

COMEx PROGRAM CONTACTS

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OUTCOMES AND COMPETENCIES OF THE CoMEx PROGRAM

Outcome – Medical Knowledge

Competencies:

- Observe or elicit the taking of a complete and accurate medical and biopsychosocial history.
 - Observe or perform complete and appropriate physical examinations.
 - Demonstrate increasing proficiency in case presentation skills.
 - Observe the creation of or demonstrate the ability to write progress notes in a standard format with pertinent content.
 - Recognize the appearance of varied clinical pathologies and formulate differential diagnoses.
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Outcome - Patient Management

Competencies:

- Provide evidence-informed ideas in discussion of treatment protocols that are consistent with naturopathic principles.
 - Observe and participate in the formulation of therapeutic interventions, and assess their effectiveness.
-

Outcome - Communication and Collaboration

Competencies:

- Demonstrate the ability to function as part of a patient care team.
 - Demonstrate the ability to establish patient rapport.
 - Recognize strategies for dealing with difficult encounters, increasing patient compliance, and encouraging return visits as appropriate.
 - Demonstrate or observe the delivery of diagnostic findings and diagnoses, and provision of patient education around those findings.
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Outcome - Practice-Based Learning and Improvement

Competencies:

- Demonstrate a commitment to independent learning.
 - Demonstrate acceptance of critical feedback.
 - Demonstrate integration of basic science and clinical knowledge.
 - Demonstrate ability to accept uncertainty.
 - Demonstrate clinical curiosity.
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Outcome - Ethics and Professionalism

Competencies:

- Demonstrate respect, compassion and integrity in patient and professional interactions.
 - Demonstrate a commitment to ethical principles of medicine.
 - Adhere to NUNM clinic and preceptor handbook requirements of professional conduct and attire.
 - Demonstrate sensitivity to patients with a variety of cultural, ethnic, and financial backgrounds.
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Outcome - Practice Management and Business Skills

Competency:

- Observe business strategies for the creation of a fiscally viable practice.
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Outcome – Systems Based Practice

Competency:

- Observe and develop an understanding of the process for patient referrals and consultation with other healthcare providers as required.

Attendance

Attendance is mandatory. Students should be at their sites on the dates and at the times as scheduled or assigned. Contact your preceptor if you are running late or if there is an unexpected absence. You should consider that this is your private practice. For example, your responsibility to your patients does not stop because there is an upcoming test. If you fail to notify the preceptor's office within a timely manner, absences will be considered unexcused and you may be required to complete up to 10 additional COMEx hours.

Dress Code

A professional appearance is required of all students. While on a preceptor shift, you should wear a clean, white, ironed clinic jacket with a name label on the lapel. Students are expected to adhere to NUNM Clinic dress code and fragrance-free policy unless otherwise requested by your COMEx preceptor.

- Do not give up or take it personally if they do not respond right away (or at all).
- Tell the Office Manager your USP and ask them if you can leave a message or have the provider's email address. Office Managers are often "gate keepers" and can help you in your efforts.
- If the provider you contact is not interested or not available to be your preceptor, try asking them if they know of any provider who might be interested. (Always ask for referrals.)

Option 2: Utilize the Student Contact Preceptor Database

The COMEX program maintains database of approved COMEX preceptors that students may contact directly (this may be found on the COMEX website under *Scheduling your COMEX Rotations*). This database contains information about the preceptor, including where they are located and areas of practice focus. These preceptors have agreed to receive direct communication from students in regard to scheduling rotations.

The same guidelines as noted in Option 1 above can be used for contacting already approved COMEX preceptors. Do not assume that are will always be available at the times you require, and be courteous if a preceptor is unable to accommodate you. Always be ready with your USP and your resume or CV when contacting a COMEX preceptor directly.

Option 3: Utilize the COMEX Preceptor Lottery

The COMEX Lottery should be the last option you try for obtaining a COMEX rotation, as it does not guarantee you a placement, and you have fewer options for the type of preceptorship you would like to have. You should not rely on the COMEX Lottery for obtaining your preceptorship hours. Priority is given to students who are graduating and whose availability corresponds with the COMEX Lottery Preceptors.

The Lottery form can be completed online at the COMEX web site. Click on *Scheduling your COMEX Rotations*, then go to *Complete a Lottery Request Form Online* where you will be directed to review the term's lottery schedule, then complete and submit the form. Students will be scheduled by the Registrar's office with COMEX preceptors and prioritized according to their graduation date, desired preceptor, and schedule availability. Again, the COMEX Lottery does not guarantee placement with a preceptor and should not be the only method by which you schedule your COMEX hours.

FOR STUDENT LEARNERS: WHAT TO EXPECT OF YOUR COMEX EXPERIENCE

Know that every preceptor's office is run differently, so your experience will vary from rotation to rotation. Start by always having an open mind to different types of practices and a variety of learning experiences.

Please call or email your preceptor's office a day or so before you are scheduled to begin your rotation. Introduce yourself to them if you haven't done so already and remind them of the day and time that you are scheduled with them. Make sure there are no last minute changes from the preceptor.

Orientation to the Office

1. You should be introduced to the office staff upon your arrival.
2. Learn how the office operates – where should you park; which door you should use; what are the hours of operation on the days you come?
3. Dress code – check with your preceptor regarding any additional or special stipulations in addition to the NUNM student dress code (i.e., whether or not your preceptor requires you to wear a white coat).
4. Review Confidentiality and HIPAA information with your COMEX preceptor or their designee.
5. Learn how the office functions, e.g., how medical records are maintained, where the charts are kept if paper charting is used. What is each staff members' role in record keeping? How are the charts maintained? Ask the preceptor if they has ideas about how you might contribute to the functioning of the office. You should also observe and come up with your own ideas, asking permission before initiating anything.
6. Receive an introduction to the medical records system, and obtain any needed access passwords. Discuss what your role will be in charting and record-keeping.
7. Listen and learn how phone calls are handled, how telephone and office advice are given and how appointments are made. What happens at check-in and check-out? Observe patient flow. How do patients pay? Which insurances are accepted at your office? What is the average co-pay? Do they pay cash or use charge cards or debit cards?

Orientation to the Student-Preceptor Relationship

1. Learn something about your preceptor – hobbies, family, education, hometown, and practice focus.

2. Share information about yourself with your preceptor – hobbies, family, education, and hometown. Let s/he know what type of practice or career you desire.
3. Share your Learning Goals with your preceptor. Learn what the clinical expectations will be for your rotation. To which patients will you be assigned? Will you “room” patients and take their vital signs and check their medication lists and allergies? Will you assist in taking patient histories and physical exams? Will you assist with providing lab results to patients or patient education or referral for preventive services? Please note that if the preceptor is not practicing in a licensed state, or is not covered by malpractice/professional liability insurance, you may only observe, and not have any active participation in patient care.
4. You should give oral case presentations for patients with whom you interact or observe (ideally at least 2 per COMEx rotation). How and when does your preceptor want you to orally present cases? See page 19 for guidelines on presenting cases.

Your Clinical Role

If your preceptor is licensed and is covered by malpractice insurance, you may participate in patient care at your preceptor’s discretion. If your preceptor is practicing in an unlicensed state or is not covered by malpractice insurance, you may only observe and not participate in a patient care, including even activities such as taking vital signs. Examples of activities that you might engage in if your preceptor is licensed and is covered by malpractice insurance are:

- Greet patients and take vital signs
- “Room” patients (collect the chief complaint/basic history, med and allergy update, etc...)
- Assist in medical charting (with your preceptor’s signature)
- Run CLIA-waived/in-office tests such as urine dipsticks, hemocult, urine HCG, influenza, monospot
- Perform phlebotomy
- Deliver basic lab results by phone or in person, explain treatment plans, or provide patient education on designated topics.

Your level of participation in patient care may also be dependent upon other factors, including the patient population and their individual desires. If permissible, you should begin to take histories and practice examining patients as your skills and confidence allow, and at the wisdom, discretion and readiness of the preceptor.

You will get out of the Community Experience what you invest in it.

RESOURCES FOR YOUR COMEX

Textbooks and Consult Sites

1. Bates' Guide to Physical Examination and History Taking, current edition
2. Ferri's Clinical Advisor, current edition
3. Differential Diagnosis in Primary Care, Collins, current edition
4. UpToDate clinical database

Patient Education Literature:

Patient guidance and handouts:

<http://www.uptodate.com/contents/table-of-contents/patient-information/the-basics>

You should be able to provide patient education and training for your patients on a variety of topics. Please peruse this site so that you are aware of the type of information available for your patients.

Oral Case Presentation

The oral case presentation is an integral part of clinical training and provides you with an opportunity to critically analyze the key elements of each patient case. Additionally, it helps the preceptor to know if you are adequately synthesizing the classroom and clinical information you are learning. If your preceptor does not directly ask it of you, it is highly recommended that you request to provide periodic oral presentations of cases you observe or participate in during your COMEX rotation. We suggest presenting at least 2 cases per rotation. Following are guidelines for what to include in an excellent case presentation.

1. Chief complaint
 - a. Brief identifying statement that includes the patient's age and complaint
2. History of present illness
 - a. Chronologically organized
 - b. Tells a clear story
 - c. Includes pertinent positives and negatives that help distinguish among possible diagnoses
 - d. Includes elements of past history (such as medications, family history, social history) that specifically contribute to the present illness
3. Physical examination
 - a. Includes vital signs and general appearance

- b. Includes abnormal findings and pertinent elements of physical examination
- 4. Laboratory data
 - a. Includes pertinent and/or significant laboratory results/studies
- 5. Summary statement
 - a. Synthesizes the critical elements of case into 1 sentence
 - b. Includes epidemiology (age, gender, ethnicity, race, predisposing conditions)
 - c. Includes key features (symptoms, physical examination findings, laboratory data)
 - d. Uses semantic qualifiers (acute vs. chronic, mild vs. profuse, diffuse vs. localized)
- 6. Assessment
 - a. Includes prioritized problem list
 - b. Includes pertinent differential diagnosis for each problem
 - c. Identifies most likely diagnosis (and why)
 - d. Includes less likely diagnoses (and why)
- 7. Plan (if your preceptor requests this of you)
 - a. Organized by problem list
 - b. Includes diagnostic plans
 - c. Includes therapeutic plans

Example Case Presentation (given orally):

A 6-year-old girl who had her appendix removed 1 week earlier presents with chief complaints of fever and abdominal pain for the past 24 hours. She is also vomiting and having diarrhea, which her brother is also experiencing. There is also decreased urine output. Her physical exam is remarkable for a pulse of 110, dry mucous membranes, temperature of 102.3, an acutely ill appearance and diffuse abdominal tenderness. Her stool is guaiac negative and her creatinine is mildly elevated. To summarize, we have a 6-year-old Caucasian girl, status post recent appendectomy, now with acute onset of profuse vomiting and diarrhea associated with diffuse abdominal pain and complicated by severe dehydration. At this point I am considering *Clostridium difficile* infection due to her recent hospitalization, as well as gastroenteritis considering her brother's similar symptoms. Our plan could include stool culture to determine the type of infection, or empiric antibiotic therapy with concomitant probiotics, as well as fluid replacement to prevent further dehydration.

The Four Golden Rules of Effective Menteeship

Authors: Vineet Chopra, Mary Dixon Woods, Sanjay Saint

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[http://careers.bmj.com/careers/advice/The four golden rules of effective menteeship](http://careers.bmj.com/careers/advice/The_four_golden_rules_of_effective_menteeship)

Much has been written about mentoring, but the question of how to be a good mentee is, by comparison, neglected.^[1] This has created an unfortunate asymmetry, since effective mentorship cannot exist without menteeship.^[2] Given the importance of the topic and lack of guidance, we sought to identify the golden rules that constitute best practice for mentees.

We approached this task in three ways. First, we reflected on our own experiences as both mentees and mentors. Next, we contacted 11 MD or PhD mentors from different institutions in the US and asked for three suggestions on how mentees might derive most benefit from them. Finally, we synthesised the reflections and suggestions to identify four key recommendations for best practice.

Select the right mentor(s)

Making the right selection of mentor is crucial. It is rare to find a single person who can offer everything a mentee needs, and so a mentorship team, composed of content, clinical, or strategic mentors, provides a useful model. Indeed, team science has become vital for academic success, and reaching out to enhance your perspective across disciplines is a helpful strategy.

Finding suitable mentors, however, is not a matter of applying a simple calculus. Rather, it is a process of judgment and learning. Many mentors emphasise the need for congruence between your goals and the skills and knowledge that someone you admire can share with you.

Sometimes, you'll be seeking a role model: someone who is the kind of person you'd like to be. But to advance your work you may also need someone with content expertise, or someone with influence in a field, who has a wide network of contacts.^[3]

Remember that somebody considered as being at the top of their field may not necessarily be a good mentor. The mentor's personal attributes—for example, patience—and their values—for instance, altruism—are fundamental to a good mentor and mentee relationship. You should like, respect, and trust your mentor, and know that they have your best interests at heart.

It is important to avoid being exposed to "mentorship malpractice," in which mentors take unfair advantage of mentees, potentially damaging their career irreparably.^[4] Identifying such problematic mentors is not easy, but speaking to current or prior mentees can be informative. Responsibilities lie on both sides, and you should also avoid exploitative mentee behaviours—

for example, treating your mentor as a patron whose main purpose is to open doors, proofread your work, or act as an unpaid psychotherapist is unwise.

Be respectful of your mentor's time and manage it wisely

Your mentor's time is precious. Anyone who is qualified to be a mentor is likely to have many other mentees and commitments. The mentee who respects a mentor's time and finds ways of using it productively is best placed to benefit from mentorship. You must therefore be proactive in scheduling appointments with your mentor—ideally, plan a regular slot.

Preparation is the key to using your mentor's time effectively. Plan for meetings by setting out agendas and prioritising discussion points—for instance, clinical, research, administrative, or personal updates. Include a timeline to schedule each item so that both of you focus on what is most important.

As well as identifying issues, try to propose solutions to help your mentor decide which answer may be best. In the business world this is known as “managing your manager” or “managing up.”^[5] You should also help your mentor prepare for your meetings by requesting actions that they can do to help you in advance—for instance, asking “please review this scientific abstract so that we can discuss at our meeting.”

Communicate efficiently and effectively with your mentor

Every mentor we contacted said that effective communication was critical for a successful mentee and mentor relationship. Such communication requires substantial effort and preparation on the part of the mentee. Mentors can only be of assistance if they understand your goals and activities, are aware of any obstacles, and perceive how they might help you to overcome such barriers.

Your relationship with your mentor should begin with honest conversations regarding your goals and aspirations. It may be useful for the conversations to include a written plan of short and long term goals, which will help demonstrate whether you and your mentor share a vision of success. Clarify roles and expectations on both sides, to minimise conflict, tension, and disappointment.

During the course of menteeship, meetings should provide the setting for much of the action of mentorship to take place. You should establish a regular cadence of communication that includes goals and progress towards them—including, for example:

- Discussion of new projects before project commitment
- Updates on all journal and grant correspondence, both good and bad news
- A summary of current projects' status, including progress or problems.

During meetings pay attention to your “talking-to-listening ratio.” In most meetings your ratio should be less than one—that is, you should talk less than you listen.

Outside of meetings be mindful about the volume of correspondence you send to your mentor and how you structure it. Multiparagraph emails with vague questions buried in the text are not recommended. Rather, focused messages with a brief background that can be answered with a “Yes” or “No” are ideal. It is helpful to assume that your mentor will be answering your queries while or between doing other things and may be using a mobile device to respond.

Most mentors need adequate notice in order to assist you effectively. Plan to give your mentor enough notice for tasks, and check that your mentor is able to respond to your request. If you want mentors to review an abstract, a manuscript, or a grant application, check first regarding how long they will need. Panicked emails begging for a 24 hour response are unlikely to be well received.

Be engaged, energising, and collaborative

Mentors prefer people who are fun to work with, energetic, and wholly committed. Emotionally draining behaviours, such as complaining, pessimism, and “snarking” about others will not endear you to your mentor.

Mentees need to show that they are mature and genuinely open to learning, without making their mentors assume responsibility for their emotional wellbeing. Expressing negative emotions or defensive comebacks in response to advice or feedback may lead mentors to provide less useful guidance, or they may even consider exiting the relationship. Both outcomes would be detrimental to your growth.

Plan on being an energy donor, not an energy recipient, in your mentoring relationship. Help to drive projects forward, be proactive, and accept all comments as important learning opportunities, even if they appear harsh.

Remember that it is still early in your career and you are establishing a reputation. People gravitate towards an implicit point of reference,^[6] and so it is important that you acquire the standing of a “closer”: someone who follows through on tasks in a timely fashion. If you agree to do something understand that it is a firm commitment, and make sure you deliver on time and to a high standard.

Be generous and honest in giving others credit. By being engaged with your mentor, your colleagues, and the wider scientific community, you will quickly become invaluable not only to your mentor but also to your institution.

Effective menteeship is a learned skill that requires practice, patience, and trial and error. A highly effective mentee selects the right mentors, communicates clearly and efficiently, is engaged, prepared, and energising, finishes tasks ahead of schedule, and plays well with others. We hope these golden rules will help you succeed.

Competing interests: We have read and understood BMJ’s policy on declaration of interests and have no relevant interests to declare.

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5. Badowski R, Gittines R. *Managing up: how to forge an effective relationship with those above you*. Crown Business, 2004.
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Student Tips for a Successful COMEX

The following tips and advice come from other students who have made the most of their preceptorships.

Since I'm only a 1st year, I don't have much to contribute, but I carry a small notebook during preceptorships to jot down cases, questions, and things to look back on later. I've found that while it's easy to ask questions during preceptorships in primary care (especially with NDs), it's a lot harder to know when it's appropriate in other specialties (like in emergency med where it's constantly busy and the attending has a lot on their plate). Taking notes on things to ask later is helpful.

Something I'd encourage is to suggest that students engage with other staff in the office and not just preceptors. Oftentimes the mid-level staff do a lot of work that preceptors overlook and have different perspectives to patient care; we tend to miss them as students.

From my experience I've found taking the initiative and asking my preceptor if I can do the history and physical on a particular patient has served me well. My first preceptor was doing a lot of primary care women's health, so I asked her if I could do as much of the physical exam as I felt comfortable doing. This term I'm with an ob/gyn and he calls me when someone is in labor and lets me do exams in the office. All of this because I told them what we've been learning in CPD and that I want to have a primary care practice focusing on women's health.

What I'd suggest is taking the initiative, ask questions, and show your preceptor you are capable of doing things in the clinic and you'll get a much better experience than simply following the preceptor around.

Something I have found to be an absolutely essential component of a great preceptorship experience was having a sit-down meeting with your preceptor to clarify goals/expectations for the quarter at the very beginning.

Don't hesitate to ask questions no matter how busy your preceptor seems. They agreed to take you on and you are there to learn so ask away, that's the whole point.

If you feel like you are overwhelmed by the pace of things take a moment, find a computer, log into the library, bring up a consult website (like UpToDate, or whatever) and read. There is nothing wrong with learning at your own pace.

Push yourself. The only way to learn medicine is to get your hands dirty so don't be afraid to ask seemingly redundant or superficial questions. No one is born with the deductive powers of a skilled preceptor.

APPENDIX A: COMEX SYLLABUS



Doctor of Naturopathic Medicine
Course Syllabus
 Community Experience (COMEX) Preceptorship

Instructor name	Carrie Baldwin-Sayre, ND (program oversight) Preceptors vary according to site
Email & phone	cbaldwinsayre@nunm.edu 503-552-1860
Office hours & location	Drop-in or by appointment Administrative building, Suite 250 E
Best way to contact	Email

Course Schedule & Location

This course is year-round and is located at the respective preceptor’s office, clinic or hospital.

Course Description

Students participate in external clinical rotations (“preceptorships”) throughout the duration of their education under the mentorship of licensed preceptors outside NUNM. Students will observe and may participate in medical interviewing, physical examination, diagnostic techniques and analysis, and application of therapeutic modalities. Students will also observe routine clinic policies and procedures, doctor/patient communications, coding and billing practices, and referral management.

Definitions:

“Preceptor” means the licensed and ComEx-approved health care provider with whom the student will work or observe in the community.

“Rotation” means the total number of hours a student works with a preceptor during 1 quarter.

“Shift” means 1 single day of a rotation.

Credit Hours

9 credits (5 credits are given in the required Summer term, and 4 in the student’s final Spring term prior to graduation.)

Course Prerequisites

Passing grade in: All first term ND Coursework

Attendance at COMEX Preceptorship Orientation (winter term of 1st year)

Course Competencies

Upon successful completion of this course, students will be able to achieve the following:

Medical Knowledge Competencies:

- Observe or elicit the taking of a complete and accurate medical and biopsychosocial history.
- Observe or perform complete and appropriate physical examinations.
- Demonstrate increasing proficiency in case presentation skills.
- Observe the creation of or demonstrate the ability to write progress notes in a standard format with pertinent content.
- Recognize the appearance of varied clinical pathologies and formulate differential diagnoses.

Patient Management Competencies:

- Provide evidence-informed ideas in discussion of treatment protocols that are consistent with naturopathic principles.
- Observe or participate in the formulation of therapeutic interventions, and assess their effectiveness.

Communication and Collaboration Competencies:

- Demonstrate the ability to function as part of a patient care team.
- Demonstrate the ability to establish patient rapport.
- Recognize strategies for dealing with difficult encounters, increasing patient compliance, and encouraging return visits as appropriate.
- Demonstrate or observe the delivery of diagnostic findings and diagnoses, and provision of patient education around those findings.

Practice-Based Learning and Improvement Competencies:

- Demonstrate a commitment to independent learning.
- Demonstrate acceptance of critical feedback.
- Demonstrate integration of basic science and clinical knowledge.
- Demonstrate ability to accept uncertainty.
- Demonstrate clinical curiosity.

Ethics and Professionalism Competencies:

- Demonstrate respect, compassion and integrity in patient and professional interactions.
- Demonstrate a commitment to ethical principles of medicine.
- Adhere to NUNM clinic and preceptor handbook requirements of professional conduct and attire.
- Demonstrate sensitivity to patients with a variety of cultural, ethnic, and financial backgrounds.

Practice Management and Business Skills Competency:

tardiness will result in assignment of up to 10 additional COMEX hours and/or a referral to the Honor Council.

Requirements for Passing this Course

There is no grade given for this course. Student matriculating Fall 2015 or after are required to complete 216 COMEX hours (240 hours for students who matriculated prior to Fall 2015), 145 of which must be with an ND, and the remainder of which can be with any of the following licensed practitioners: ND (Naturopathic Doctor), MD (Medical Doctor), DO (Osteopathic Doctor), DC (Chiropractor), DPM (Podiatrist), NP or CNM (Nurse Practitioner or Certified Nurse Midwife), PA (Physician Assistant), DPT/PT (Physical Therapist), or Clinical Psychologist (LCSW, MFT, or PsyD). All documentation must be completed and submitted on time in order to receive credit for the course.

Grading Scale

There is no grade given for this course, however you will be evaluated on the following 1-5 scale and receive feedback from your preceptors.

- 1 = Unacceptable performance
- 2 = Below expected level of performance
- 3 = Expected level of performance
- 4 = Performing above expectations
- 5 = Superior performance
- NA = Not Assessed

Students receiving low final evaluation scores of 1 or 2 (out of 5) will have additional COMEX hours assigned as determined by the number of hours in the rotation.

Instructional Philosophy

It is our sincere belief that you will take away from the Community Experience what you invest in it. The process of creating your Learning Goals at the beginning of your rotation is your opportunity to tell the preceptor what you can do and specifically what you would like to obtain from this experience. Reflection on your experience is an integral part of the learning process and the Reflection and Goals Assessment is your opportunity to consider how and if you achieved your goals.

Study Strategies & Classroom Participation Guidelines

The amount of engagement you have in this experience is related to two main factors, but there are a myriad of ways to get the most out of your COMEX rotations:

1. If your preceptor is practicing in an unlicensed state or does not have malpractice insurance coverage, your only option is to observe that preceptor with their patients. However, you should challenge yourself to engage in active discussion with your preceptor about all aspects of cases.
 - ☐ Challenge yourself to summarize the pertinent aspects of the case for your preceptor.
 - ☐ Challenge yourself to provide differential diagnoses for the case and your ideas for evaluation and management.
 - ☐ Do literature searches on interesting presentations, diagnoses, or treatment options and share these with your preceptor.

For assistance with Moodle, please contact Ellen Yarnell, webmaster: 503-552-1528 or EYarnell@nunm.edu

Students with Disabilities

Students with documented disabilities are encouraged to work with the Office of Student Life to access academic accommodations.

NUNM Commitment to a Healthy Learning Environment

NUNM is committed to providing a healthy learning and work environment free of all forms of discrimination and sexual harassment, including sexual assault, sexual harassment, domestic and dating violence and gender-based stalking. All NUNM employees are required reporters unless, at the time of your report, you are being seen in a counseling session or at a patient visit at our clinic.

Additional local, regional, and national resources can be found on the NUNM Sexual Assault and Interpersonal Violence website: <http://www.nunm.edu/sexual-assault-misconduct-interpersonal-violence.php>.

For more information about services available to students, please visit the NUNM Student Life Center: <http://studentservices.nunm.edu/>

APPENDIX B: COMEX LEARNING GOALS



ComEx Learning Goals

Complete this form, and obtain your preceptor's signature on the first day of your rotation. Turn it in to the Clinical Education Coordinator (Admin bldg., Suite 250) with your final rotation documentation no later than Friday of week 2 of the term following the end of your rotation.

Introduction and General Instructions

Students bring to ComEx different histories, interests, and skill levels. Likewise, preceptors bring an assortment of talents, philosophies, and clinical skills that, when combined with the unique characteristics of their patients, practices, and communities, offer students a rich learning environment.

To capitalize on this learning opportunity and to accommodate individual student needs and interests, each student will establish learning goals. Outlining these goals for the clinical experience will contribute to the preceptor's evaluation of the student.

Before the first day of the rotation, the student (and optionally, the preceptor) should identify learning objectives and describe them in the spaces provided. The student is responsible for discussing these goals with the preceptor, preferably when they are being oriented on the first day of the rotation.

Student Name:

Preceptor Name:

Quarter:

Academic Year:

Student Level: 1st year 2nd year 3rd year 4th year or beyond

Student medical experiences, clinical skills, and prior rotations you would like to share with your preceptor:

Student Goals for this rotation

Be specific (Ex: perform a knee exam, take an acute patient history, deliver lab findings, collect a specimen for a pap smear, observe the delivery of difficult news).

OPTIONAL: Preceptor Expectations/Goals for this rotation

Student signature _____ Date: _____

Preceptor Signature _____ Date: _____

Student Administrative and Clinical Responsibilities

1. Verify that the ComEx preceptor has been approved prior to the start of the clinical rotation.
2. Contact the approved ComEx preceptor and confirm the schedule for the clinical rotation, including days of the week and hours per day if these have not already been determined.
3. Complete and sign the ComEx Learning Goals at the start of each rotation and discuss with your ComEx preceptor.
4. Attend all scheduled shifts on time and prepared for clinical activities. Other work, including work from your other courses, should not be done on a ComEx rotation.
5. Notify your ComEx preceptor as soon as possible if unable to attend a shift as scheduled. Cancellations without notification, or multiple absences from a rotation may result in additional assigned hours or other consequences as appropriate.
6. Maintain professional behavior in the clinical setting at all times, readily accepting feedback and direction when given by the preceptor or preceptor's designee.
7. Demonstrate increasing competencies and progressive independence in clinical curiosity, knowledge and skills, as applicable.
8. Provide hands-on patient care only at a site supervised by a preceptor who is licensed in their state of practice and carries malpractice insurance. Otherwise, the student may only observe and not have direct physical contact, may not participate in the care, and may not provide advice to the patient.
9. Adhere to professional attire that is in accordance with clinical site requirements and NUNM Clinic Handbook, including the "no fragrance" policy. Cell phones and other electronic devices should not be used other than for specific clinical purposes and with prior permission from the preceptor.
10. Maintain an accurate record of patient contacts and hours spent on the ComEx Tracking Form. Provide the Student Evaluation and Tracking Log to your ComEx preceptor for completion and signature at the end of your rotation.
11. Complete the Reflection and Goals Assessment at the end of your ComEx rotation.
12. Submit all completed forms to the Clinical Education Coordinator by week 2 of the term following the end of your rotation.

Student signature _____ Date: _____

APPENDIX C: COMEX STUDENT EVALUATION AND TRACKING LOG

ComEx Student Evaluation

Student Name:		Preceptor Name:			
Academic Year:	Quarter:	Preceptorship Type: <input type="checkbox"/> Observational only (shadowing) <input type="checkbox"/> Clinical (participates in patient care)			Date of Evaluation:

While individual COMEX preceptors and sites present varying learning opportunities, several common educational elements exist. These elements can be evaluated and should be considered in addition to any other specific goals and objectives mutually agreed upon by you and your student. The emphasis on each element will vary based on focus of the practice as well as the year, experience, and needs of the student. *Note that an evaluation is only required if the total length of the rotation is greater than 8 total hours. It is otherwise optional.*

Please CHECK the applicable score and provide your feedback using the following scale: (note that this is feedback for the benefit of the student and the program, and is not used in calculating any student grades.)

1 = Unacceptable performance	4 = Performing above expectations
2 = Below expected level of performance	5 = Superior performance
3 = Expected level of performance	NA = Not Assessed/Not Applicable

Ethics and Professionalism						
Presents when scheduled and on time for clinical responsibilities:						
<i>Frequently late and/or absent</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Regularly arrives early for shift (as appropriate)</i>
Demonstrates appearance that is appropriate for clinical care:						
<i>Appearance frequently does not reflect NUNM or site standards</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Professional appearance exceeds expectations</i>
Demonstrates respect, compassion, and integrity: <input type="checkbox"/> NA						
<i>Shows lack of respect for patients' plight; cannot be trusted with information or responsibility</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Trustworthy, follows through on tasks, respectful of patients, preceptor and staff</i>
Demonstrates a commitment to ethical principles of medicine: <input type="checkbox"/> NA						
<i>Disregards confidentiality, focus is on self</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Maintains appropriate confidentiality, focus is on the patient</i>
Demonstrates sensitivity to patients with a variety of cultural, ethnic, and financial backgrounds: <input type="checkbox"/> NA						
<i>Demonstrates bias and discrimination to patients or staff</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Shows sensitivity to the individual background of each patient and staff member</i>
Communication and Collaboration						
Demonstrates ability to function as part of a patient care team: <input type="checkbox"/> NA						
<i>Unable to collaborate with staff, clinicians, and fellow learners</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Dependable collaborator with all members of health care team</i>
Demonstrates ability to establish rapport with patient: <input type="checkbox"/> NA						
<i>Does not introduce self, unable to put patient at ease</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Appropriately introduces self and able to put patient at ease</i>
Medical Knowledge						
Obtains appropriate medical history given patient presentation: <input type="checkbox"/> NA						
<i>Frequently obtains extraneous information</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Frequently obtains pertinent positives and negatives</i>

