physicians, clinics, and hospital systems across the nation.

All clerkships are supported by a presentation-based curriculum, which continues the students' foundation built during the systems-based curriculum offered during the first two years of training at TUNCOM.

TUNCOM MAY MODIFY / CHANGE THIS DOCUMENT AT ANY TIME

CONTACT INFORMATION

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FACULTY

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Responsible for scheduling and coordinating all subject examinations, as well as student clerkship evaluations

Learning and Working Environment Principles

Clinical education should be learner-focused, fostering the acquisition of excellent clinical skills and encouraging individual well-being. Clinical education should be patient-centered, promoting best principles of compassionate care, diagnostic reasoning, clinical examination, patient safety, evidence-based care, and cost-effectiveness. Within the limits of duty hours, clinical education should involve as much direct patient care as possible, to ensure that learners understand the disease course, with a focus on continuity of patient care experiences and bedside teaching. Direct patient care experiences should be emphasized and maximized. This principle should guide the balance between direct patient care and didactic and other enriching educational experiences that provide perspective and skills for understanding seminal issues in patient care. Accomplishment of the core clinical objectives should be reasonable within the designated time frame of the rotation. Rotations must ensure that qualified (certified in needed application) residents' staff and faculty provide appropriate supervision of medical students.

What Should I Do and What Can / Should My Student Do?

Our students rotate through a variety of clinical sites and have the challenge of being new to their learning environment on multiple occasions throughout their two years of clinical education. Your assistance in helping them, as quickly as possible, get acquainted with facilities, regulations, faculty and personnel is greatly appreciated. Some general expectations of your site can be found below. Please contact us if any of these pose difficulties for you. Clinical sites, in coordination with TUNCOM will define the degree of student involvement in their own institutions. While students are given general guidelines in terms of activities, professional behavior and requirements, it is understood that they must comply with the expectations and requirements related to patient care as established by the clinical site and that this supersedes, in most cases, any guidance from Touro University.

Sample Timeline of a Clinical Clerkship

On the first day

1. Student introduction/orientation
2. Clerkship expectations & objectives
3. Model clinical skills: student observation (one day to one week)

Middle of clerkship

1. Mid-clerkship feedback and evaluation
2. Student should be expected to obtain initial evaluation of patient independently

At the end of the clerkship

1. Student is expected to meet clinical objectives and be able to perform clinical skills.
2. Verbal feedback is given to the student prior to the review of the formal evaluation.
3. Evaluation is filled out during last week of student rotation and reviewed with student. (a copy of evaluation should be given to the student) guidelines in terms of activities, professional behavior and requirements, it is understood that they must

comply with the expectations and requirements related to patient care as established by the clinical site and that this supersedes, in most cases, any guidance from Touro University.

Physical Examinations of Patients

During clinical clerkships, students are routinely required to see and examine patients. It is necessary that all examinations of patients be appropriately structured, supervised, and consented in the interests of all parties, including the patient, student and attending physician. To ensure adequate educational opportunity and patient safety, students must be always supervised by a qualified preceptor, or the preceptor's designated supervisor. TUNCOM requires that all preceptors be licensed in their field as well as board certified or board eligible (both DO and MD) and are vetted by our credentialing process. In such cases as participation of patient care in a residency program, the designated supervisor may be a resident in post graduate training. These individuals are also under the supervision of the designated preceptor.

A variety of supervisor levels may be provided. Student may be supervised during encounters where they are observing with no direct patient contact, direct patient contact in which the preceptor is present during that contact, or direct patient contact in which the preceptor is immediately available. Preceptors must inform the patient that a student will be present or participating in direct patient care and obtain the informed consent of the patient for such an encounter. Students may then perform a history and physical examination of the patient. The student must then meet with the supervisor and provide all pertinent information about the contact. If students are required to document in the patient chart, this documentation must be co-signed by the supervisor or designated supervisor.

The supervisor or designee must be physically present when the student is performing an invasive procedure. The supervisor or designee must also be physically present in the patient encounter for any gynecological examination or rectal examinations. All such examinations must be in accordance with state law where the examination is being performed.

Students must wear their TUN picture identification badge and introduce themselves to patients as a medical student. Patient consent for a student to perform an intimate examination must always be voluntary. Consent for an intimate examination can be either verbal or written.

Irrespective of the gender of the examining student and the patient being examined, a chaperone, defined as another medical professional, preferably the preceptor is required during all intimate examinations. A chaperone is not an accompanying person i.e., friend or relative of the patient. A chaperone, similarly, is not another medical student. Students are highly encouraged to record the date, time, and the results of the examination as well as the name of the chaperone in the medical record.

STUDENT CLINICAL SUPERVISION POLICY

Students may not provide care upon patients without supervision by the Preceptor or the Preceptor's designee. Designees may include Residents, Fellows, or other licensed health professional that are supervised by the Preceptor. All Preceptors must hold a faculty appointment with TUNCOM as this begins with the process for vetting preceptorship by the Department of Clinical Education at TUNCOM.

TUNCOM requires that all preceptors be licensed in their field as well as board certified or board eligible (both DO and MD) and are vetted by our credentialing process.

Patients must be informed of the student's role in participation of care/procedures and provide at least verbal consent to such. Supervision may either be directly observed (the supervisor is present with the student at that time) or is immediately available to the student and/or at the site. Preceptors must determine the appropriate level of participation in which the student may perform based upon the student's level of training and experiences. Student procedural participation MUST be commensurate with the student's experience and abilities.

During Procedures Performed by the Student:

1. The Preceptor must verify all findings made by the student. Any documentation of the findings must be signed off by the Preceptor as verified.
2. Any non-physician participants working as an instructing designee must be practicing within the scope of their practice as verified by the Preceptor. The designee must be appropriately credentialed by the facility where they practice.
3. Preceptors must communicate all pertinent policies and procedures to the students.
4. Preceptors and designees must inform the student of the expectations and responsibilities of the students' participation.
5. The Preceptor and instructing designees will adjust the level of student participation based upon observations of the student's competencies. The Preceptor will determine the appropriate level of student involvement and level of supervision required.

Clerkship Orientation and Medical Student Progress Assessment

Students should be provided appropriate orientation to the clinical facilities. The following should be included in the orientation:

FACULTY AND PERSONNEL

Students should be introduced to the supervising physicians. Students should be informed to whom they are responsible and how that person or persons may be reached when needed. Additionally, if anyone other than the supervising physician will be evaluating or grading the student, the student should be informed of this and introduced to these people.

Students should be introduced to staff, including nurses, technicians, and administrative staff with whom they are expected to interact. Roles and types of interactions should be explained.

Physical Plant

We recommend students should be shown the following:

1. Patient rooms
2. Safety procedures and announcements (fire, codes, etc.)
3. Nurses' stations
4. Ancillary services facilities (x-ray, laboratory, medical records, etc.)
5. Rest rooms and locker areas
6. Conference areas
7. Lounges, cafeteria, or coffee shop
8. Library and Internet access if available
9. Time of arrival

10. Night calls and weekend expectations
11. Dress code

Student Schedule

A schedule should be provided to the student at the start of the rotation. Although patient care assignments take precedence over lectures and conferences, the hospital and attending physicians are encouraged to allow the students to attend scheduled lectures.

The director of the individual clinical service must clear absences from clinical duty in advance. If attendance at mandatory lectures and conferences is preempted by patient care assignments, this absence must be cleared by the individual preceptor.

For more information about attendance expectations, see the student portion of the Clinical Clerkship Handbook.

It is recommended that the following be incorporated into the schedule for each rotation:

1. Meeting on the first day with attending to discuss expectations for rotation.
2. Mid rotation meeting with attending to discuss performance, give student a written evaluation and make suggestions on where to focus during the rest of the rotation. Attending physicians should take the opportunity to assess what the student has done well, and to offer advice on how the student can improve.
3. Conferences and Educational Seminars: whenever possible students should attend conferences and lectures if they are accessible, such as grand rounds, M&M rounds, journal clubs and department meetings.
4. Suggested rounding times – such as pre-rounding in hospital if appropriate, as well as times when student will make rounds or see patients with attending.
5. Presentations or reports to be delivered by student, this includes case presentations, case study analyses, topic presentations etc.
6. Working with adjunctive staff such as respiratory therapist, ultrasound technician, vaccination nurse etc.
7. Final evaluation review at the rotations end.
8. Every attempt should be made to review the student's final evaluation in-person. This is an essential formative component to the student's learning and maturation.

Patient Interaction and Documentation

Interviewing and examining patients is one of the most critical parts of student training. Whenever possible the student should be allowed to perform these tasks. When it is not appropriate to leave the student with the patient, they should be allowed to observe the attending performing the H&P. Whenever possible, students should document their findings in the medical records.

It should be clearly defined initially whether students may document in the patient's medical record and, if so, what students are permitted to write (e.g., Progress notes and H&P, orders etc.) if your clinic or institution does not allow students to write in official medical records, please have the student write notes outside of the official patient charting system, understanding they will need to comply with HIPAA requirements.

Procedures

Observing and attempting procedures is also a vital part of clinical training. It should be clearly defined initially whether students may participate in procedures, and at what level supervision is expected for all procedures.

Integrating Medical Students into Practices and Institutions

1. Creating appropriate set roles and procedures for medical students allays the student and staff's anxiety and makes the preceptor's job much easier.
2. This may reflect progressive "privileging" for students as they demonstrate basic competencies to your satisfaction.
3. Having a system for allowing medical students to see patients with a minimum of delay to patient flow is one of the secrets to making preceptorships successful.

In Outpatient Settings:

1. An appointment system in which the student sees every fourth patient is one model that often works.
 - a. Patient #1- seen by student following your introduction
 - b. Patient #2 seen by you while student is with patient #1
 - c. Following your seeing pt. #2 you have the student present and see patient #1 with them.
 - d. While you see patient #3 the student charts on and discharges patient #1
 - e. Student then sees (with your introduction) patient #4.
2. In office practices that admit their own (or house back up) patients to the hospital, if feasible, have the student listen in on the ER report, have them go see the patient, if appropriate, while you finish in the office. When you arrive at the hospital the student will have already had a chance to do an initial work up and present to you. This scenario can be modified, of course, depending on the diagnosis and condition of the patient and their willingness to be seen by a student.
3. In surgical based practices, if possible, involve the student in pre-op planning and have the student involved in preoperative and post-operative care.

In Inpatient Rotations:

1. Define a group of patients for whom the student is "responsible."
2. The student should follow and round on these daily, presenting labs, studies, and daily exams prior to your seeing patient.
3. Student charts either in the chart or in separate cover as if he/she were documenting clinical care.
4. Preceptor should read, sign off and modify student's note.
5. Every patient must be seen and charted on by preceptor.
6. Students may write mock orders, but the preceptor should write actual chart orders.

If questions come up during discussions of patients, or if a key concept seems to be missing for the student consider asking for a report in follow-up. This should reflect reading and some research. Ideally, this is an opportunity for the student to investigate something for you that you would have done for yourself. Obtaining an article from the internet, looking up doses, side effects, epidemiology, differential diagnosis, evidence basis for a medical practice, etc. are all good uses of medical student time and represent a way for them to educate themselves and the rest of the team as applicable.

Guidelines for Working with Osteopathic Students in Clinical Settings

Structuring the Medical Learning Experience in Your Practice

The structure of the medical student learning experience should allow the physician to continue seeing patients but include some time for observing students and giving students feedback. Physician preceptors may structure visits so that a student sees every 3rd-4th patient, and the preceptor can thus see and treat patients while student is performing their assessment. Allowing students to present and get supervision can happen between patients or the physician and student can go in and see a patient together that a student has already seen, allowing for presentation and supervision while continuing patient care. Limiting factors may be the number of exam rooms, consent of patients and conflict with other preceptor responsibilities. Students may see primarily some patients and shadow on others if this works better. If a physician needs support structuring the learning process the Clinical Education Faculty can provide learning resources.

Assessment Feedback and Entrustable Professional Activities (EPAs)

Giving students feedback is a critical part of the learning process. Frequent actionable feedback allows learners to correct and learn from their experiences. There are many ways to structure feedback and to assess students. One useful tool in clinical training are EPAs. EPAs have been identified by residency programs and the national medical education establishment as the common daily tasks of a physician in routine patient care. Entrustability is a milestone of competence. When a person performs one of these activities, they are demonstrating an underlying competency set. Levels of entrustability for medical students range from being allowed to watch an attending perform the activity, to having an attending closely watch the student do it, to having the attending be nearby in case a question arises. A final level in which the attending only audits the activity by chart review or monthly check in, is not usually attained until residency. Students should be working throughout their clinical training towards developing ever greater levels of entrustability with the 14 EPAs. Giving students feedback using a simple rubric of entrustability is useful and a quick way to offer formative learning. The rubric listed after the EPAs is a useful easy to remember framework for assessing EPAs.

More details about Entrustable Professional Activities can be found on the <https://www.aacom.org/docs/default-source/med-ed-presentations/core-epas.pdf?sfvrsn=10>.

The website has resources for faculty as well as students. The 14 EPAs, described by AAMC, AACOM and TUNCOM, describe essential skills needed for residency readiness are as follows:

- 1: Gather a history and perform a physical examination
- 2: Prioritize a differential diagnosis following a clinical encounter
- 3: Recommend and interpret common diagnostic and screening tests
- 4: Enter and discuss orders and prescriptions
- 5: Document a clinical encounter in the patient record
- 6: Provide an oral presentation of a clinical encounter

- 7: Form clinical questions and retrieve evidence to advance patient care
- 8: Give or receive a patient handover to transition care responsibility
- 9: Collaborate as a member of an interprofessional team
- 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- 11: Obtain informed consent for tests and/or procedures
- 12: Perform general procedures of a physician
- 13: Identify system failures and contribute to a culture of safety and improvement
- 14: Integrate Osteopathic Principles and Practice into clinical practice

Rubric of Entrustability

You may choose to base student assessment on where you believe they are clinically rather than on what they are allowed to do without supervision since medical students may not work with a supervisor distantly available.

Level 1: Not allowed to do the EPA

- 1. Not allowed to observe
- 2. Allowed to observe

Level 2: Do with full direct supervision

- 1. Coactivity with supervisor
- 2. Supervisor in room ready to help

Level 3: Do with supervision on demand

- 1. Supervisor immediately available all findings checked
- 2. Supervisor immediately available key findings checked
- 3. Supervisor distantly available (phone) findings reviewed

This rubric was developed by: H. Carrie Chen, MD, MEd, W.E. Sjoukje van den Broek, MD, and Olle ten Cate, PhD who published it in: *The Case for Use of Entrustable Professional Activities in Undergraduate Medical Education*

The Clinical Curriculum

Information on the clinical curriculum can be found in Clinical Clerkship Manual and all syllabi are available in eMedley.

The clinical clerkship program provides students with education and training in the areas of family medicine, internal medicine, obstetrics & gynecology, pediatrics, psychiatry, and surgery; as well as exposure to additional specialty areas such as critical care, anesthesiology, emergency medicine, geriatrics, pathology, and radiology. Rotations take place at a variety of clinical sites ranging from private, public and university-based hospitals to private and community-based clinics. In order to give students, the opportunity to pursue individual interests, and to make decisions about options for residency training, flexibility is provided in

both the third- and fourth-year schedules.

The clinical clerkship curriculum is oriented around the American Osteopathic Association's Core Competencies. The curriculum includes learning outcomes, didactic assignments and nationally benchmarked subject exams (the NBME Shelf exams for IM, OBGYN, PEDIATRICS, PSYCHIATRY, AND SURGERY AND THE COMAT FOR FAMILY MEDICINE AND OSTEOPATHIC PRINCIPLES AND PROCEDURES). Students are expected to follow the didactic complementary materials while serving in patient care rotations.

The training of primary care physicians is a critical necessity in the development and functioning of our health care system. In addition, students who embrace this primary care focused training will have an excellent foundation for specialty training, if that is what they choose. At Touro University Nevada College of Osteopathic Medicine, therefore, we focus our training on primary care, while recognizing that some students will choose other specialties. As such, our goals and objectives are designed to guide students to learn, through competency-based clinical education, the myriad dimensions of primary care. This includes recognition of their role as team leaders in providing comprehensive health care to the individual, to the family, and to the community. Throughout their training, students will develop an understanding of the role of the primary care physician while recognizing the need for consultation with other medical specialists when appropriate.

The TUNCOM clinical curriculum is designed to ensure students:

2. Acquire basic clinical knowledge and essential clinical skills.
3. Deepen their understanding of Osteopathic Principles and their application to enriching the health of their patients
4. Foster analytic and problem-solving skills necessary for physicians involved in disease prevention, diagnosis, and treatment of individual patients, families, and communities.
5. Demonstrate the ability to integrate behavioral, emotional, social and environmental factors of families in promoting health and managing disease.
6. Cultivate compassionate, ethical, and respectful, physician-patient relationships.
7. Appreciate the differences in patient and physician backgrounds, ethnicity, beliefs and expectations.
8. Critically evaluate current and relevant research and apply the results to medical practice.
9. Develop an understanding of contemporary health care delivery issues.
10. Share tasks and responsibilities with other health professionals, including recognition of community resources as an integral part of the healthcare system.
11. Engage in reflection on his/her own practices and make changes as needed.
12. Develop the interest and skills necessary to continue lifelong and self-directed learning.

Reporting Clerkship Concerns

Students are encouraged to discuss issues and concerns with the utmost degree of professionalism. During the clerkship, immediate concerns (harassment, patient safety, etc.) should be reported to Clinical Education., but may also be brought to the attention of the preceptor and/or clinical site. General concerns should be addressed directly with the preceptor and/or clinical site if possible. If an effective resolution cannot be reached, or if the student is not comfortable addressing the issue

themselves, the student should contact Clinical Education. The preceptor should contact Clinical Education at any time there is a concern. A list of contact information is in the front of the document.

Touro University Nevada maintains a policy of non-discrimination against any person in employment or in any of its programs. (Further details Touro University Nevada catalog, page 308). Title IX of the Education Amendments of 1972 protects people from discrimination based on sex in education programs or activities which receive Federal financial assistance. Title IX states that:

“No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.”

For any Title IX issues or concerns please contact the office of Clinical Education.

Student Identification

While performing duties related to patient care, all students must clearly identify themselves as a medical student both verbally and by wearing their TUN picture identification badge in addition to any hospital issued identification. Misrepresentation of oneself as a licensed physician is illegal, unethical, and subject to disciplinary action. Should the TUN identification badge become lost or broken, the student should contact TUN Security immediately to order a replacement and a charge may apply.

Duty Hours

Duty Hours and Fatigue Mitigation TUNCOM established these guidelines to address the impact of academic or clinical workload on medical student well-being and to prepare students for the clinical schedules of clerkship. Additionally, we promote a clinical learning environment in which duty hours are monitored and strategies exist to mitigate the effects of fatigue. Students generally follow the same schedule as their preceptor, however, if the preceptor is on vacation, or scheduled away from the office or hospital, students must contact Clinical Education to make additional arrangements for completion of the clerkship. Osteopathic medical students are in a period of education that mimics the practice as demonstrated by the supervising physician therefore students may have scheduled weekends, on call or longer days, holidays or weekends. Students shall be assigned activities on, or related to, their current service rotation only. If a student is struggling to find time for study or for any other concern, they should reach out to the Clinical Education team for assistance. Students may volunteer for additional hours.

The goals of these guidelines are to:

- Promote medical student understanding of duty hour restrictions, the rationale behind them, and the importance of adherence.
- Ensure that students receive education on fatigue, sleep deprivation, burnout, and other issues related to physical and psychological well-being.
- Ensure that students receive education on fatigue management and mitigation strategies, as well as other ways to promote well-being.
- Provide guidance as to duty hours on clerkship rotations

- Information on duty hours during clerkship rotations will be provided to students in the clerkship orientation materials and in their syllabi. Students will receive instruction in sleep and fatigue mitigation throughout their time in clinical education. Communication with their preceptor(s) and Clinical Education staff is paramount to student success.

Fatigue Mitigation

Fatigue mitigation at TUNCOM is an ongoing training and commitment which starts in year one. Common causes of fatigue are inadequate or fragmented sleep, illness, depression, prolonged physical or mental activity. A common result of fatigue can be professionalism errors, forgetfulness, distraction, time management and social withdrawal. Students are coached to recognize the two types of fatigue errors: errors of commission and errors of omission. Errors of commission are doing something incorrectly and errors of omissions are not doing something that should be done. TUNCOM is committed to ensuring that our students have Fatigue Mitigation training and access to Student Counseling and other sources of wellness and lifestyle assistance. Medical students need to be aware of the negative effects of sleep deprivation and to seek resources to avoid and prevent these occurrences. Preceptors are asked to contact Clinical Education if a student shows signs of fatigue after first speaking with the student.

Letters of Recommendation (LoRs)

Letters of Recommendation are often required for the Visiting Student Application Service (VSLO/VSAS), Electronic Residency Application Service (ERAS), or other application services. The letter for VSAS and the personal statement used for VSAS may not need to be the final one you will upload for residencies. Most students get letters from their preceptors during their third year. For more information on letters of recommendation please visit ERAS, AAMC and other medical student sites.

As students request letters of recommendation from preceptors, the following information is provided to assist in the process. The student should inform the physician writing the letter to address the salutation of the letter “Dear Program Director.” It is recommended that the letter be submitted on letterhead from the hospital or clinic and signed by the attending.

ERAS:

Preceptors are required by ERAS to upload letters directly to the ERAS Letter of Recommendation Portal (LoRP): https://www.aamc.org/services/eras/282520/lor_portal.html . The ERAS token for third year students will be available early in the third year for your convenience.

TUNCOM Needlestick/Blood/Bodily Fluid Exposure Policy

Clinical Education provides every student with a summary of the following policies in the form of a “badge buddy” which each student is always required to carry on their person with their ID while on clerkships.

Clean:

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

Communicate:

Notify your preceptor immediately and ask him/her to obtain:

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

Contact the Clinical Assistant Dean for Clinical Education, Dr. Scott Harris sharris11@touro.edu or at 702.777.1824 to advise him of the situation immediately.

Chemoprophylaxis:

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

Exposure Counseling:

Students exposed to a blood borne pathogen will receive counseling and instructions for follow-up from Student Health at 702-777-9970 (tun.student.health@touro.edu) within 24 hours or by visiting their primary care physician.

Financial Responsibility for Cost of Treatment:

Students will use their personal insurance for any costs related to treatment.

Please see <http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-guidelines/> for more information and the current guidelines.

ASSESSMENT

Clinical Clerkship Assessment

To pass each clerkship students must demonstrate progress on the evaluation by their preceptor and pass the applicable subject exam. All the required components listed below are required before a final grade is assigned by TUNCOM:

- Subject Exam (for core clerkships only)
- Student Evaluation of Preceptor available through eMedley
- Preceptor Evaluation of Student Performance available through eMedley ([provided in this guide](#))

Core Clerkship Subject Examinations (7 total exams)

5 NBME Shelf Exams: Students are required to pass National Board of Medical Examiners (NBME) subject examinations upon completion of each of the following third-year core disciplines:

	<u>Passing Grade</u>	<u>Honors</u>
1. Internal Medicine	≥56	≥78
2. Obstetrics and Gynecology	≥58	≥80
3. Pediatrics	≥58	≥80
4. Psychiatry/Behavioral Health	≥63	≥82
5. Surgery	≥56	≥77

2 NBOME COMAT Exams: Students are required to pass National Board of Osteopathic Medical Examiners (NBOME) subject examinations upon completion of each of the following third-year core disciplines: (Values are standard scores and not percentiles)

1. Family Medicine	≥80	≥110
2. OPP (OMM)	≥90	≥110

Subject Exam Scoring

Students may be awarded Honors for excellent performance on the subject exam. Passing and Honors are benchmarked against the NBME or NBOME academic year norms for all students in that discipline. Students in Virtual CORE Clerkships receiving an Honors subject exam score can receive a High Pass for the course. Students in Virtual Courses cannot receive Honors as a final grade as there is no physical preceptor evaluation.

Preceptor Evaluation of Student Performance

Preceptors complete a Clerkship Clinical Competency Assessment (an example of this is at the end of this document) at the end of clerkship. The purpose is to provide feedback to guide both clinical and professional development. The preceptor documents performance of expected competencies as compared to other students at the same educational level. Assessments must be signed by a board-

certified D.O. or M.D. Evaluations are sent electronically to the assigned preceptor from Clinical Education. Preceptors are expected to submit evaluations electronically and complete the evaluation during clerkship through eMedley. If a student works with more than one attending, the evaluators will compile their comments into one evaluation.

It is recommended that students meet with the primary preceptor on the first day, mid- clerkship and in the final week to allow the student to determine whether there is consistency between the preceptor's and student's performance perceptions. Meeting once a week is preferable so that the preceptor can give timely feedback. In addition, should a student be having trouble on a clerkship, a mid-clerkship or weekly assessment allows time for improvement prior to the end of the experience. This may help avoid surprises at the end of a clerkship and allows the student to proactively address any problems.

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

At no time is it appropriate for a student to request a preceptor to change a rating, revise comments or challenge a preceptor regarding an assessment. If significant performance issues arise, an appropriate University official will notify the student. Students failing to maintain the utmost level of professionalism in dealing with any part of the assessment process may be referred to the appropriate University official or committee.

Deficiencies

In addition to receiving electronic feedback from clerkship evaluations, students will be notified of poor assessments by Clinical Education. All deficiencies or concerning comments are reviewed and the student will be asked to provide feedback. Deficiencies relating to poor preceptor evaluations, professionalism, or other concerns raised in the clerkship evaluations may be referred to the appropriate University official or committee. Additional assessments submitted following official review will be accepted but may not impact the outcome.

After the review process, any student identified as having failed a clerkship may be required to meet with the Associate Dean, Clinical Assistant Dean and/or CSTARC. Final disposition of the assessment/evaluation in question is pending completion of this process. The Associate Dean of Clinical Education may overturn a grade awarded by a preceptor after review of the student's evaluation, and with consideration of the students' explanation and experience.

At any time and for any reason, TUNCOM reserves the right to require additional methods of assessing students. Students may be required to return to the TUNCOM campus for a formal review. Please refer to the current University Catalog and the Osteopathic Medical Student Handbook for additional information.

Appealing a Final Clerkship Grade

After final grades have been submitted, a failing course grade may be changed only by the course faculty or by the Grade Appeal Committee. Grade appeals must be directed first to the course faculty within two business days of final grade submission. Decision of the course faculty will be communicated to the student within two business days of when the appeal was received. If the student is not satisfied with the course faculty's decision and/or explanation, the student may submit a grade appeal form to their school and/or course director. The school and/or course director must make and communicate a decision within two business days of when the appeal was received. If the student is not satisfied with the outcome, the student may submit a grade appeal form to the Grade Appeal Committee through the office of their college dean.

The form and supporting documentation must be received by the college dean within three business days following the school and/or course director's decision. The college dean will forward the form and documentation to the Grade Appeal Committee, and the dean will notify the school/course director that the student has appealed the grade and will request documentation from the faculty and school/department to support the decisions made. The decision of the Grade Appeal Committee will be communicated to all parties involved within fourteen calendar days of when the form was received from the student. Every attempt should be made to reach a decision as quickly as possible. The decision of the Grade Appeal Committee is final.

The Medical Student Performance Evaluation (MSPE aka Dean's Letter)

The MSPE summarizes your medical school experience. It is not a letter of recommendation. It is prepared at the end of Year 3 by the deans and is submitted by the school to your electronic residency application (ERAS). These are the sections: Noteworthy Characteristics, Academic History, Academic Progress, and Summary Statement. Most of the content in these sections is pre-determined by your academic record and student file. Clinical Education inputs all that information and students' check it for accuracy. As a preceptor your evaluation and final grade will be used for CORE clerkships. For elective clerkships the final grade and any comments in the accolades section will be used. Should you wish to discuss constructive criticism and areas of improvement those comments will go in the second or third text box in the evaluation entitled additional comments.

How to use your Evaluation in eMedley to structure your student learning

We use the seven AOA core competencies to measure student outcomes. We have used a 5-point Likert scale built into the sections to assist you with tabulating a score for each section. Although you may prefer a more qualitative approach to assessing your student's performance, this simple evaluation will be helpful in gauging their final performance.

Number 1 is Osteopathic principles:

1. Osteopathic Principles Score: 0	Always (5)	Almost Always (4)	Half the Time (3)	Seldom (2)	Never (1)	N/A
Applies osteopathic principles and philosophy in patient-centered care (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs appropriate osteopathic structural exams as indicated (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employs osteopathic manipulative treatment as indicated (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are an MD and unsure how to use this matrix, N/A is available. This can also be an opportunity to speak with your Osteopathic Student about their training and whether they can use or employ these areas in your practice setting.

Number 2 is Medical Knowledge:

2. Medical Knowledge Score: 0	Always (5)	Almost Always (4)	Half the Time (3)	Seldom (2)	Never (1)	N/A
Demonstrates an adequate knowledge base for specialty and level (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies knowledge base appropriately to clinical decision making (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs skills appropriate to level of training (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies potential etiologies for patient problems (common/important diseases/disorders) (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates use of investigative and analytical thinking in clinical situations (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number 3: Patient Care:

3. Patient Care Score: 0	Always (5)	Almost Always (4)	Half the Time (3)	Seldom (2)	Never (1)	N/A
Performs appropriate history and physical exams on assigned patients (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluates assigned patients in a timely fashion (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in development of effective management plans (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in implementation of effective management plans (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies health promotion/disease prevention approach in patient care (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number 4: Professionalism

4. Professionalism Score: 0	Always (5)	Almost Always (4)	Half the Time (3)	Seldom (2)	Never (1)	N/A
Applies ethical standards to patient care (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates respect and sensitivity for all patients (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts appropriately on a health care team (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates compassion and concern for others (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is dependable, conscientious, and self-directed in completing tasks (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Interpersonal and Communication Skills:

5. Interpersonal & Communication Skills	Always (5)	Almost Always (4)	Half the Time (3)	Seldom (2)	Never (1)	N/A
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Score: 0

Communicates effectively (listening and speaking) with patients and their families (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively with preceptors, staff and peers (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides complete and legible documentation in the medical record as appropriate (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Practice-Based Learning and Improvement

6. Practice-Based Learning & Improvement	Always (5)	Almost Always (4)	Half the Time (3)	Seldom (2)	Never (1)	N/A
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Score: 0

Applies current evidence to patient management (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses electronic resources in patient care (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides feedback as appropriate (to peers, interns, residents, preceptors) (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Systems-Based Practice:

7. Systems-Based Practice	Always (5)	Almost Always (4)	Half the Time (3)	Seldom (2)	Never (1)	N/A
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Score: 0

Identifies cost-effective patient (appropriate labs, radiology, etc.) (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in the efficient use of community resources in patient care (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborates in the delivery of quality patient care within the health care system (1 point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next, there are three text-based opportunities for student feedback. The accolades and overall comments will be included in the MSPE (Medical Student Performance Evaluation previously known as the Dean’s Letter). This text box is mandatory. This is a great opportunity to praise your student and give specific examples of how they improved or demonstrated knowledge, skills, dedication, professionalism or aspects of their medical training.

Accolades and overall comments (Will be included in MSPE, Mandatory):

The box beneath that is entitled suggestions for improvement and/or concerns. This is the proper place to put your concerns and suggestions for improvement. It is important to provide constructive feedback so your student can take action steps to improve. These comments are voluntary and are not placed in the student's MSPE.

The final text box is entitled additional comments or concerns, for those preceptors who have additional comments to share about their students. These comments are also voluntary and not placed in the student's MSPE. Clinical Education reviews all of the evaluations and these text boxes may trigger a call to your office or a meeting with the student should they be sufficiently serious in nature.

Finally at the bottom of the evaluation there is the final grade for the student. There are four options, Honors, High Pass, Pass and Fail. A Fail in the clerkship triggers a call to the preceptor and other actions spelled out in the student handbook to review the fail. A grading matrix has been provided for those students who are taking CORE clerkships and have a shelf exam. Elective clerkships are 100% graded on the preceptor's evaluation.

Final Grade:

Honors

High Pass

Pass

Fail

Evaluation Instructions

Thank you in advance for your role in teaching our Touro University Nevada student(s). As part of the student's grade, we require our evaluation to be completed preferably within 7 days of the end of the rotation. An email will be sent to you from eMedley with a link to complete this evaluation. You can also log into eMedley by copying and pasting <https://he.emedley.com> into a current Chrome browser. The Username is the email address we have on file then click New User which will email you information to create your password. Once logged in, click Evaluations and then Student Evaluations. Attached are further instructions for completing or viewing evaluations.

[Accessing Evaluations Through eValuate](#)
[Submitting an Evaluation](#)



Accessing Evaluations Through eValuate

Use the **Form Evaluations** icons in the eValuate lobby to view evaluations to complete, as well as completed ones.

Click a Form Evaluations icon corresponding to the type of evaluation you wish to complete, such as **Preceptor Evaluations** or **Course and Faculty Evaluations** (actual icons may vary based on your program).

Evaluations that you need to complete are listed on the **To Complete** tab.
Evaluations that you have completed are listed on the **Completed** tab.

To complete an evaluation:

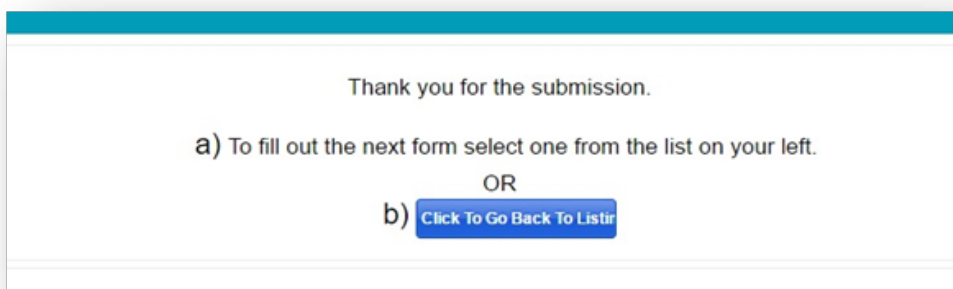
1. On the **To Complete** tab, click on the evaluation you would like to fill out.
2. Click on the **Evaluate** button.
3. Fill out the evaluation.

To view completed evaluations:

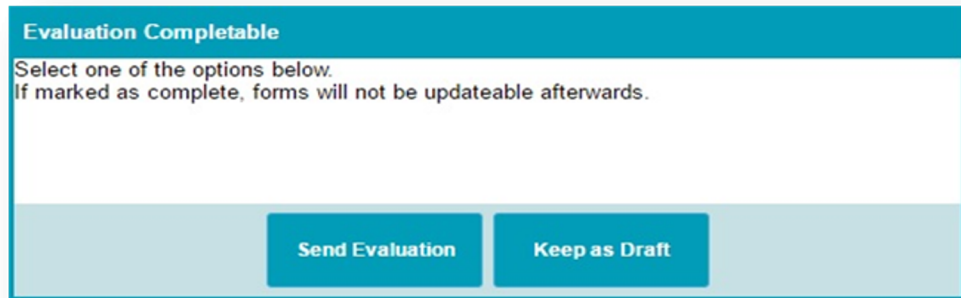
3. Select a completed evaluation on the **Completed** tab.
4. Click **View**.
5. If the evaluation owner has allowed updates to completed evaluations, you can click the **Update** button.

Submitting an Evaluation

Be sure to click the green save button at the end of each form to save your answers! At this point, a Thank You page will appear.



4. If you have more forms with this assignment to fill out, select them from the left-hand side.
5. If you are finished filling out these evaluation forms, you can click the **X** in the upper right-hand corner or click **Go Back to Listing**. A confirmation message will appear.



Evaluation Completable

Select one of the options below.
If marked as complete, forms will not be updateable afterwards.

Send Evaluation **Keep as Draft**

1. **Send Evaluation** only if you are entirely done – you will not be able to update or fill out any additional forms related to this evaluation.
 2. If you will need to finish filling out the forms later or modify your answers, click **Keep as Draft**. Be sure to complete the forms within the deadline provided.
-

eMedley Reference Documents

- The following documents are available for your review in eMedley
- All syllabi, the Student Handbook and the virtual syllabi

Reference Documents

– 2021-2022 Curriculum and Materials

In-Person (Non-Virtual) Clerkships

[Emergency Medicine Syllabus 2021-2022](#)

[Family Medicine Syllabus 2021-2022](#)

[Internal Medicine Syllabus Part I 2021-2022](#)

[Internal Medicine Syllabus Part II 2021-2022](#)

[Obstetrics and Gynecology Syllabus 2021-2022](#)

[Osteopathic Manipulative Medicine Syllabus 2021-2022](#)

[Pediatrics Syllabus 2021-2022](#)

[Psychiatry Syllabus 2021-2022](#)

[Selectives Syllabus 2021-2022](#)

[Surgery Syllabus 2021-2022](#)

Virtual Clerkships

[Family Medicine Virtual Syllabus 2021-2022](#)

[Internal Medicine Virtual Syllabus 2021-2022](#)

[Obstetrics and Gynecology Virtual Syllabus 2021-2022](#)

[Pediatrics Virtual Syllabus 2021-2022](#)

[Psychiatry Virtual Syllabus 2021-2022](#)

[Surgery Virtual Syllabus 2021-2022](#)

APPENDIX A: Grading Examples for Non-Virtual Core Courses

Grading Examples Non-Virtual Core Courses

Courses	Evaluation	Exam Score	Final Grade (Grade in Degree Works)
Family Medicine	Honors **	112/Honors	Honors (H)
	Honors **	83/Pass	High Pass (HP)
	Pass	112/Honors	High Pass (HP)
	High Pass	112/Honors	High Pass (HP)
	High Pass	83/Pass	Pass (P)
	Pass	83/Pass	Pass (P)
	Fail	Pass or Honors	Fail (F)
	Any Grade	Fail	Fail (F)
IM 1 or SURG 1	Honors **	80/Honors	Honors (H)
IM 2 or SURG 2	High Pass	80/Honors	High Pass (HP)
IM 1 or SURG 1	Pass	80/Honors	High Pass (HP)
IM 2 or SURG 2	Fail	80/Honors	Fail (F)
IM 1 or SURG 1	Honors **	58/Pass	High Pass (HP)
IM 2 or SURG 2	High Pass	58/Pass	Pass (P)
IM 1 or SURG 1	Pass	58/Pass	Pass (P)
IM 2 or SURG 2	Fail	58/Pass	Fail (F)
IM 1 or SURG 1	Honors **	55/Fail	Fail (F)
IM 2 or SURG 2	Pass	55/Fail	Fail (F)
	Fail	Pass or Honors	Fail (F)
	Any Grade	Fail	Fail (F)
OB/GYN, PEDS, PSYCH	Honors **	84/Honors	Honors (H)
	High Pass	84/Honors	High Pass (HP)
	Honors **	64/Pass	High Pass (HP)
	Pass	84/Honors	High Pass (HP)
	High Pass	64/Pass	Pass (P)
	Pass	64/Pass	Pass (P)
	Fail	Pass or Honors	Fail (F)
	Any Grade	Fail	Fail (F)
Electives	Grade on Eval	N/A	Grade on Evaluation

** No Honors given for Evaluations of virtual courses

APPENDIX B: AOA CODE OF ETHICS

Touro University of Nevada College of Osteopathic Medicine is dedicated to teaching our students to be able to become competent Osteopathic physicians in every way. They should be able to adhere to the AOA ethical standards as show below as they gain experience and knowledge through their clinical training years.

<https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/>

The AOA's Code of Ethics provides guidance on medical ethics and professional responsibilities

Areas of focus include interacting with patients, engaging in professional relationships and conducting research.

The American Osteopathic Association (AOA) Code of Ethics is a document that applies to all physicians who practice osteopathically throughout the continuum of their careers, from enrollment in osteopathic medical college/school through post graduate training and the practice of osteopathic medicine. It embodies principles that serve as a guide to the prudent physician. It seeks to transcend the economic, political, and religious biases, when dealing with patients, fellow physicians, and society. It is flexible in nature in order to permit the AOA to consider all circumstances, both anticipated and unanticipated. The physician/patient relationship and the professionalism of the physician are the basis for this document.

The AOA has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic and allopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self.

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

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

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

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity, or disability. In emergencies, a physician should make her/his services available.

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

Section 5. A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge related to the

healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

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

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

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

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.

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

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

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

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

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

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

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

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

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

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

APPENDIX C: STUDENT CLINICAL SUPERVISION POLICY

Physical Examinations of Patients

During clinical clerkships, students are routinely required to see and examine patients. It is necessary that all examinations of patients be appropriately structured, supervised, and consented in the interests of all parties, including the patient, student and attending physician. To ensure adequate educational opportunity and patient safety, students must be always supervised by a qualified preceptor, or the preceptor's designated supervisor. TUNCOM requires that all preceptors be licensed in their field as well as board certified and/or board eligible (both DO and MD) and are vetted by our credentialing process. In such cases as participation of patient care in a residency program, the designated supervisor may be a resident in post graduate training. These individuals are also under the supervision of the designated preceptor.

A variety of supervisor levels may be provided. Student may be supervised during encounters where they are observing with no direct patient contact, direct patient contact in which the preceptor is present during that contact, or direct patient contact in which the preceptor is immediately available. Preceptors must inform the patient that a student will be present or participating in direct patient care and obtain the informed consent of the patient for such an encounter. Students may then perform a history and physical examination of the patient. The student must then meet with the supervisor and provide all pertinent information about the contact. If students are required to document in the patient chart, this documentation must be co-signed by the supervisor or designated supervisor.

The supervisor or designee must be physically present when the student is performing an invasive procedure. The supervisor or designee must also be physically present in the patient encounter for any gynecological examination or rectal examinations. All such examinations must be in accordance with state law where the examination is being performed.

Students must wear their TUN picture identification badge and introduce themselves to patients as a medical student. Patient consent for a student to perform an intimate examination must always be voluntary. Consent for an intimate examination can be either verbal or written.

Irrespective of the gender of the examining student and the patient being examined, a chaperone, defined as another medical professional, preferably the preceptor is required during all intimate examinations. A chaperone is not an accompanying person i.e., friend or relative of the patient. A chaperone, similarly, is not another medical student. Students are highly encouraged to record the date, time, and the results of the examination as well as the name of the chaperone in the medical record.

STUDENT CLINICAL SUPERVISION POLICY

Students may not provide care upon patients without supervision by the Preceptor or the Preceptor's designee. Designees may include Residents, Fellows, or other licensed health professional that are supervised by the Preceptor. All Preceptors must hold a faculty appointment with TUNCOM as this process begins the vetting of preceptorship by the Department of Clinical Education at TUNCOM.

Patients must be informed of the student's role in participation of care/procedures and provide at least verbal consent to such. Supervision may either be directly observed (the supervisor is present with the student at that time) or is immediately available to the student and/or at the site. Preceptors must determine the appropriate level of participation in which the student may perform based upon the student's level of training and experiences. Student procedural participation MUST be commensurate with the student's experience and abilities.

During Procedures Performed by the Student:

1. The Preceptor must verify all findings made by the student. Any documentation of the findings must be signed off by the Preceptor as verified.
2. Any non-physician participants working as an instructing designee must be practicing within the scope of their practice as verified by the Preceptor. The designee must be appropriately credentialed by the facility where they practice.
3. Preceptors must communicate all pertinent policies and procedures to the students.
4. Preceptors and designees must inform the student of the expectations and responsibilities of the students' participation.
5. The Preceptor and instructing designees will adjust the level of student participation based upon observations of the student's competencies. The Preceptor will determine the appropriate level of student involvement and level of supervision required.