



Philadelphia College of Osteopathic Medicine  
Philadelphia Campus  
Preceptor Manual  
2025-2026

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Policies and procedures established in this manual supersede previous publications. The college reserves the right to change policies as needed between manual revisions.

# Table of Contents

## Table of Contents

### SECTION I: GENERAL PRECEPTOR INFORMATION

- [\(I\) A. Purpose of this Manual](#)
- [\(I\) B. Role of the Preceptor](#)
- [\(I\) C. How to become a Preceptor at PCOM-Philadelphia Campus](#)
- [\(I\) D. Appointment as Volunteer Clinical Faculty](#)
- [\(I\) D.1 Applying for Appointment as Clinical Professorial Faculty](#)
- [\(I\) D.2 Applying for Promotion as Clinical Professorial Faculty](#)
- [\(I\) E. Permitted Preceptor Qualifications](#)

### SECTION II: THE CLINICAL CLERKSHIP PROGRAM

- [\(II\) A. Overview of Clerkships](#)
- [\(II\) B. Student Groups](#)
- [\(II\) B.1 Core Clinical Campus \(CCC\)](#)
- [\(II\) B. 2 Junior Group \(J-Group\)](#)

### SECTION III: GRADING OF CLERKSHIPS

### SECTION IV: CLINICAL CLERKSHIP EVALUATION

- [\(IV\) A. Evaluation of the Student](#)
- [\(IV\) A.1 Honors or High Pass Grades \(Elective rotations only\)](#)
- [\(IV\) A.2 Outstanding Evaluations](#)
- [\(IV\) A.3 Review and Remediation](#)
- [\(IV\) A.4 Student Solicitation of Feedback](#)
- [\(IV\) A.5 Questionable Evaluations](#)
- [\(IV\) A.6 Evaluation Failures](#)
- [\(IV\) A.7 Non-attendance Evaluations](#)
- [\(IV\) A.8 Medical Student Performance Evaluation \(MSPE\)](#)

### SECTION V: NBOME COMPREHENSIVE OSTEOPATHIC MEDICAL ACHIEVEMENT TEST (COMAT)

### SECTION VI: GUIDELINES FOR CLINICAL CLERKSHIPS

- [\(VI\) A. Student Responsibilities and Duties](#)
- [\(VI\) B. Core Clerkships & Blended Learning](#)
- [\(VI\) C. Holidays & Clerkship Hours](#)
- [\(VI\) C. Religious Practice Accommodations](#)
- [\(VI\) D. Expectation During Emergency Situations](#)
- [\(VI\) E. Inclement Weather Policy](#)

### SECTION VII: ABSENCES

- [\(VII\) A. Excused Absences](#)
- [\(VII\) A.1 Unexcused Absences](#)

## SECTION VIII: CLERKSHIP EXPECTATIONS

(VIII) A. Malpractice Insurance

(VIII) B. Legal Limitations on Professional Practice

(VIII) B.1 Patient Care

(VIII) C. Conduct Expectations

(VIII) D. Professionalism

(VIII) D.1 Professionalism Warning

(VIII) E. Confidentiality: HIPAA

## SECTION IV: RESIDENCY

(IV) A. Electronic Residency Application System (ERAS)

(IV) A.1 Letters of Recommendation from Preceptors

## SECTION X: STUDENT WELLNESS

(X) A. Medical Student Duty Hours & Fatigue Mitigation

(X) B. Substance Use Disorder

## SECTION XI: ADDITIONAL INFORMATION

(XI) A. Student Clerkship Evaluation Feedback

(XI) B. Injury During Training Assignments

(XI) C. Rotation Syllabi

(XI) D. Clinical Clerkship Evaluations

(XI) E. Grading Policy

Greetings!

The PCOM Preceptor Manual is produced as a guide for Clinical Faculty Preceptors of medical students enrolled in the Doctor of Osteopathic Medicine Program of Philadelphia College of Osteopathic Medicine (PCOM). Changes or new policies will also be added to the electronic version of the Preceptor Manual, which is posted on the [www.pcom.edu/educate](http://www.pcom.edu/educate). If you have any questions or concerns, please contact the Office of Clinical Education.

Thank you so much for agreeing to train our Philadelphia College of Osteopathic Medicine (PCOM) third- and fourth-year DO students. We appreciate your interest and dedication to educating our next generation of Osteopathic physicians!

Enclosed in this document are items necessary for you to supervise our students on clerkship. Such information includes syllabi of core clerkships, learning objectives, grading, evaluations, online blended learning, and clinical faculty appointments.

Feel free to contact us for questions or concerns related to this manual, clerkships, or any other student concerns. I am looking forward to working with you during this clinical academic year.

With Gratitude,

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## SECTION I: GENERAL PRECEPTOR INFORMATION

### (I) A. Purpose of this Manual

This manual serves clinical preceptors, and prospective clinical preceptors, by providing a source of information to help explain:

- The role and responsibilities of clinical preceptors at PCOM
- The process of evaluating medical students on clinical clerkships
- The understanding of how the preceptors' evaluations fit into the overall grading process
- The benefits of being a preceptor at PCOM
- How to become a preceptor
  - How to achieve clinical professorial academic rank
  - How to qualify for consideration for promotion to a higher academic rank
- An overview of the third- and fourth-year clinical education curriculum

### (I) B. Role of the Preceptor

Preceptors are integral to the clinical education and training of PCOM students. Preceptors provide and supervise the experiential portion of the curriculum by supervising the student physicians as they continue to build their fund of knowledge and clinical skills in helping to care for real patients. The clerkship settings include inpatient, outpatient environments, emergency departments, surgical departments, and other medical care arenas. Preceptors are responsible to meet with students at the midpoint of the clerkship to discuss their progress.. The completion of the clinical evaluation form is required for each student at the conclusion of their clerkship. The clinical evaluation documents each student's level of competence in the seven core competencies of Osteopathic medical education.

Benefits of being a Preceptor at PCOM-Philadelphia Campus

- Adjunct clinical faculty appointment
- Online access to the PCOM library
- Continuing Medical Education as specified by the physician's professional organization:
  - AOA Category 1B – one hour can be claimed for each hour of direct supervision of a student
  - AMA PRA Category 2 – one hour can be claimed for each hour of direct supervision of a student

- Research assistance and collaboration opportunities
- Faculty Development Resources
- Gratis CME
- Giving back to the profession

For additional information please utilize the following hyperlink:

<https://libguides.pcom.edu/volunteers>

## (I) C. How to become a Preceptor at PCOM-Philadelphia Campus

Physicians interested in a faculty appointment should reference this page: [Become a Preceptor](#). Interested parties should then complete this form: [Volunteer Faculty Appointment](#). Please be prepared to upload a current C.V., copy of board certification, and a copy of your current medical license.

## (I) D. Appointment as Volunteer Clinical Faculty

As per the faculty handbook, volunteer preceptors are appointed to the clinical faculty in the academic rank appropriate for the preceptor's medical education experience and at the recommendation of the Chair of the department and/or the Assistant/Associate Dean of Clinical Education.

### (I) D.1 Applying for Appointment as Clinical Professorial Faculty

New volunteer preceptors who agree to regularly serve as preceptor of a 4-week clerkship rotation for at least 1 student per quarter (precept at least 4 students for year) may simultaneously apply to be considered for being recommended by the Dean initial appointment to the Clinical Faculty in an appropriate academic rank (Appendix A). This application is made by appropriate statement and agreement in their email or letter.

Currently serving volunteer preceptors who wish to be considered for being recommended by the Dean for re-appointment in an appropriate academic rank may do so by submitting an email or letter stating their agreement to regularly serve as preceptor of a 4-week clerkship rotation for at least 1 student per quarter (precept at least 4 students for year). Please also submit an updated, current C.V.

### (I) D.2 Applying for Promotion as Clinical Professorial Faculty

PCOM volunteer preceptors holding academic appointments of Clinical Assistant Professor or Clinical Associate Professor, who meet the requirements for advancement to the next higher academic rank of Clinical Associate Professor or Clinical Professor

(Appendix A), respectively, may apply by letter requesting consideration for promotion. This letter detailing how they meet each of the requirements of the next higher academic grade to which they seek to be promoted, should be addressed to the Dean and submitted to the Associate/Assistant Dean of Clinical Education. No one will be considered for promotion until they have served at least two years at PCOM in their current academic rank.

### (I) E. Permitted Preceptor Qualifications

Only Board-Certified, licensed DO or MD physicians are qualified to serve as preceptors for PCOM medical students. Physicians who are board eligible may also be acceptable as preceptors. Residents or fellows may not serve as preceptors-of-record for PCOM medical students, however, they may participate in the instruction of PCOM medical students. Only attending physicians may be the formal preceptor of record.

Although students can learn a great deal from interprofessional highly qualified practitioners, the following health professionals **ARE NOT** permitted to serve as the formal preceptor of record for any PCOM osteopathic medical student, regardless of their professional licensure or certifications:

- Dentists, including Oral/Maxillofacial Surgeons (DDS or DMD)
- Optometrists (OD)
- Physician Assistants or Nurse Practitioners (PA-C or NP)
- Chiropractors (DC)
- Clinical Psychologists (PhD, EdD, PsyD, or LCSW)
- Audiologists (AuD)
- Podiatrists or Podiatric Physicians (DPM)
- Physical Therapists
- Nurse Anesthetists (CRNA)
- Occupational Therapists
- Nurse Midwife
- Acupuncture physicians (unless MD or DO)

The above professionals may contribute to the student's clinical training as this is interprofessional education(IPE).

## SECTION II: THE CLINICAL CLERKSHIP PROGRAM

### (II) A. Overview of Clerkships

In the third-year, there are twelve (12), 4-week required rotations, interchangeably referred to as clerkships or clerkship rotations, that include both CORE, SUBSPECIALTY and ELECTIVE clerkships. The schedule is designed to ensure that a student receives the core fund of knowledge needed to sit for National Board Exams and move into the fourth year. Third year students will be required to complete the following clerkships:

#### Third-year-

##### Core Clerkships:

- DO-310: Family Medicine (Blended Learning)
- DO-312: OMM-FM (Blended Learning)
- DO-313: General Internal Medicine (Blended Learning)
- DO-314: Internal Medicine Cardiology (Blended Learning)
- DO-315: OBGYN (Blended Learning)
- DO-316: Pediatrics (Blended Learning)
- DO-317: Psychiatry (Blended Learning)
- DO-319: General Surgery (Blended Learning)
- DO-320: Surgery Subspecialty
- DO-322: Advanced Clinical Skills Radiology (Blended Learning)
- Elective (3) (this may include board preparation programming)

**NOTE:** All Clinical Clerkships must be under the supervision of a board certified, licensed DO or MD.

The Office of Clinical Education, under the direction of the Associate Dean of Clinical Education, recruits and engages preceptors and clinical partners in all core specialties to ensure the highest quality of clinical experiences for PCOM students. The Clinical Education staff works to schedule, register and operationalize all M3 and M4 clinical rotations. They will also work with students to organize and schedule electives and subspecialty rotations as delineated below.

The third-year schedule is designed as a fixed schedule. Students must complete the outlined third-year core and required clerkships in order to be promoted to their fourth-year of medical education. The fourth-year schedule is designed as a flexible schedule, permitting fourth-year students ample opportunities to complete elective clerkships in their desired field of study.



**Fourth-year** - Each student in the Class of 2026 will be required to complete the following Required and Core clerkships.

Core Clerkships:

- DO-412: Osteopathic Primary Care Sub-Internship (Blended Learning)
- DO-415: Emergency Medicine (Blended Learning)

Required Clerkship:

- DO-410: Critical Complex Care

Flexibility during the fourth-year is demonstrated by the completion of eight (4) week elective rotation opportunities. The Class of 2026 are afforded a total of two blocks of Scheduled Time Off over the M3 and M4 years.

The third-year schedule is designed to ensure that a student receives the core fund of knowledge needed in their third-year so that they may sit for National Board exams and advance into their fourth-year. The fourth-year schedule is designed to permit students ample opportunities to pursue desired rotations, audition with residency programs of interest, and ultimately match into graduate medical education programs.

### **Core Rotations**

A Core rotation is a PCOM mandated rotation which each student must complete. Core rotations are completed with the PCOM network of Core Affiliated Partners by both J-Group and Core Clinical Campus (CCC) students.

### **Required Rotations**

A required rotation is a PCOM mandated rotation which each student must complete as scheduled. Required rotations are completed either within the PCOM network of Affiliated partners (J-Group and CCC students), or outside of the PCOM affiliated network.

### **Elective Rotations**

Elective rotations are open rotations in which a student is presented with the opportunity to find and complete rotations of their choosing. Electives may be in any medical specialty. Electives may also be referred to as "Audition" Rotations for fourth-year students.

### Split Elective Rotations

Elective and subspecialty clerkships can only be taken in two or four week blocks. . Students are not permitted to complete one- or three-week clerkships unless the one week elective is for a Dermatology elective for Dermatology residency interested students.

### Overlapping Rotations

Students **are not permitted** to register for more than one clerkship during the same timeframe; rotations are not permitted to overlap, even by one day.

## (II) B. Student Groups

M3 students completing rotations at the Philadelphia Campus will be placed in one of two student groups or cohorts; a Core Clinical Campus (CCC) or a Junior Group (J-Group).

### (II) B.1 Core Clinical Campus (CCC)

The Core Clinical Campus (CCC) educational model permits students the opportunity to complete the majority, if not all, of their third-year Clerkships within one Healthcare Network. A CCC provides students with the continuity of learning within one network.

PCOM has established CCC's in Pennsylvania, New Jersey, Delaware, and Maryland.

For students who are involved with a "Home" CCC, both two week rotations for Radiology and OMM-FM will be completed on the PCOM campus.

### (II) B. 2 Junior Group (J-Group)

The J-Group model is the traditional rotation model in which students will complete their required clinical rotations with different affiliated partners and healthcare systems each month. This rotation model permits students the opportunity to experience a wide variety of clinical settings in diverse geographic areas.

PCOM has established J-Group rotation affiliations in Pennsylvania, New Jersey, Delaware, and Maryland.

## SECTION III: GRADING OF CLERKSHIPS

Please see the highlighted information below:

During the M3 and M4 Years, the majority of clinical rotations are graded using the following scale:

- Honors – outstanding performance
- High Pass – above average performance
- Pass – satisfactory performance
- Fail/Review\*

\*Failure/Review of a rotation can occur due to COMAT failure (a score below 90), Evaluation failure, blended learning requirements not being met or exceeding the allotted number of approved absences per a rotation.

Final Clerkship Grades are based on a combination of factors which vary for different core rotations and rotation types, but may factor in COMAT Exam Scores and/or Clinical Competency Evaluations as well as the successful completion of blended online learning courses.

Please note that should a student fail the COMAT twice for the same clerkship, the core rotation will change from a core to an elective rotation.

For example:

Should a student fail their General Internal Medicine COMAT, they will then sit for a retake within 45 days of the failure. Should the second attempt result in a second failure, the rotation will need to be repeated.

The original core rotation will be re-coded as DO-392 (upon successful completion of the remediated rotation, including the repeated COMAT exam): Elective General Internal Medicine with an F posted as the grade. Once the core rotation has been remediated the elective will be graded as P\*. The new core rotation, once all requirements are met, will be given a grade of Pass. High Pass or Honors are not permitted for remediated rotations.

The table below lists which components are factored into the final grade for each rotation.

Additional requirements must be completed to Pass the rotation, but are not factored into the score for the final grade.

<u>Factored into Final Grade</u>			
Core & Required Rotations	COMAT Score	Evaluation	Additional Requirements
DO 310 - Family Medicine	X	X	Blended Online Learning
DO 313 - General Internal Medicine	X	X	Blended Online Learning
DO 314- Cardiology		X	Blended Online Learning
DO 315 - OBGYN	X	X	Blended Online Learning
DO 316 - Pediatrics	X	X	Blended Online Learning
DO 317 - Psychiatry	X	X	Blended Online Learning
DO 319 - General Surgery	X	X	Blended Online Learning
DO 320 - Surgery Subspec		X	
DO 321 - IM Subspec		X	
DO 322 - Radiology		X - Pass/Fail	Blended Online Learning
DO 312 - OMM/FM (evaluation factored in for GA)	X		OMM Practical Exam + Blended Online Learning
DO 412 - Osteopathic Primary Care Sub I		X	Blended Online Learning
DO 415 - Emergency Medicine	X	X	Blended Online Learning
DO 410 - Critical Complex Care		X	

Elective Rotations	Final Grade
DO 309 - CAMR-I	Pass/Fail
DO 391 - CAMR-II	Pass/Fail
DO 392 - Elective	Preceptor Recommendation in Evaluation
DO392R - Research Elective	Pass/Fail - Deliverable & Preceptor Evaluation Required

For rotations that factor in both a COMAT score and an Evaluation score, the Final Grade is the COMAT exam score + the total Evaluation score. Grading Scales are adjusted based on how many competencies a preceptor has evaluated in the Evaluation.

Below are the grading scales for when a rotation includes an evaluation and COMAT exam in the final grade. **A minimum COMAT score of 90 is required.**

### 7 Competencies Evaluated

*Please note: Only when the Attending is a DO are all 7 competencies evaluated.*

Clerkship	Honors Pass	High Pass	Pass	Review
DO 310-Family Medicine	141	133	111	<111
DO 312-OMM/FM (evaluation factored in for GA)	144	136	111	<111
DO 313-General Internal Medicine	142	134	111	<111
DO 315-OBGYN	143	135	111	<111
DO 316 Pediatrics	143	133	111	<111
DO 317-Psychiatry	142	134	111	<111
DO 319-General Surgery	141	133	111	<111
DO 415-Emergency Medicine	144	136	111	<111

### 6 Competencies Evaluated

Clerkship	Honors Pass	High Pass	Pass	Review
DO 310-Family Medicine	136	129	108	<108
DO 312-OMM/FM (evaluation factored in for GA)	139	132	108	<108
DO 313-General Internal Medicine	137	130	108	<108
DO 315-OBGYN	138	131	108	<108

DO 316-Pediatrics	138	129	108	<108
DO 317-Psychiatry	137	130	108	<108
DO 319-General Surgery	136	129	108	<108
DO 415-Emergency Medicine	139	132	108	<108

#### 5 Competencies Evaluated

Clerkship	Honors Pass	High Pass	Pass	Review
DO 310-Family Medicine	132	125	105	<105
DO 312-OMM/FM (evaluation factored in for GA)	135	128	105	<105
DO 313-General Internal Medicine	133	126	105	<105
DO 315-OBGYN	134	127	105	<105
DO 316-Pediatrics	134	125	105	<105
DO 317-Psychiatry	133	126	105	<105
DO 319-General Surgery	132	125	105	<105
DO 415-Emergency Medicine	135	128	105	<105

#### 4 Competencies Evaluated

Clerkship	Honors Pass	High Pass	Pass	Review
DO 310-Family Medicine	128	121	102	<102

DO 312-OMM/FM (evaluation factored in for GA)	131	124	102	<102
DO 313-General Internal Medicine	129	122	102	<102
DO 315-OBGYN	130	123	102	<102
DO 316-Pediatrics	130	121	102	<102
DO 317-Psychiatry	129	122	102	<102
DO 319-General Surgery	128	121	102	<102
DO 415-Emergency Medicine	131	124	102	<102

### 3 Competencies Evaluated

Clerkship	Honors Pass	High Pass	Pass	Review
DO 310-Family Medicine	123	117	99	<99
DO 312-OMM/FM (evaluation factored in for GA)	126	120	99	<99
DO 313-General Internal Medicine	124	118	99	<99
DO 315-OBGYN	125	119	99	<99
DO 316-Pediatrics	125	117	99	<99
DO 317-Psychiatry	124	118	99	<99
DO 319-General Surgery	123	117	99	<99

DO 415-Emergency Medicine	126	120	99	<99
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In CORES for which there is only a COMAT or for which competency is not evaluated

Clerkship	Honors Pass	High Pass	Pass	Review
DO 310-Family Medicine	109	105	90	<90
DO 312-OMM/FM (evaluation factored in for GA)	112	108	90	<90
DO 313-General Internal Medicine	110	106	90	<90
DO 315-OBGYN	111	107	90	<90
DO 316-Pediatrics	111	105	90	<90
DO 317-Psychiatry	110	106	90	<90
DO 319-General Surgery	109	105	90	<90
DO 415-Emergency Medicine	112	108	90	<90

The below grading scale is used for the following Core and Required rotations: Surgery Subspecialties, Cardiology, Radiology, Primary Care Sub-I and Critical Complex Care Clerkship.

Grade	Competencies Scored					
	7	6	5	4	3	2
Honors Pass	32	27	23	18	14	9
High Pass	28	24	20	16	12	8
Pass*	21	18	15	9	9	6
Review	<21	<18	<15	<9	<9	<6

\*Radiology is graded as Pass/Fail based on the numerical system outlined above-a score of 21 and above is a Pass.



Please note: Elective rotations are graded based on the Preceptor recommended grade.

Below you will find additional information regarding the individual components that may be factored into final grades.

For information on the COMAT exam please see the COMAT section in this manual.

### Clinical Competency Evaluations

For each rotation completed, a performance evaluation – or clinical competency evaluation - will be completed by the supervising preceptor. The preceptor evaluates the student on multiple areas using a likert scale of 1-5, with 1 being the lowest – Needs Remediation- and 5 being the highest – Outstanding or Top 10%. *Please note that a three on the 5-point scale, for each competency or sub-competency, reflects that the student performed at his or her expected level.*

Evaluations consist of seven core clinical competencies, and preceptors will be evaluating students in each of these competencies. These competencies include:

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- System-Based Practice
- Osteopathic Principles and Practice

Preceptors are not required to evaluate all 7 competencies, and may indicate that one of these competencies is not applicable. When this occurs, the grading scale is adjusted so that the competency is not factored into your final grade. The most common scenario of this would be if your preceptor is an MD, in which case they would not be able to evaluate you on Osteopathic Principles & Practice. Each of the 7 competencies contain 2-3 areas on which you are evaluated. If your preceptor was a DO and they completed ALL 7 competencies, the maximum score you could receive on an evaluation is 35. Each competency and their corresponding areas are listed below:

Competency	Corresponding Areas
Patient Care	<ul style="list-style-type: none"> <li>● History Taking</li> <li>● Physical Exam</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>● Fund of Knowledge</li> <li>● Problem Solving</li> </ul>
Practice Based Learning and Improvement	<ul style="list-style-type: none"> <li>● Integration of Instruction</li> <li>● Efficiency and Effectiveness</li> </ul>
Interpersonal & Communication Skills	<ul style="list-style-type: none"> <li>● Humanism &amp; Interpersonal Skills</li> <li>● Oral Presentation</li> <li>● Written Work</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>● Dealing with Diversity &amp; Cultural Differences</li> <li>● Feedback/Criticism</li> <li>● Commitment</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>● Collaboration</li> <li>● Disease Prevention/Routine Care</li> <li>● Cost Consciousness</li> </ul>
Osteopathic Principles and Practice	<ul style="list-style-type: none"> <li>● Osteopathic Philosophy</li> <li>● Osteopathic Structural Exam</li> <li>● OMT</li> </ul>

*For example, when your preceptor completes your evaluation for Patient Care, they would evaluate you specifically for your competence in History Taking and Physical Exams.*

The average or mean of the scores received in each area will then be used as your final score for that competency. Your final evaluation score is the sum of all competency scores.

*For example, for the Patient Care competency, your preceptor may give you a 5 for History Taking and a 3 for Physical Exam . Your competency score for Patient Care would be the average of these two scores, or in this case, a 4. The competency score will be added to all other competency scores to determine the final evaluation score.*

### Blended Online Learning

The last factor that contributes to the student's final clerkship grade is the successful and timely completion of all Blended Online Learning course assignments.

Blended Online Learning Courses are held on Blackboard for the following rotations:

- DO-310: Family Medicine (M3)
- DO-312: OMM (M3) (for those completing the rotation at PCOM)
- DO-313: General Internal Medicine (M3)
- DO-314: Cardiology (M3)
- DO-315: OBGYN (M3)
- DO-316: Pediatrics (M3)
- DO-317: Psychiatry (M3)
- DO-319: General Surgery (M3)
- DO-322: Advanced Clinical Skills Radiology (M3) (Students completing Radiology at PCOM will have a blended learning component)
- DO-412: Osteopathic Primary Care Sub I (M4)
- DO-415: Emergency Medicine (M4)

**Note:** Students will be enrolled in the course that aligns with their rotation schedule on the first day of that rotation; blended Online Learning is administered by PCOM Clinical Preceptors. Blended online assignments are required and should be accessed on Blackboard at the beginning of each rotation. **All assignments are to be completed by Saturday night of Week #4 by 11:59 pm.**

**Any assignments accepted between the end of the rotation and the two weeks following that rotation will prevent the student from receiving a High Pass or Honors Pass for that rotation. Should students not complete their assignments by two weeks after the rotation block, they will receive a Failure for their rotation and be referred to SPEC.**

## SECTION IV: CLINICAL CLERKSHIP EVALUATION

### (IV) A. Evaluation of the Student

PCOM has four evaluations, one is used for core rotations, one for electives, one for research electives and one for virtual elective rotations. The evaluation for Cores and Electives are the same with the exception of the final grade assigned. The final grade for Core rotations is based on the numerical value of the evaluation (evaluation score). While

the Elective evaluation is based solely on the Preceptor's recommended grade (Honors Pass, High Pass, Pass or Fail). The Research evaluation is designed to evaluate competencies that are specific to research (rather than those in a clinical rotation). The Virtual Elective evaluation is based solely upon the Preceptor's recommended grade (Pass or Fail). Samples of these evaluations can be found in the final section of this manual.

Performance Evaluations (also referred to as the "Clinical Competency Evaluation") are captured and stored in the electronic platform eValue. Preceptors are emailed an evaluation link on the third Friday of a four-week rotation or the first Friday of a two-week rotation of each scheduled rotation. A completed evaluation of the student's performance is due at the end of the rotation. An evaluation reminder will be automatically generated one week after the end of the rotation from eValue, PCOM's electronic evaluation platform. Per accreditation and federal regulations requirements a completed evaluation must be captured for all student rotations.

Should an evaluation not be submitted two weeks past the completion of the rotation, students should reach out to their preceptor or site coordinator to request the evaluation (they should CC the Office of Clinical Education on this request). If an evaluation is still not submitted and four to six weeks since the rotation have passed, the Office of Clinical Education will reach out to the site/preceptor to directly solicit outstanding evaluations.

**Please Note:**

Completed by preceptor – Clerkship Clerkship Evaluations for all clerkships are sent to the preceptor electronically, currently via eValue, to the email designated by the site or preceptor. It is important that the Office of Clinical Education (OCE) has the correct email for the preceptor at the start of each clerkship rotation. The evaluation will appear in the evaluator's queue on the 3rd Friday of a 4-week rotation, or the 1st Friday of a 2-week rotation.

The evaluation **MUST** be completed by an attending physician. Evaluations completed by residents or other healthcare professionals will not be accepted.

For services in which there are multiple attending physicians, fellows, and residents working with the student, it is expected that the evaluation be a consolidation of all faculty working with the student.

The student's level of performance in the seven core clinical competencies are evaluated in comparison with other students at the same level of training. Grading is

from 1 to 5, with 1 being substandard and 5 being outstanding. Please note that a score of 3 on any section of the Clerkship Evaluation indicates competency in accordance with the expected level of performance for an M3/M4.

Core rotations final evaluation grade is the combined total of all points assigned (1-5) of the seven core clinical competencies. Elective rotations final evaluation grade is determined by the preceptors recommended grade of Honors Pass, High Pass, Pass, or Fail, at the bottom of the evaluation.

Preceptors need to discuss the student's performance with them at the halfway point (and again at the end) of the clerkship. This will allow the student the opportunity to review any perceived weaknesses he/she might have, as well as show the student whether they are meeting their preceptor's expectations for them in the clerkship. This midpoint evaluation will permit corrective action of perceived deficiencies prior to the final evaluation.

Students are encouraged to first discuss any problems they are having on a clerkship with their preceptor. If the problem is not resolved, they should discuss it with the Director of Medical Education of the institution where they are on clerkship. Finally, if the problem is not resolved, or is perceived by the student to be of a serious nature, the student should inform the Senior Associate Dean of Clinical Education.

Electronic submissions of the evaluations expedite calculation and posting of final grades. If a preceptor has any issues submitting electronically, please direct them to contact the [Office of Clinical Education](#).

#### (IV) A.1 Honors or High Pass Grades (Elective rotations only)

Preceptors need to consider the following administrative requirements when recommending a grade of Honors or a High Pass:

- Please assess students based on their current level of training. What is outstanding for a third year medical student may be regarded as only competent (satisfactory) for a fourth year student.
- Within the seven competencies on which the student is evaluated, a majority of 5's (outstanding) must be given to contribute to an Honors grade, a majority of 4's must be given to contribute to an High Pass grade.

- You must either check Honors or High Pass (on the bottom of the last page).
- Summative Comments are strongly encouraged to enhance the student's MSPE and provide valuable performance feedback to the student. Examples of Summative Comments that support the recommended Honors grade:
  - Shows exceptional performance compared to peers
  - Outstanding student
  - Best student I have had all year
  - Student performing at a resident level

#### (IV) A.2 Outstanding Evaluations

Outstanding evaluations are monitored and the Office of Clinical Education makes multiple attempts to contact the preceptor and collect the outstanding evaluation. In addition, the Assistant/Associate Dean of Clinical Education assists with outreach. In the event of continued "no response," Clinical Education staff may ask the student to assist. The Office of Clinical Education provides a written evaluation form to Preceptors/Site Coordinators as a last resort.

If an evaluation is not obtained by the end of the academic year, a provisional pass may be issued by the Associate Dean of Clinical Education. If the evaluation is subsequently received, the student grade will be revised accordingly.

#### (IV) A.3 Review and Remediation

Any student receiving a "1" or "2" on any competency or sub-competency will have their evaluation reviewed and if needed a meeting will be held with the Senior Associate/Assistant Dean of Clinical Education.

#### (IV) A.4 Student Solicitation of Feedback

Students are required to ask for verbal feedback from their preceptor at the halfway point of the clerkship, and then again at the end of the clerkship, if it is not provided on an ongoing basis. Rotation evaluations and dialogue with preceptors will afford the student the opportunity to understand their strengths and weaknesses as discovered by their preceptor(s). This is intended to be a formative and constructive process for the professional development and improvement of the student.

#### (IV) A.5 Questionable Evaluations

Clinical clerkships will be graded on the Clinical Clerkship Evaluation form as a Fail, Pass, High Pass, or Honors basis.. Regardless of the type of clerkship, any student receiving a questionable evaluation or one recommending a failure on their Clinical Competency Evaluation will meet with the Associate Dean of Clinical Education. The Associate Dean of Clinical Education will review the details and determine the final grade of the clerkship in question.

#### (IV) A.6 Evaluation Failures

Should a student receive a failure, an “F” will be recorded on the student’s official transcript and the clerkship must be repeated during the first vacation or available elective period of the current clinical year. If the student has already taken vacation, the make-up will be scheduled during the first available elective slot and the elective missed because of this rescheduling will also be made-up within that clinical year or before graduation (whichever is sooner).

After satisfactory completion of the repeated clerkship, the failure of the initial clerkship will be changed to a “P\*”. The clerkship completed as remediation will be graded per the grading policy.

**NOTE: All M3 clinical clerkships must be completed before any M4 clerkships can begin.**

#### (IV) A.7 Non-attendance Evaluations

Any student who does not report to a clerkship without prior consent from the Senior Associate Dean of Clinical Education will receive an automatic “F” and will be referred to SPEC.

#### (IV) A.8 Medical Student Performance Evaluation (MSPE)

It is imperative that both students and preceptors fully understand that the evaluation form permits and encourages preceptor comments. Preceptors are asked to provide formative comments from which the student can learn (but which are not included in the MSPE).

Final written summative comments are lifted verbatim from the evaluation form’s summative comments section, and are included on a student's Medical Student Performance Evaluation (MSPE), which is available for Residency Program Director

**review.** Please encourage preceptors to include them and to be specific, especially in the Summative section of the Performance Evaluation.

The MSPE will be prepared after completion of the student's third year of medical school. It will contain the grades and summative (final) comments of all core clerkships.

## SECTION V: NBOME COMPREHENSIVE OSTEOPATHIC MEDICAL ACHIEVEMENT TEST (COMAT)

Throughout the third and fourth year, students take a series of Comprehensive Osteopathic Medical Achievement Test (COMAT) Exams, sometimes referred to as shelf exams or exit exams.

Please note: Students should be released from call and/or other clerkship duties and responsibilities no later than 4:00 pm the day preceding their scheduled exam (which is typically administered on the final Friday of a Block).

COMAT exams are completed via the NBOME and proctored on campus or at a pre-approved PCOM testing center. All COMATs are taken in person and administered by a proctor. The proctor ensures students are not using prohibited aids such as books, notes, internet sites, etc. while taking the exam.

A COMAT exam will be completed at the end of the corresponding rotation in order to test students on clinical subject matter. Clinical subject examinations completed at the end of core clerkships. Students complete COMAT exams in the following subjects:

- DO-310: Family Medicine (M3)
- DO-312: OMM (M3)
- DO-313: General Internal Medicine (M3) *The IM COMAT will be taken only after completing the General Internal Medicine (DO-313) and Cardiology (DO-314) rotations.*
- DO-315: OBGYN (M3)
- DO-316: Pediatrics (M3)
- DO-317: Psychiatry (M3)



- DO-319: General Surgery (M3) *The Surgery COMAT exam will be taken only after completing both the General Surgery (DO-319) and Surgery Subspecialty (DO-320) rotations.*
- DO-415: Emergency Medicine (M4) *In the M4 year, the only COMAT exam is Emergency Medicine.*

For Family Medicine, OMM\*, OBGYN, Pediatrics and Psychiatry, students sit for the corresponding COMAT exam on the last Friday of the rotation block.

*\*In addition to the OMM COMAT, students must complete an OMM Practical Exam on the OMM COMAT test date.*

The exam is 120 questions and two hours and 30 minutes long.

No extensions in time will be given unless a formal accommodation is in place. Students must notify the Office of Clinical Education's COMAT Testing Coordinator. Clinical Education will verify the accommodation with The Equity and Title IX Coordinator in Human Resources.

COMAT exams will be taken on PCOM's campus or at away CCC partner sites, depending upon the CCC. Students in home CCC's and J-Groups will return to PCOM's campus for COMAT exams.

COMAT exam scores are typically available on Thursday afternoons from the NBOME, please note that if an exam is taken on a Wednesday, the score will not be available until a week later. Students can view their scores by logging into their NBOME account. Scores are then uploaded into Banner the following day so that they are displayed on your my.pcom.edu schedule. The current passing score for PCOM students for all COMAT exams is 90. Students who score lower than the minimum passing score must retake the exam within 45 days of the original testing date. Students will have two attempts to pass the COMAT exam. If a student fails the COMAT exam twice, they will receive a failure for that rotation and be referred to the Student Progress and Evaluations Committee (SPEC).

The Office of Clinical Education schedules COMAT exams for students. Exams are administered on the last Friday of the clerkship.

Should any student encounter any difficulties or issues with the exam and need immediate assistance, contact the COMAT Coordinator at 215-871-6857. If you are unable to directly speak with the Clinical Education staff, send notification via email to [clinical\\_education@pcom.edu](mailto:clinical_education@pcom.edu) immediately to document your issue.

#### Excused Absence for COMAT Exams

All COMAT exams *must be taken on the scheduled date*. If a student, for whatever reason, cannot take the exam on the assigned day, the student must contact the Office of Clinical Education at least *one week prior to the exam* to obtain an excused absence. Students must notify the Office of Clinical Education if an untoward event or life circumstance urgently or emergently prevents them from taking the exam.

The student must provide a doctor's note for an absence due to illness and submit the note to the Office of Clinical Education. Should a student miss their COMAT exam due to acute illness, family emergency, etc., the student is required to sit for that missed COMAT exam within 7 calendar days of the original date. Exceptions to this 7-day makeup policy can only be made by the Assistant/Associate Deans of Clinical Education.

Failure to obtain an excused absence for missing the COMAT Exam will result in an automatic failing grade for the exam.

## SECTION VI: GUIDELINES FOR CLINICAL CLERKSHIPS

1. Students shall be under the supervision of a physician designated for this purpose.
2. Students shall assume responsibility for and perform their assigned duties in accordance with the Training Institution (TI) regulations.
3. The Training Institution should provide suitable housing accommodations for core clerkships if not within a reasonable commuting distance from PCOM.
4. Students are expected to be on duty in the Training Institution or office five full days per week. Students may also be assigned to nights and weekend services as part of the teaching program. Schedules will be arranged in such a manner as to allow them time for assigned readings, self-directed learning, and attendance at conferences and lectures.
5. When requested or required by the supervising physician, students are permitted to take a history and physical examination of the patient. Histories and physicals may be dictated or recorded in the chart, and may be signed by the student's attending according to the rules and regulations of the Training Institution.

6. Progress notes may be written by the students under the direction of the attending or supervising physician. Progress notes must be countersigned within the time required by the rules and regulations of the Training Institution.
7. Students shall not order any examinations, tests, medications, or procedures without consulting and obtaining the prior approval of the attending or supervising physician. Students shall not write prescriptions.
8. PCOM is committed to ensuring that any health professional providing health services through a therapeutic relationship will recuse him/herself from the academic assessment or promotion of the student. If a student is assigned to a supervising physician with whom there is a therapeutic relationship, please notify your Office of Clinical Education, for reassignment..
9. Attendance by students is required at all conferences, discussions, and study sessions, and any other programs of an educational nature designed specifically for students, and should be documented with an attendance record. In addition, students should be encouraged to attend lectures for interns, provided these do not interfere with the students own program.
10. Students shall not be excused for trips away from the training location except by the Director of Medical Education and/or the Preceptor. In addition, for each clerkship, the student is required to complete assigned readings and to evaluate the clerkship.
11. If a student becomes ill, the illness must be reported to the attending physician to whom the student is assigned and the Office of Clinical Education. The student must call-in every morning he/she will be absent. A Doctor's note must be provided if the illness lasts longer than three (3) days, and medical clearance to return to work must be secured. A copy of this note must be sent to the Office of Clinical Education.
12. Students shall be granted permission to be absent from their service in order to take any National Board of Osteopathic Medical Examiners examinations. The student shall advise the Training Institution well in advance of their intent to take these examinations. If necessary, students should be allotted travel time to reach the destination of their next clerkship.
13. Students shall be required and encouraged to participate in the utilization of osteopathic manipulative therapy when ordered. This therapy shall be applied under the direction of an attending or supervising osteopathic physician.
14. Students shall learn and perform procedures under appropriate and proper supervision in those areas where the Training Institution regulations permit such instruction. In addition to the general regulations, students shall abide by all specific departmental regulations of the Training.

15. Institution - The Training Institution shall provide each clinical clerk with an orientation program when he/she first reports for service.
16. Students are to conduct themselves in a courteous and professional manner and shall follow the dress code of the Training Institution and the College at all times.

#### (VI) A. Student Responsibilities and Duties

The student is directly responsible to the supervisory personnel at the training site. The student is expected to responsibly fulfill and perform all assigned duties in accordance with the rules and regulations of the training institution. Any problems or difficulties encountered by the student should be communicated immediately to the Medical Director at the teaching site, Site Coordinator if applicable and the Associate Dean of Clinical Education. PCOM will provide guidance and next steps to resolve the issue. Reach out to Clinical Education early about issues. Do not wait.

#### (VI) B. Core Clerkships & Blended Learning

Students shall have academic half days for most of core clerkships in their M3 year. Please see the table below for detailed information as to the day of the week that this shall occur. Students shall be excused at noon for those clerkships that have an academic half day. Students shall begin their academic half day at 1 pm, unless otherwise specified in the table. Their sessions shall last until approximately 5 pm for most clerkships. We appreciate your cooperation with this new educational activity for our students. Students scheduled for a night shift are expected to report for service at the conclusion of the mandatory synchronous session.

Please see the table below for the schedule of the mandatory synchronous sessions by speciality.

DO-310: Family Medicine	Wednesdays at 1 pm
DO-313: General Internal Medicine	Tuesdays at 1 pm
DO-314: Internal Medicine Cardiology	Thursday at 1 pm for Weeks #1, 2 & 3; Tuesday at 1pm on Week #4
DO-315: OBGYN	Wednesdays at 1 pm
DO-316: Pediatrics	Thursdays at 1 pm

DO-317: Psychiatry	Wednesdays at 1 pm
DO-319: General Surgery	Wednesdays at 1 pm

## (VI) C. Holidays & Clerkship Hours

While on hospital clerkships, PCOM students should be on service a minimum of 40 hours per week to satisfy rotation credit requirements and a maximum of 80 hours per week. At the discretion of the Director of Medical Education, DIO, or clerkship attending physician, students may be required to be on call during weekends or work nights.

**Total clerkship on service and on call time should not exceed 80 hours per week.**

The only official college Holidays for third- and fourth-year PCOM DO Medical Students are:

- Thanksgiving (the Holiday starts at the end of the workday on the Wednesday before Thanksgiving, and it ends on the following Monday morning),
- Winter Break, and the 2 week break between third- and fourth-year.

Core sites will be advised by the Office of Clinical Education in advance of the approved PCOM Holidays. If the student wishes to be on service during a break, the student may do so with the permission of their Preceptor, the DIO and the Associate Dean of Clinical Education. Optional elective rotations completed over any two week break must be formally registered with The Office of Clinical Education and a CRF must be on file to receive academic credit.

Off-cycle students who need a rotation during a break for credit, must be granted permission by the Associate Dean of Clinical Education and are required to submit a Clerkship Registration Form per deadlines to receive credit for the rotation.

In the event of illness, a physician's note excusing the student from service is required. Likewise, if a student is placed off rotation due to an injury, a physician note is required for return to rotations.

Any requested and approved days off from a Clerkship Rotation may have to be made up by the student in order to receive a grade for the clerkship. Repeated days off from a clerkship or a pattern of multiple days off on subsequent clerkships may result in a grade of "F" for a clerkship at the discretion of the Associate Dean of Clinical Education.

### (VI) C. Religious Practice Accommodations

Information relating to religious accommodations can be found in the DO Student Handbook (a copy can be provided upon request). Any requests for absences due to religious reasons should be emailed in advance to the [Equity and Title IX Team](#). Notification to the Preceptor of Record will be done after accommodations are reviewed.

### (VI) D. Expectation During Emergency Situations

In an emergency situation, (e.g., hurricane, tornado, flood, snow/ice, storm), students will comply with ALL instructions and orders given by official local, state, or federal emergency management agencies or law enforcement. For example, if ordered to evacuate an area, students will do so; if ordered to remain off the roads, students will do so. Not complying with such instructions is reckless and unprofessional behavior. Any student who receives a citation or summons for having failed to obey instructions during an emergency will be subject to PCOM disciplinary action(s) for unprofessional behavior, up to and including dismissal.

If ordered to evacuate, each student will immediately proceed to a safe area outside of the evacuation zone. Once they are in a “safe” location, each student must notify the Office of Clinical Education of their precise location.

### (VI) E. Inclement Weather Policy

When there is a forecast or an event of severe inclement weather (snow/ice hurricanes) which might impact a student’s ability to travel to a clinical rotation site, students on rotation should follow the policy of the site he/she is scheduled to rotate with.

If PCOM is closed for business it does not automatically mean that M3-M4 students do not need to report for clinical rotation. It is the student’s responsibility to follow the policy of the specific site he/she is rotating with to the extent possible.

Please discuss the inclement weather plan **proactively with the appropriate Supervising Attending and/or Coordinator/Contact** at your rotation site in the event of an inclement weather forecast so you can plan ahead of time.

If a student is not able to attend or does not feel safe traveling to a clinical rotation site due to weather related issues **please inform all of the below parties via phone and**

email in order to ensure your safety and well-being and to maintain professional best practices.

- Supervising Attending
- The appropriate Coordinator/Office Administrator at your rotation site
- The [Office of Clinical Education](#) at PCOM

In all cases students should follow up with the appropriate physicians and administrators at his or her site regarding the absence and ensure a make-up plan for any missed time as appropriate.

Please contact the Office of Clinical Education with any questions or concerns.

## SECTION VII: ABSENCES

All absences are handled by the Office of Clinical Education, not through clerkship sites or Student Affairs. Any student who misses more than four (4) days on any 4-week clerkship, or (2) days for 2-week clerkships, will be required to make up missed days in a manner acceptable to the Preceptor of Record, the DIO/DME, and the Associate and/or Assistant Dean of Clinical Education to receive credit for the clerkship.

### (VII) A. Excused Absences

Excused absences during the third and fourth year are limited to board examinations (COMLEX, USMLE Step exams), illness, life emergencies, medical appointments, jury duty, residency interviews, and a very limited number of days (see below) for professional conferences.

Students should only take the time that is required, for example if a medical appointment is needed and can be accomplished in a morning, a full day should not be taken.

In the event of illness or emergency, students must notify the preceptor of record and the Office of Clinical Education in real time at [clinical\\_education@pcom.edu](mailto:clinical_education@pcom.edu). Other than emergent situations or illness, students must notify their preceptor of record, Director of Medical Education, where applicable, and the Associate and/or Assistant Dean of Clinical Education for final approval. Depending on the situation and time lost, adjustments to student schedules may be required, including make-up time. A meeting with the Associate and/or Assistant Dean of Clinical Education, when necessary, will be scheduled

after discussion with the preceptor of record to determine the appropriate course of action.

The Office of Clinical Education does not authorize days off for reasons such as study days, weddings, and parties. Students requesting schedule modifications and/or time off for religious reasons must contact the [Equity and Title IX Office](#), and include The Office of Clinical Education in any decisions rendered so partner sites can be informed.

To proactively request time off from a rotation and for emergent situations (such as illness), students are to complete the [Time-Off Request Form](#). From there, the preceptor of record and/or site coordinator will receive a formal communication from PCOM if the absence is approved.

Failure to notify the Office of Clinical Education and the preceptor of record immediately or request prior approval as delineated above shows a lack of professionalism and respect to the preceptor, institution and scheduled clinical experience. This will result in a mandatory meeting with the Associate and/or Assistant Dean of Clinical Education and a professionalism warning commensurate with the offense(s).

#### Conference Attendance:

PCOM recognizes the value of professional development experiences as part of their curriculum. The student may apply to take time off as an **excused absence** to attend the conference. Third-year (M3) students who are in **good academic standing**, having **passed COMLEX Level I**, and without any failures in ongoing clerkships may apply for an excused absence, not to exceed three (3) days to participate. Fourth-year (M4) students who are in **good academic standing** and without any failures in ongoing courses may apply for an excused absence, not to exceed four (4) days to participate. **These days will be counted towards the total number of excused absences, not in addition to the total number of excused absences.**

For example if a student submits an Excused Absence Request to take 3 days for a conference presentation this would count as **3 excused absences** and the student has only 1 day left for any other excused absence (illness, COMLEX exam, etc).



## (VII) A.1 Unexcused Absences

Any absence from a clerkship without prior approval, **or without timely notification to the Office of Clinical Education or Site preceptor as listed above**, will be regarded as an unexcused absence. In the event of an unexcused absence, the student must provide a written explanation for the absence to the Office of Clinical Education. **Time missed for any unexcused absence must be made up.** This make-up will be at the discretion of the Associate and/or Assistant Dean of Clinical Education in consultation with the student's preceptor of record and the DME/DIO of the institution where the student is performing the clerkship.

**Any student who cumulatively misses more than four (4) days on any 4-week clerkship or (2) days for 2-week clerkships, will be required to make up missed days in a manner acceptable to the Preceptor of Record, the DIO/DME at their rotating institution, and the Associate and/or Assistant Dean of Clinical Education to receive credit for the clerkship.**

*Repeated unexcused absences during a single clerkship, or a pattern of unexcused absences on subsequent clerkships, may result in a grade of "F" (Fail) for the clerkship. Students with failed clerkships will be referred to SPEC.*

Please note: Any student who does not report at the start of their rotation, without the consent of the Senior Associate or Assistant Dean of Clinical Education will be contacted by the Office of Clinical Education to assess the situation, a determination regarding disciplinary measures will be made at the discretion of Senior Associate or Assistant Dean of Clinical Education.

## SECTION VIII: CLERKSHIP EXPECTATIONS

### (VIII) A. Malpractice Insurance

All students serving assigned or approved clinical clerkships are covered by the professional liability insurance of the Philadelphia College of Osteopathic Medicine during their M3 and M4 years.

Malpractice Insurance does not cover rotations (or shadowing) for which students are not receiving academic credit. While students are welcome to shadow a physician in their free time, they do not receive credit for "extracurricular experiences" and therefore are not covered by PCOM's malpractice insurance.

**Important Notes:**

- Any student starting an Elective clerkship rotation without prior proper registration by the Office of Clinical Education will not receive credit for that rotation elective, will be placed on scheduled time off, and will be required to make up the clerkship at a future date. Please note that the Certificate of Liability does not cover any rotation for which a student is not registered, nor does it apply to international rotations.
- Any student delivering unsupervised medical care is engaging in unauthorized treatment in violation of College policy, is not insured by the College malpractice carrier, and may be subject to disciplinary action including dismissal.

## (VIII) B. Legal Limitations on Professional Practice

It is a violation of the laws of the State of Georgia and the Commonwealth of Pennsylvania and contrary to the policy of this college for any unlicensed person to engage in or attempt to engage in the professional practice of health care. Please remember that, as a student, you are NOT a licensed health care provider, and until you have graduated and you are licensed, you cannot engage in the practice of health care.

**NOTE:** While some DO students may be fully licensed in other health care professions (for example, RNs, PAs, dentists, etc.), they may NOT exercise the rights and responsibilities of their license while simultaneously performing their duties and responsibilities as a medical student on clinical clerkship rotations.

Professional practice in health care includes such activities as diagnosis, the rendering of medical treatment or advice, the prescribing of drugs and all other activities normally performed by physicians or other licensed professionals. Students are cautioned to confine their training activities involving the activities above to supervised teaching clinics, hospitals and training sites. At no time should you assume responsibility for the care of any patient because, as a student, you are unlicensed and this would be an unlawful activity.

**NO STUDENT IS AUTHORIZED TO RECEIVE OR TO COLLECT FOR THEMSELF OR FOR ANY OTHER PERSON, ANY FEE OR GRATUITY FOR PROFESSIONAL SERVICE.**

### (VIII) B.1 Patient Care

Students are required to comply with all hospital/clinic requirements related to patient legal care.

## (VIII) C. Conduct Expectations

Students are expected to demonstrate a professional attitude in accordance with the American Osteopathic Association Code of Ethics, the professional standards set forth throughout the Student Handbook, and in compliance with all hospital or clinic policies and regulations relating to patient care, behavior and the moral, legal and ethical standards expected of physicians.

A student accused of violating policies involving behavior or disregard of hospital or statutory laws may be subject to disciplinary action.

## (VIII) D. Professionalism

Students are expected to demonstrate a professional attitude in accordance with the American Osteopathic Association Code of Ethics, the professional standards set forth throughout the Student Handbook and in compliance with all hospital or clinic policies and regulations relating to patient care, behavior, and the moral, legal, and ethical standards expected of physicians.

A student accused of violating policies involving behavior or disregard of hospital or statutory laws may be subject to disciplinary action.

A student who begins to exhibit issues of Professionalism that affects their academic performance on their clerkship will be reviewed by the Associate/Assistant Dean of Clinical Education in consultation with the Office of Student Affairs to see if any additional professionalism issues were filed with the Ethics and Professionalism Committee.

This information will be referred to the SPEC Committee for determination of what appropriate action may be required.

### (VIII) D.1 Professionalism Warning

A professionalism warning occurs when a student fails to demonstrate respect to the university, school, faculty, peers, or others as a matriculated student. A Level 1, 2, or 3 Warning will be determined by the faculty, the administration, or collectively by both and be described as “needs improvement” or “unsatisfactory”. Warnings will be reviewed at the end of the designated period and may be removed or extended. Students with a Level 3 or repeated Warnings may be recommended to the disciplinary committee.

Any person involved with PCOM student activities that needs to report professionalism issues should email the [Office of Clinical Education](#). A meeting can be scheduled to further discuss the students conduct and next steps.

### (VIII) E. Confidentiality: HIPAA

All records and communications regarding a patient's care are protected by Federal and State courts as confidential and are only to be disclosed to other members of the health care team who have a need to know. Even with appropriate personnel, the student is to use discretion when discussing patient information. Such communication is not to take place in hallways, elevators, cafeterias or other areas where other employees, students, patients or visitors may overhear information.

Information overheard or viewed by the student inadvertently is subject to the same respect for patients confidentially as firsthand knowledge. Unauthorized release of confidential information, in any form, may subject the medical institution, health care providers, and staff to civil and criminal liability or professional disciplinary actions. Therefore, a breach of confidential information pertaining to the patient's medical, mental, personal, or financial conditions is considered adequate justification for dismissal of the student from the clinical clerkship specific to the breach of confidentiality and all subsequent clerkships scheduled with the involved institution.

## SECTION IV: RESIDENCY

### (IV) A. Electronic Residency Application System (ERAS)

Transcripts are uploaded by the end of August to allow time for all third-year clerkship evaluations and COMAT exam scores to be received, for grades to be calculated, and to ensure that third-year grades are reported to the Registrar.

Transcripts are automatically submitted to ERAS two times (early July and again in early September) of the M4 year.

#### (IV) A.1 Letters of Recommendation from Preceptors

Current and former DO students may request a letter of recommendation from you as their preceptor. The student's request must be by the student's own letter and should be accompanied by a C.V. or Resume, and a statement of career goals. The decision to provide any letter(s) of recommendation for any student is always the personal choice of each individual preceptor.

When students are applying for internship and residency programs, your letters of recommendation should be sent via the ERAS system.

Please note that the Office of Clinical Education does not have access to the letters submitted for ERAS; it is recommended that students obtain a Letter of Recommendation for clerkship applications by March of their M3 Year.

## SECTION X: STUDENT WELLNESS

### (X) A. Medical Student Duty Hours & Fatigue Mitigation

The accreditation standards for graduate medical education programs include restrictions on the duty hours that are associated with residency training programs. These are utilized for Medical Student Duty Hours. Institutions are expected to promote a clinical learning environment in which duty hours are monitored and mitigation strategies are employed to prevent the adverse effects of fatigue.

This policy is established to prepare PCOM students for the rigors of clinical clerkship schedules and to implement guidelines for clinical workload to ensure medical student well-being.

1. The goals of this policy are to:
  - a. Promote medical students' understanding of duty hour restrictions, the rationale behind them, and the importance of adherence.
  - b. Provide educational resources on fatigue, sleep deprivation, burnout, and other issues related to physical and psychological well-being.
  - c. Provide guidelines for duty hours on clerkship rotations
2. Medical Student Hours on Clinical Rotations
  - a. During clerkship, a student's work schedule will be dependent upon their rotation assignment. Students should seek clarification of their schedule if there is any uncertainty about duty hours.
  - b. Students may be scheduled for night and/or weekend shifts based on the workflow of the assigned rotation. Such assignments should be balanced to promote the student's education over service.
  - c. While assigned clinical duties, rounds, and on-site educational programs are considered part of the student's work hours, activities such as independent

study, reading for assignments, and preparing for COMAT examinations are not and should not be included in the tally of work hours.

- d. Students should be assigned no more than 80 hours per week and should have at least one day off every seven-day period or two consecutive days off in every fourteen-day period. Students who are scheduled for in-house overnight call should be permitted to go home after eighteen to twenty-four hours, and should not be scheduled more frequently than every third night.
- e. Students should have access to on-site call room facilities if scheduled for overnight call in the hospital setting.
- f. Students will be expected to self-monitor their assigned hours. If a student believes that they are being asked to exceed these duty hours during any clerkship rotation, they should immediately consult the Office of Clinical Education at the student's home campus. All other matters related to duty hours should be directed to the Office of Clinical Education at the student's home campus.

### (X) B. Substance Use Disorder

Recognizing that substance use disorders are medical problems, PCOM can provide assistance for diagnosis and treatment. That said, students found to be impaired or testing positive will be removed from rotations until the appropriate care is sought and the student is medically cleared.

## SECTION XI: ADDITIONAL INFORMATION

### (XI) A. Student Clerkship Evaluation Feedback

Students are encouraged to complete evaluations of their clerkships in order for students to receive a final grade. The evaluation is on Anthology CourseEval for all rotations. This is critical information used to review and uphold the standards of quality clinical experiences for all PCOM students.

### (XI) B. Injury During Training Assignments

In the event of an accident, injury, or other incident during a training assignment, the accident/incident/injury report procedure of the institution, where the student is training, must be followed. Without this record keeping, the student's health insurance coverage and/or PCOM professional liability could be placed in jeopardy.

In the event of an injury in a clinical or other training setting, such as a needle stick or splash injury, the student should immediately report the incident to the supervisor of the clerkship at the rotation site AND to the [Office of Student and Resident Medical Records](#). The student is responsible for the cost of evaluating and treating the injury. The student's personal health insurance plan will be billed by the provider. Students are responsible for all additional co-pays. Information about procedures relating to radiation and hazardous material exposures at training sites is contained on the PCOM website and in the institutional Health and Safety Manual.

## (XI) C. Rotation Syllabi

Please see the following links for access to the syllabi. Upon request, syllabi can be provided via a PDF.

### M3 core rotations

[DO-310: Family Medicine](#)

[DO-312: OMM](#)

[DO-313: General Internal Medicine](#)

[DO-314: Cardiology](#)

[DO-315: OBGYN](#)

[DO-316: Pediatrics](#)

[DO-317: Psychiatry](#)

[DO-319: General Surgery](#)

[DO-320: Surgery Subspecialty](#)

[DO-322: Radiology](#)

### M3 elective rotations

[DO-309: Cognitive Approach to Medical Reasoning \(CAMR-I\)](#)

[DO-373: Dean's Opportunities for COMLEX Success](#)

[DO-374: Achieving COMLEX Excellence \(ACE\)](#)

[DO-380: Principles of Board Preparation](#)

[DO-391: Cognitive Approach to Medical Reasoning \(CAMR-II\)](#)

[DO-392: Internal Medicine Subspecialty Elective](#)

[DO-392R: PCOM Research & Scholarly Activity](#)

### M4 required rotations

[DO-410: Critical Complex Care](#)

M4 core rotations

[DO-412: Osteopathic Primary Care Sub-I](#)

[DO-415: Emergency Medicine](#)

M4 elective rotations

[DO-392: Internal Medicine Subspecialty Elective](#)

[DO-392R: PCOM Research & Scholarly Activity](#)

(XI) D. Clinical Clerkship Evaluations





Philadelphia College of Osteopathic Medicine  
CORE Clinical Clerkship Evaluation  
Academic Year 2025-2026

Student's Name:	
Rotation Site:	
Field of Medicine:	
Rotation Dates:	to

*Please note: This evaluation is to help the student understand where they are performing well or may need improvement. Please select a rating category that best represents their performance. Be sure to consider the student's level of education when evaluating their performance.*

PATIENT CARE		
History Taking		
	0	N/A
	1	<b>Needs Remediation:</b> Absent written record or inaccurate and poorly organized. No interpretation of results.
	2	<b>Less than Expected:</b> Incomplete and/or poorly organized at times. Some understanding/or interpretation of results.
	3	<b>Expected:</b> Includes basic information; may analyze new data/impact on patient management.
	4	<b>More than Expected:</b> Accurate data included with ongoing assessments of basic problems. Clearly stated assessment and plan.
	5	<b>Outstanding – Top 10%:</b> Thorough and precise written record. Integrates evidence-based information into assessment plan.
Physical Exam		
	0	N/A
	1	<b>Needs Remediation:</b> Omits critical parts of the exam and/or deficient exam skills. Disorganized. Frequently not thorough. Misses and/or misinterprets findings.

	2	<b>Less than Expected:</b> Generally complete but misses a few significant abnormal findings. Not consistently organized.
	3	<b>Expected:</b> Complete; usually recognizes abnormal findings. Expected for a student at this level.
	4	<b>More than Expected:</b> Demonstrates correct technique with an organized approach; recognizes all abnormal findings.
	5	<b>Outstanding – Top 10%:</b> Able to efficiently focus exam based on differential diagnosis. Attentive to details.
<b>ADDITIONAL COMMENTS:</b>		
<b>MEDICAL KNOWLEDGE</b>		
<b>Fund of Knowledge</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Fund of knowledge inadequate for competent patient care.
	2	<b>Less than Expected:</b> Has gaps in some basic fund of knowledge. Applies knowledge to clinical problems. Has potential for improvement.
	3	<b>Expected:</b> Demonstrates expected fund of knowledge for current level of training. Basic understanding of simple disease states. Knows some complex disease states, and diagnoses. Readily applies knowledge to clinical problems.
	4	<b>More than Expected:</b> Thorough understanding of simple disease states. Knows many complex disease states, and diagnoses.
	5	<b>Outstanding – Top 10%:</b> Has fund of knowledge that is beyond expected level of training. Thorough understanding of complex diseases and their interplay. Applies knowledge to patient care.
<b>Problem Solving</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Tend to have difficulty troubleshooting even the most basic of questions. Asks the same questions repeatedly.
	2	<b>Less than Expected:</b> Overwhelmed at times when faced with multiple problems, cases, patients.
	3	<b>Expected:</b> Adapts to problems and can execute properly depending on the situation.
	4	<b>More than Expected:</b> Can effectively manage multiple issues without needing assistance.
	5	<b>Outstanding – Top 10%:</b> Consistently looks beyond the obvious, never stopping at the first answer. Really good at exploring resources and alternative solutions.

ADDITIONAL COMMENTS:		
<b>PRACTICE BASED LEARNING &amp; IMPROVMENT</b>		
<b>Integration of Instruction</b>		
	<b>0</b>	<b>N/A</b>
	<b>1</b>	<b>Needs Remediation:</b> No evidence of outside research or reading. Unable to access basic databases.
	<b>2</b>	<b>Less than Expected:</b> Reads only provided literature. Inconsistently applies evidence to patient care.
	<b>3</b>	<b>Expected:</b> Routinely accesses primary resources and reviews the literature. Integrates independent learning into team framework & patient care.
	<b>4</b>	<b>More than Expected:</b> Routinely accesses primary resources and review literature. Applies evidence to patient care. Able to judge quality of evidence.
	<b>5</b>	<b>Outstanding – Top 10%:</b> Self-motivated. Full integration of independent learning into the team framework & patient care all of the time. These skills directly improve patient care.
<b>Efficiency &amp; Effectiveness</b>		
	<b>0</b>	<b>N/A</b>
	<b>1</b>	<b>Needs Remediation:</b> Inefficient and ineffective.
	<b>2</b>	<b>Less than Expected:</b> Marginally efficient and effective.
	<b>3</b>	<b>Expected:</b> Able to function efficiently and effectively for the student's current level.
	<b>4</b>	<b>More than Expected:</b> Readily efficient and effective. Above the expected level of students.
	<b>5</b>	<b>Outstanding – Top 10%:</b> Easily efficient and effective. Above the level of most students.
ADDITIONAL COMMENTS:		
<b>INTERPERSONAL &amp; COMMUNICATION SKILLS</b>		
<b>Humanism &amp; Interpersonal Skills</b>		
	<b>0</b>	<b>N/A</b>
	<b>1</b>	<b>Needs Remediation:</b> Insensitive to needs, feelings, and values of patients.
	<b>2</b>	<b>Less than Expected:</b> At times uncomfortable in patient interactions.
	<b>3</b>	<b>Expected:</b> Interacts well with patients and families.
	<b>4</b>	<b>More than Expected:</b> Develops effective relationships w/patients & patients' families enabling improvements in patient care.



	5	<b>Outstanding – Top 10%:</b> Resourceful & inspiring to patients and patient's families; has a unique quality to effectively motivate patients.
<b>Oral Presentation</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Poor presentation. Misses key information. Inaudible. Lacks focus; by end, listeners uncertain of primary clinical problem/recent events.
	2	<b>Less than Expected:</b> Generally complete; may lack some organization or fails to highlight abnormal findings at times; needs assistance.
	3	<b>Expected:</b> Presentations organized, logical; highlights abnormal findings; preparation requires some assistance.
	4	<b>More than Expected:</b> Concise presentations. Includes pertinent facts, few omissions; needs no assistance.
	5	<b>Outstanding – Top 10%:</b> Concise and thorough. Assigns priority to issues. Organized and polished, with minimal written prompts. Mature, poised & articulate presentations reveal high-order of insight and synthesis.
<b>Written Work</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Absent written record or inaccurate and poorly organized. No interpretation of results.
	2	<b>Less than Expected:</b> Incomplete and/or poorly organized at times. Some understanding or interpretation of results.
	3	<b>Expected:</b> Includes basic information; may analyze new data/impact on patient management.
	4	<b>More than Expected:</b> Accurate data included with ongoing assessments of basic problems. Clearly stated assessment and plan.
	5	<b>Outstanding – Top 10%:</b> Thorough and precise written record. Integrates evidence-based information into assessment plan.
<b>ADDITIONAL COMMENTS:</b>		
<b>PROFESSIONALISM</b>		
<b>Dealing with Diversity &amp; Cultural Differences</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Disrespectful of others. Intolerant of others' attitudes or beliefs. Treats people preferentially depending on position. Considered untrustworthy. Breaches confidentiality.
	2	<b>Less than Expected:</b> Needs to improve or demonstrate empathy and/or demonstrate respect. Careless with confidential information.

	3	<b>Expected:</b> Generally demonstrates empathy and culturally competent care. Appropriate for student's current level.
	4	<b>More than Expected:</b> Always demonstrates empathy and excels at culturally competent care.
	5	<b>Outstanding – Top 10%:</b> Nonjudgmental. Expertly responds with empathy and demonstrates balanced treatment of others. Seeks to understand values and belief systems of others. Always culturally competent.
<b>Feedback/Criticism</b>		
	0	N/A
	1	<b>Needs Remediation:</b> No insight to weaknesses. Unreceptive to new ideas and feedback. Denies issues or attempts to blame others. No self-awareness. No behavior changes.
	2	<b>Less than Expected:</b> Accepts feedback with resistance, or takes feedback too personally.
	3	<b>Expected:</b> Accepts feedback without personal offense. Strives for improvement.
	4	<b>More than Expected:</b> Mature response to feedback. Uses feedback to improve performance and patient care.
	5	<b>Outstanding – Top 10%:</b> Mature response, regularly seeks feedback and ways to improve. Clearly demonstrates feedback in behavior change and professional skills.
<b>Commitment</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Does not accept responsibility. Not dependable. Rarely able to get tasks completed on time. Disorganized. Consistently absent and/or late.
	2	<b>Less than Expected:</b> Assumes responsibility when asked. Not always dependable. Has some difficulty organizing and completing tasks on time. Sometimes late.
	3	<b>Expected:</b> Involved in clinic duties; follows direction of others. Organized. Timely for student's current level.
	4	<b>More than Expected:</b> Active team member. Readily assumes responsibility for patient management. Dependable. Completes tasks on time and is organized. Punctual.
	5	<b>Outstanding – Top 10%:</b> Takes patient responsibility; comfortably evaluates/manages multiple patients. Is an example for the team.
<b>ADDITIONAL COMMENTS:</b>		
<b>SYSTEMS-BASED PRACTICE</b>		
<b>Collaboration</b>		
	0	N/A

	1	<b>Needs Remediation:</b> Avoids interactions; unwilling to work with others; little respect for the contributions of others.
	2	<b>Less than Expected:</b> Misunderstands the student's role on the team. Inconsistently communicates with the team.
	3	<b>Expected:</b> Respectful of team members. Understands role and communicates effectively with team. Identifies appropriate team member for patient care issues.
	4	<b>More than Expected:</b> Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion.
	5	<b>Outstanding – Top 10%:</b> Resourceful & inspiring to colleagues and patients; has a unique quality to effectively motivate patients. Assumes a leadership role in helping patients and colleagues perform at their best.
<b>Disease Prevention/Routine Care</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Unaware of basic health maintenance.
	2	<b>Less than Expected:</b> Aware of health maintenance and preventive care.
	3	<b>Expected:</b> Understands health maintenance and preventive care.
	4	<b>More than Expected:</b> Knows all of the appropriate health maintenance and preventive care.
	5	<b>Outstanding – Top 10%:</b> Expertly practices health maintenance and preventive care.
<b>Cost Consciousness</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Not concerned about financial resources.
	2	<b>Less than Expected:</b> Knows something about costs.
	3	<b>Expected:</b> Aware of costs in the patient's care.
	4	<b>More than Expected:</b> Understands cost of care for the patient.
	5	<b>Outstanding – Top 10%:</b> Is proactive in considering costs for effective care.
<b>ADDITIONAL COMMENTS:</b>		
<b>OSTEOPATHIC PRINCIPLES and PRACTICE</b>		
<b>Note: MDs must select NA for the following sections.</b>		
<b>Osteopathic Philosophy</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Unaware of osteopathic philosophy.
	2	<b>Less than Expected:</b> Aware of osteopathic philosophy.



	3	<b>Expected:</b> Has general working knowledge of osteopathic philosophy. Appropriate for the student's level.
	4	<b>More than Expected:</b> Exceeds expectations of osteopathic philosophy.
	5	<b>Outstanding – Top 10%:</b> Expertly considers and incorporates practices of osteopathic philosophy.
<b>Osteopathic Structural Exam</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Did not do an osteopathic structural exam.
	2	<b>Less than Expected:</b> Completes some elements of an osteopathic structural exam.
	3	<b>Expected:</b> Completes all elements of an osteopathic structural exam.
	4	<b>More than Expected:</b> Exceeds expectations of osteopathic structural exam.
	5	<b>Outstanding – Top 10%:</b> Expertly performs an osteopathic structural exam.
<b>OMT</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Does not consider OMT.
	2	<b>Less than Expected:</b> Performs OMT less often than expected.
	3	<b>Expected:</b> Satisfactorily performs OMT.
	4	<b>More than Expected:</b> Exceeds expectations on OMT performance.
	5	<b>Outstanding – Top 10%:</b> Expertly performs OMT.
<b>ADDITIONAL COMMENTS:</b>		
<p style="text-align: center;"><b>FINAL COMMENTS</b></p> <p><b>Note:</b> Narrative evaluation of the student's <i>overall</i> performance. <i>This narrative evaluation will be quoted verbatim in its entirety in the student's Dean's letter (MSPE).</i> It must be shared with the student <i>prior</i> to the completion of the clerkship.</p>		

<b>How and when was feedback provided about issues raised in this evaluation?</b> (Note: Feedback should be provided at the mid-point and at the end of the rotation at the exit interview.)		
<b>Total Number of Days Missed on Clerkship:</b>	<b>Days</b>	
<b>Attending Physician (Print Name):</b>		
<b>Signature of Attending Physician</b> <b>Note: Only an Attending Physician may sign an evaluation; evaluations without an Attending's signature will NOT be accepted.</b>		
<b>Name of Person Responsible for this Evaluation Content:</b>		
<b>Email address of the person responsible for this evaluation content:</b>		
<b>Does the Attending Physician who is responsible for this clerkship evaluation want CME credits:</b>	<b>Yes</b>	<b>No</b>
<b>If you are a DO and have selected yes for CME credits please note your AOA number:</b>		





Philadelphia College of Osteopathic Medicine  
Elective Clinical Clerkship Evaluation  
Academic Year 2025-2026

Student's Name:	
Rotation Site:	
Field of Medicine:	
Rotation Dates:	to

*Please note: This evaluation is to help the student understand where they are performing well or may need improvement. Please select a rating category that best represents their performance. Be sure to consider the student's level of education when evaluating their performance.*

PATIENT CARE		
<b>History Taking</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Absent written record or inaccurate and poorly organized. No interpretation of results.
	2	<b>Less than Expected:</b> Incomplete and/or poorly organized at times. Some understanding/or interpretation of results.
	3	<b>Expected:</b> Includes basic information; may analyze new data/impact on patient management.
	4	<b>More than Expected:</b> Accurate data included with ongoing assessments of basic problems. Clearly stated assessment and plan.
	5	<b>Outstanding – Top 10%:</b> Thorough and precise written record. Integrates evidence-based information into assessment plan.
<b>Physical Exam</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Omits critical parts of the exam and/or deficient exam skills. Disorganized. Frequently not thorough. Misses and/or misinterprets findings.

	2	<b>Less than Expected:</b> Generally complete but misses a few significant abnormal findings. Not consistently organized.
	3	<b>Expected:</b> Complete; usually recognizes abnormal findings. Expected for a student at this level.
	4	<b>More than Expected:</b> Demonstrates correct technique with an organized approach; recognizes all abnormal findings.
	5	<b>Outstanding – Top 10%:</b> Able to efficiently focus exam based on differential diagnosis. Attentive to details.
<b>ADDITIONAL COMMENTS:</b>		
<b>MEDICAL KNOWLEDGE</b>		
<b>Fund of Knowledge</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Fund of knowledge inadequate for competent patient care.
	2	<b>Less than Expected:</b> Has gaps in some basic fund of knowledge. Applies knowledge to clinical problems. Has potential for improvement.
	3	<b>Expected:</b> Demonstrates expected fund of knowledge for current level of training. Basic understanding of simple disease states. Knows some complex disease states, and diagnoses. Readily applies knowledge to clinical problems.
	4	<b>More than Expected:</b> Thorough understanding of simple disease states. Knows many complex disease states, and diagnoses.
	5	<b>Outstanding – Top 10%:</b> Has fund of knowledge that is beyond expected level of training. Thorough understanding of complex diseases and their interplay. Applies knowledge to patient care.
<b>Problem Solving</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Tend to have difficulty troubleshooting even the most basic of questions. Asks the same questions repeatedly.
	2	<b>Less than Expected:</b> Overwhelmed at times when faced with multiple problems, cases, patients.
	3	<b>Expected:</b> Adapts to problems and can execute properly depending on the situation.
	4	<b>More than Expected:</b> Can effectively manage multiple issues without needing assistance.
	5	<b>Outstanding – Top 10%:</b> Consistently looks beyond the obvious, never stopping at the first answer. Really good at exploring resources and alternative solutions.
<b>ADDITIONAL COMMENTS:</b>		

PRACTICE BASED LEARNING & IMPROVMENT		
Integration of Instruction		
	0	N/A
	1	<b>Needs Remediation:</b> No evidence of outside research or reading. Unable to access basic databases.
	2	<b>Less than Expected:</b> Reads only provided literature. Inconsistently applies evidence to patient care.
	3	<b>Expected:</b> Routinely accesses primary resources and reviews the literature. Integrates independent learning into team framework & patient care.
	4	<b>More than Expected:</b> Routinely accesses primary resources and review literature. Applies evidence to patient care. Able to judge quality of evidence.
	5	<b>Outstanding – Top 10%:</b> Self-motivated. Full integration of independent learning into the team framework & patient care all of the time. These skills directly improve patient care.
Efficiency & Effectiveness		
	0	N/A
	1	<b>Needs Remediation:</b> Inefficient and ineffective.
	2	<b>Less than Expected:</b> Marginally efficient and effective.
	3	<b>Expected:</b> Able to function efficiently and effectively for the student's current level.
	4	<b>More than Expected:</b> Readily efficient and effective. Above the expected level of students.
	5	<b>Outstanding – Top 10%:</b> Easily efficient and effective. Above the level of most students.
ADDITIONAL COMMENTS:		
INTERPERSONAL & COMMUNICATION SKILLS		
Humanism & Interpersonal Skills		
	0	N/A
	1	<b>Needs Remediation:</b> Insensitive to needs, feelings, and values of patients.
	2	<b>Less than Expected:</b> At times uncomfortable in patient interactions.
	3	<b>Expected:</b> Interacts well with patients and families.
	4	<b>More than Expected:</b> Develops effective relationships w/patients & patients' families enabling improvements in patient care.
	5	<b>Outstanding – Top 10%:</b> Resourceful & inspiring to patients and patient's families; has a unique quality to effectively motivate patients.



Oral Presentation		
	0	N/A
	1	<b>Needs Remediation:</b> Poor presentation. Misses key information. Inaudible. Lacks focus; by end, listeners uncertain of primary clinical problem/recent events.
	2	<b>Less than Expected:</b> Generally complete; may lack some organization or fails to highlight abnormal findings at times; needs assistance.
	3	<b>Expected:</b> Presentations organized, logical; highlights abnormal findings; preparation requires some assistance.
	4	<b>More than Expected:</b> Concise presentations. Includes pertinent facts, few omissions; needs no assistance.
	5	<b>Outstanding – Top 10%:</b> Concise and thorough. Assigns priority to issues. Organized and polished, with minimal written prompts. Mature, poised & articulate presentations reveal high-order of insight and synthesis.
Written Work		
	0	N/A
	1	<b>Needs Remediation:</b> Absent written record or inaccurate and poorly organized. No interpretation of results.
	2	<b>Less than Expected:</b> Incomplete and/or poorly organized at times. Some understanding or interpretation of results.
	3	<b>Expected:</b> Includes basic information; may analyze new data/impact on patient management.
	4	<b>More than Expected:</b> Accurate data included with ongoing assessments of basic problems. Clearly stated assessment and plan.
	5	<b>Outstanding – Top 10%:</b> Thorough and precise written record. Integrates evidence-based information into assessment plan.
ADDITIONAL COMMENTS:		
PROFESSIONALISM		
Dealing with Diversity & Cultural Differences		
	0	N/A
	1	<b>Needs Remediation:</b> Disrespectful of others. Intolerant of others' attitudes or beliefs. Treats people preferentially depending on position. Considered untrustworthy. Breaches confidentiality.
	2	<b>Less than Expected:</b> Needs to improve or demonstrate empathy and/or demonstrate respect. Careless with confidential information.
	3	<b>Expected:</b> Generally demonstrates empathy and culturally competent care. Appropriate for student's current level.

	4	<b>More than Expected:</b> Always demonstrates empathy and excels at culturally competent care.
	5	<b>Outstanding – Top 10%:</b> Nonjudgmental. Expertly responds with empathy and demonstrates balanced treatment of others. Seeks to understand values and belief systems of others. Always culturally competent.
<b>Feedback/Criticism</b>		
	0	N/A
	1	<b>Needs Remediation:</b> No insight to weaknesses. Unreceptive to new ideas and feedback. Denies issues or attempts to blame others. No self-awareness. No behavior changes.
	2	<b>Less than Expected:</b> Accepts feedback with resistance, or takes feedback too personally.
	3	<b>Expected:</b> Accepts feedback without personal offense. Strives for improvement.
	4	<b>More than Expected:</b> Mature response to feedback. Uses feedback to improve performance and patient care.
	5	<b>Outstanding – Top 10%:</b> Mature response, regularly seeks feedback and ways to improve. Clearly demonstrates feedback in behavior change and professional skills.
<b>Commitment</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Does not accept responsibility. Not dependable. Rarely able to get tasks completed on time. Disorganized. Consistently absent and/or late.
	2	<b>Less than Expected:</b> Assumes responsibility when asked. Not always dependable. Has some difficulty organizing and completing tasks on time. Sometimes late.
	3	<b>Expected:</b> Involved in clinic duties; follows direction of others. Organized. Timely for student's current level.
	4	<b>More than Expected:</b> Active team member. Readily assumes responsibility for patient management. Dependable. Completes tasks on time and is organized. Punctual.
	5	<b>Outstanding – Top 10%:</b> Takes patient responsibility; comfortably evaluates/manages multiple patients. Is an example for the team.
<b>ADDITIONAL COMMENTS:</b>		
<b>SYSTEMS-BASED PRACTICE</b>		
<b>Collaboration</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Avoids interactions; unwilling to work with others; little respect for the contributions of others.



	2	<b>Less than Expected:</b> Misunderstands the student's role on the team. Inconsistently communicates with the team.
	3	<b>Expected:</b> Respectful of team members. Understands role and communicates effectively with team. Identifies appropriate team member for patient care issues.
	4	<b>More than Expected:</b> Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion.
	5	<b>Outstanding – Top 10%:</b> Resourceful & inspiring to colleagues and patients; has a unique quality to effectively motivate patients. Assumes a leadership role in helping patients and colleagues perform at their best.
<b>Disease Prevention/Routine Care</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Unaware of basic health maintenance.
	2	<b>Less than Expected:</b> Aware of health maintenance and preventive care.
	3	<b>Expected:</b> Understands health maintenance and preventive care.
	4	<b>More than Expected:</b> Knows all of the appropriate health maintenance and preventive care.
	5	<b>Outstanding – Top 10%:</b> Expertly practices health maintenance and preventive care.
<b>Cost Consciousness</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Not concerned about financial resources.
	2	<b>Less than Expected:</b> Knows something about costs.
	3	<b>Expected:</b> Aware of costs in the patient's care.
	4	<b>More than Expected:</b> Understands cost of care for the patient.
	5	<b>Outstanding – Top 10%:</b> Is proactive in considering costs for effective care.
<b>ADDITIONAL COMMENTS:</b>		
<b>OSTEOPATHIC PRINCIPLES and PRACTICE</b>		
<b>Note: MDs must select NA for the following sections.</b>		
<b>Osteopathic Philosophy</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Unaware of osteopathic philosophy.
	2	<b>Less than Expected:</b> Aware of osteopathic philosophy.
	3	<b>Expected:</b> Has general working knowledge of osteopathic philosophy. Appropriate for the student's level.

	4	<b>More than Expected:</b> Exceeds expectations of osteopathic philosophy.
	5	<b>Outstanding – Top 10%:</b> Expertly considers and incorporates practices of osteopathic philosophy.
<b>Osteopathic Structural Exam</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Did not do an osteopathic structural exam.
	2	<b>Less than Expected:</b> Completes some elements of an osteopathic structural exam.
	3	<b>Expected:</b> Completes all elements of an osteopathic structural exam.
	4	<b>More than Expected:</b> Exceeds expectations of osteopathic structural exam.
	5	<b>Outstanding – Top 10%:</b> Expertly performs an osteopathic structural exam.
<b>OMT</b>		
	0	N/A
	1	<b>Needs Remediation:</b> Does not consider OMT.
	2	<b>Less than Expected:</b> Performs OMT less often than expected.
	3	<b>Expected:</b> Satisfactorily performs OMT.
	4	<b>More than Expected:</b> Exceeds expectations on OMT performance.
	5	<b>Outstanding – Top 10%:</b> Expertly performs OMT.
<b>ADDITIONAL COMMENTS:</b>		
<p style="text-align: center;"><b>FINAL COMMENTS</b></p> <p><b>Note:</b> Narrative evaluation of the student's <i>overall</i> performance. <i>This narrative evaluation will be quoted verbatim in its entirety in the student's Dean's letter (MSPE).</i> It must be shared with the student <i>prior</i> to the completion of the clerkship.</p>		



Philadelphia College of Osteopathic Medicine  
Elective Research Clinical Clerkship  
Evaluation Academic Year 2025-2026

Student's Name:	
Rotation Site:	
Field of Medicine:	
Rotation Dates:	to

*Please note: This evaluation is to help the student understand where they are performing well or may need improvement. Please select a rating category that best represents their performance. Be sure to consider the student's level of education when evaluating their performance.*

Setting					
BS Lab	Clinical Lab	Office	Other		
Note: If you selected Other, please specify the setting here:					
Review Category					
Project Development	Skills	Literature	Data Analysis	Outcomes	Other
Note: If you selected Other, please specify the review category here:					



Please assess the following areas:

	Below expectations for completion of 2-4 weeks of research (1 point)	Borderline for completion of 2-4 weeks of research (2 points)	Meets expectations for completion of 2-4 weeks of research (3 points)	Above Expectations for completion of 2-4 weeks of research (4 points)	N/A Not observed and unable to comment
<b>Project Understanding:</b> <ul style="list-style-type: none"> <li>Does the student appropriately understand the literature about the project?</li> <li>Understands the importance of asking good questions?</li> <li>Seeks literature evidence to support discussion of the project.</li> <li>Recognizes limitations of the project.</li> </ul>					
<b>Technical Skills:</b> <ul style="list-style-type: none"> <li>Properly uses skills for the project.</li> <li>Asks appropriate questions about application of skills.</li> </ul>					

<ul style="list-style-type: none"> <li>• Knows to modify techniques, if appropriate for changes in conditions.</li> </ul>					
<b>Communication:</b> <ul style="list-style-type: none"> <li>• Properly shares information about the project.</li> <li>• Asks appropriate questions about project(s) while being considerate of other people's time and responses.</li> </ul>					
<b>Attention to Details:</b> <ul style="list-style-type: none"> <li>• Performs work with appropriate attention to details, including protocol specifications, maintaining records.</li> </ul>					
<b>Analytical Ability:</b> <ul style="list-style-type: none"> <li>• Properly evaluates results of work.</li> </ul>					

<ul style="list-style-type: none"> <li>• Can apply appropriate statistical measures.</li> <li>• Uses outcomes to direct next steps.</li> <li>• Recognizes significance of repetition and concordance of data.</li> <li>• Recognizes when the experiment does not work.</li> </ul>					
<b>Professionalism:</b> <ul style="list-style-type: none"> <li>• Assumes proper responsibility for the project.</li> <li>• Is conscientious about lab responsibilities, including attendance.</li> <li>• Is respectful of others' space, time and work.</li> <li>• Offers help to others when appropriate.</li> </ul>					

### Noteworthy Aspects of Student Performance

**Note:** Narrative evaluation of the student's **overall** performance. ***This narrative evaluation will be quoted verbatim in its entirety in the student's Dean's letter (MSPE).*** It must be shared with the student **prior** to the completion of the clerkship.

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SAMPLE  
Suggestions for Development

**Note:** Feedback should be provided at the mid-point and at the end of the rotation at the exit interview.)

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Assessor (name):	
Assessor's Title:	
Time taken for observation (in minutes):	
Time taken for feedback (in minutes):	

**Note:** Elective research clerkship grades are pass/fail and are based on the completion of all requirements; the final grade is assigned by the Associate Dean of Clinical Education.



Philadelphia College of Osteopathic Medicine  
Virtual Elective Clerkship Evaluation  
Academic Year 2025-2026

Student's Name:	
Rotation Site:	
Field of Medicine:	
Rotation Dates:	to

Did the student complete all of the required elements of this course? Yes ☐ No ☐

Did the student miss any days of the rotation? If "yes," how many:

Any feedback / Comments:

SAMPLE

Grade: Pass ☐ Fail ☐

Preceptor (Print Name):		
Preceptor's Signature:		
Preceptor's Email Address:		
Would you like CME credits for this rotation?	Yes	No
If "yes" please provide your AOA or AMA number:		

Please return this form via email to [clinical\\_education@pcom.edu](mailto:clinical_education@pcom.edu) or via Fax: 215-871-6781.

## (XI) E. Grading Policy



Status **Active** PolicyStat ID **18163200**



Origination 08/2024  
Last Approved 05/2025  
Effective 05/2025  
Last Revised 05/2025  
Next Review 05/2026

Owner Linda Adkison:  
Vice Provost  
Area Academic and  
Research  
Policies

## Clerkship Grading Policy, 3.002

### SCOPE:

This policy addresses the process for determining clinical clerkship grades for all DO students.

### POLICY STATEMENT:

The grading process for core and elective clerkships will be the same across all campuses. Core clerkship grades will be weighted equally between the preceptor evaluation and the NBOME COMAT score. Selectives, subspecialties, and electives will be graded based upon the preceptor evaluation.

### DEFINITIONS:

COMAT – Comprehensive Osteopathic Medical Aptitude Test; these clinical subject examinations are given at the end of core clerkship: family medicine, internal medicine, obstetrics and gynecology, OPP/OMM, pediatrics, psychiatry, surgery, and emergency medicine.

COMAT scoring – Standard scores are provided to students ranging from less than 70 to more than 130. A standard score of 90 equals the 15.9th percentile; greater than 124 equals the 99<sup>th</sup> percentile or greater.

Complete clerkship – a clerkship is completed when the student completes the entire scheduled clerkship, including any excused absences that have been made up, all assignments, the COMAT (if required), blended online assignments and participation (if required), and demonstrated professional behaviors.

Incomplete clerkship – a student who does not fulfill the completed clerkship requirements or has been dismissed by a preceptor.

Clerkship failure – a student who

- Does not meet the minimum requirements for passing a clerkship based on the preceptor evaluation and clerkship COMAT, if appropriate.
- Does not meet all expectations for a “complete” clerkship.
- Is dismissed by a preceptor from a scheduled preceptor.

- Does not show up for a planned clerkship as expected either at the beginning or during the clerkship without appropriate approval from Clinical Education and the preceptor.

Core clerkships – four-week rotations in family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, surgery, and emergency medicine. Core clerkships must include patient care.

- Additional clerkships that are required in M3 are internal medicine and surgery sub-specialties and family medicine-OMM.
- Additional clerkships that are required in M4 are emergency medicine, primary care ambulatory sub-internship, and osteopathic primary care sub-internships.

Competencies evaluated – osteopathic philosophy and manipulative medicine, medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice. Each competency may have more than one area that is evaluated.

Honors – the grade awarded to students for outstanding performance in a clerkship.

High Pass – the grade awarded to students for above average performance in a clerkship.

Pass – the grade awarded to students for satisfactory performance in a clerkship. All students are expected to be satisfactory.

Pass\* - the grade awarded to a student after satisfactory remediation of a clerkship.

[1] Note: Failures are reviewed by SPEC. A student with 2 failed clerkships may be recommended to repeat the year or be dismissed.

## **POLICY:**

The grading process for core and elective clerkships will be the same across all campuses. Grades for core clerkships will be weighted equally between the preceptor evaluation and the NBOME COMAT score. Grades for core clerkships without COMATs and electives are based on the preceptor's evaluation of competencies. Some clerkships may have online blended learning assignments.

A student is expected to perform at the "expected" level (a rating of 3 of 5) in each core competency.

## **Process:**

- Preceptor evaluation. Each competency will be evaluated in several (2-3) areas. The means of each competency will be used. Example: For Patient Care competency, students are assessed in the areas of history taking and physical exam. Scores of 4 and 5 in these will be averaged, and 4.5 will be added to other competency mean scores. The maximum score = 35.
- The evaluation score will be added to the COMAT score to determine the clerkship grade. The evaluation score is the mean score in each competency; these seven scores are added to the COMAT score.
- The minimum pass for all core clerkships is 111 when 7 competencies are assessed. This score is based on a score of 21/35 for 7 competencies (satisfactory) and a minimum pass of 90 on the COMAT.



	Score Ranges for Cores with Patient Care (7 competencies evaluated)							
	FMED*	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Honors	141	142	143	144	143	142	141	144
High Pass	133	134	135	136	133	134	133	136
Pass	111	111	111	111	111	111	111	111
Review	<111	<111	<111	<111	<111	<111	<111	<111

\*For FMED and OMM only clerkships in which there is an evaluation and the COMAT is taken.

- In cores for which there is only a COMAT or for which competency is not evaluated, adjustments will be made as shown:

COMAT Only	FMED	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Min Honors	109	110	111	112	111	110	109	112
Min High Pass	105	105	107	108	105	106	105	108
Min Pass	90	90	90	90	90	90	90	90
6 Competencies	FMED	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Min Honors	136	137	138	139	138	137	136	139
Min High Pass	129	130	131	132	129	130	129	132
Min Pass	108	108	108	108	108	108	108	108
5 Competencies	FMED	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Min Honors	132	133	134	135	134	133	132	135
Min High Pass	125	126	127	128	125	126	125	128
Min Pass	105	105	105	105	105	105	105	105
4 Competencies	FMED	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Min Honors	128	129	130	131	130	129	128	131
Min High Pass	121	122	123	124	121	122	121	124
Min Pass	102	102	102	102	102	102	102	102
3 Competencies	FMED	IMED	OBGY	OMM	PEDS	PSYC	SURG	EMED
Min Honors	123	124	125	126	125	124	123	126
Min High Pass	117	118	119	120	117	118	117	120
Min Pass	99	99	99	99	99	99	99	99

- Family Medicine - OMM clerkship in PA is graded only on the COMAT; all other assignments must be completed.
- Family Medicine - OMM clerkship in GA is graded in based on the evaluation and COMAT; all other assignments must be completed.
- Students with less than 111 points (or the minimum passing score) in clerkships that are in patient settings will be reviewed. The following will also be reviewed:
  - Any student with less than 21 points (or a mean of 3 for the competencies evaluated) on the clerkship evaluation – student meets with Assistant Dean to discuss a plan of action.

- Any student with less than satisfactory (3) on any sub-competency evaluated will meet with the Assistant Dean to discuss a plan of action.
- Students scoring less than 90 on a COMAT will retake the COMAT. The clerkship grade will be Incomplete until the COMAT is successfully remediated, and then the grade will then be posted as Pass\*.

#### Blended Online Assignments

Some clerkships require additional self-directed online assignments (Blended Learning) outside of the in-person clinical experience. All Blended Learning assignments must be completed in their entirety. Failure to satisfactorily complete assignments may impact the final grade.

Clerkships with Blended Learning have both a Clinical Clerkship Director and a Blended Learning Preceptor. To successfully complete a clerkship with a Blended Learning component, students will not only engage in clinical learning with direct patient contact, but will also be required to complete specific learning exercises administered through Blackboard.

The student's final grade for a clerkship with a Blended Learning component will be calculated by first determining the grade according to the rubric using the combination of the COMAT exam and the preceptor's Clerkship Evaluation. The grade from the rubric will then be adjusted as follows:

- On-time completion of ALL learning activities – the student will receive the grade earned by the rubric above.
- Late submission of activities up until 2 weeks post-rotation will receive a grade no higher than a Pass; after two weeks the grade will be a Fail.
- Failure to submit all Blended online requirements entirely – the student is subject to a failure of the rotation.

#### Internal Medicine Selective and Surgery Sub-specialty

- The clerkship will be graded Pass, High Pass, Honors, or Fail based on the mean scores in the competencies scored.

	Competencies Scored					
	7	6	5	4	3	2
Honors	32	27	23	18	14	9
High Pass	28	24	20	16	12	8
Pass	21	18	15	12	9	6
Review	<21	<18	<15	<12	<9	<6

#### Elective Clerkships

Students in elective clerkships will be reviewed and graded on the evaluation and other required aspects for a clerkship to be completed.

- Preceptors will assess the students in each competency to provide formative feedback to the student.
- Preceptors will indicate the student grade for the clerkship on the evaluation form: Pass, High Pass, Honors, Fail.



#### Failure of a COMAT

- Students scoring less than 90 on any COMAT = failure of the COMAT.
- A second failed COMAT in the same discipline with result in failure of the clerkship and the student will be referred to SPEC.
- Two or more COMAT failures, regardless of discipline, the student will meet with the assistant dean and/or be referred to SPEC.
- If a COMAT score is 90 or greater and the total score with the preceptor evaluation score is less than the minimum passing score (depending on the number of competencies scored), the clerkship is failed. The student will be reviewed by SPEC. At the time the clerkship is repeated, the COMAT may be waived by the Assistant Dean of Clinical Education.
- A failed COMAT must be successfully remediated within 45 days. The maximum grade for a repeated COMAT will be a Pass.

Review - This process should be reviewed annually and adjustments made as needed.

#### **EFFECTIVE DATES AND REVIEW HISTORY:**

Effective date: July 2021

Reviewed: 25 May 2021

Revisions approved: 18 April 2022

Revisions discussed and reviewed: June 2023

Revisions discussed and reviewed: November 2023

Transition Grading Addendum reviewed: 22 November 2022

Approved by CC 19 December 2023

Revisions made and reviewed with Clerkship Manual May 2025

#### **APPROVAL AUTHORITY AND DATE HISTORY:**

CC Reviewed and approved, June/July 2020

Approved by COM Deans, May 2020

Approved by the COM Deans and Provost, April 2022

Approved by the COM Deans, June 2023

Approved by the COM Deans, November 2023

Approved by the COM Deans, 22 November 2023

## **Grading Policy Change Addendum**

Date of Implementation of new grading minimums for COMATs: 1 June 2024

The new grading minimums will be effective for any COMAT taken after 31 May 2024 whether a first-time exam or a remediation.

The new grading minimums will not affect the preceptor evaluation form.

### **Assumptions**

- Any Clerkship completed by 31 May 2024 will be graded with the existing grading minimums if the COMAT has been taken.
- Any COMAT taken on or before 31 May 2024 but whose grade is received after 31 May 2024 will be

graded on the scale existing on 31 May 2024.

- Any Preceptor evaluation received after 31 May 2024 but for a clerkship completed before 31 May 2024 will not be impacted by the new grading minimums because there is no change in the preceptor evaluation Likert scale and determining the mean score for each competency.
- If a clerkship is completed on or before 31 May 2024 but the COMAT is taken after 31 May 2024 for the first time, the existing 2022-2023 grading scale will apply.
  - Examples of cases where this may apply: excused absence, testing center problems, accommodation problems, other pre-approved reasons.
  - Any exam retaken after 31 May 2024 will be graded with the new 2024-2025 grading scale.

**Date of Addendum Termination: 31 December 2024**

## Approval Signatures

Step Description	Approver	Date
Provost Approval	Ken Veit: Provost-Sr. VP Acad.Aff.& Dean	05/2025
Department Approval	Linda Adkison: Vice Provost	05/2025