The Manila Times College Subic – School of Medicine

Clinical Clerkship Handbook

2026-2027

INTRODUCTION

Mission of The Manila Times College Subic – School of Medicine

The Manila Times College Subic – School of Medicine (TMTCS-SM) is a leading center of medical education and innovation for the global health community.

Vision of The Manila Times College Subic – School of Medicine

A community of innovators in health and medicine with a shared sense of value and purpose that embraces:

1. a culture of critical thinking and creativity;
2. life-long learning focused on ethical, safe and quality patient-centered care;
3. population-based health research;
4. excellent listening and communication skills that exemplify kindness, compassion and empathy;
5. interdisciplinary collaboration enriching health outcomes and universal health care;
6. partnerships to strengthen academic exchanges, mentorships, and unity.

OVERVIEW of the TMTCS-SM CLINICAL CLERKSHIP PROGRAM

The Rotating Clinical Clerkship Program is designed to build on students' pre-clinical education to provide education and training in the general areas of Family Medicine, Emergency Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, Neurology, and Surgery. TMTCS-SM is affiliated with James Gordon General Hospital, a tertiary DOH-affiliated hospital which serves as its primary teaching hospital. The Clinical Clerkship Program is a 12- month rotation permitting the greatest degree of educational experience in diverse clinical environments for students to develop expertise in the diagnosis and management of diseases.

Clerkship Learning Outcomes/Objectives

PROGRAM LEARNING OUTCOMES	Year Level IV	Course Learning Outcomes
1. Demonstrate clinical competence	D	Demonstrate mastery of etiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic work-up and management of patient case
2. Communicate effectively	D	Demonstrate proficiency in communication skills across different settings such as when dealing with patients or presenting clinical cases
3. Lead and manage health care	D	Practice components of the primarv health care system for the optimum care of patients.
4. Engage in research activities	D	Conduct research, qualitative and quantitative and evidence-based
5. Collaborate within inter-professional teams	D	Cordially lead and guide other professionals in holistic patient care
6. Utilize systems-based approach to healthcare	D	Address health needs of patients in delivering quality health care
7. Engage in continuing personal and professional development	D	Establish a benchmark for personal aims and goals
8. Adhere to ethical, professional and legal standards	D	Demonstrate excellent professional ethics with patients, their families, colleagues and team members
9. Inculcate nationalism, internationalism and dedication to service.	D	Advocate attaining sustainable goals in a global community
10. Imbibe the principles of social accountability	D	Eradicate social inequities in different aspects of healthcare

Legend: Introduce
Practice
Demonstrate

The Core Entrustable Professional Activities (EPAs) for Entering Residency (AAMC.org)

Definition: Expectations for both learners and teachers that include 13 activities that all medical students should be able to perform upon entering residency, regardless of their future career specialty.

EPA 1 Gather a history and perform a physical examination
EPA 2 Prioritize a differential diagnosis following a clinical encounter
EPA 3 Recommend and interpret common diagnostic and screening tests
EPA 4 Enter and discuss orders and prescriptions
EPA 5 Document a clinical encounter in the patient record
EPA 6 Provide an oral presentation of a clinical encounter
EPA 7 Form clinical questions and retrieve evidence to advance patient care
EPA 8 Give or receive a patient handover to transition care responsibility
EPA 9 Collaborate as a member of an interprofessional team
EPA 10 Recognize a patient requiring urgent or emergent care and initiate evaluation and management
EPA 11 Obtain informed consent for tests and/or procedures
EPA 12 Perform general procedures of a physician
EPA 13 Identify system failures and contribute to a culture of safety and improvement

The Clinical Rotations consists of 52 weeks of 4 major clinical specialties and other specialties, including an elective as follows:

ROTATIONS	DURATION
Internal Medicine	8 weeks
Pediatrics	8 weeks
Surgery with Anesthesia and Pain Medicine	8 weeks
Obstetrics and Gynecology	8 weeks
Preventive Medicine and Community Health	8 weeks
Ophthalmology	2 weeks
Otolaryngology	2 weeks
Psychiatry	2 weeks
Clinical Pathology	2 weeks
Physical Medicine and Rehabilitation	2 weeks
Electives	2 weeks
TOTAL	**52 weeks**

GENERAL CLERKSHIP GUIDELINES

Structure

TMTCS-SM students participate in a well-structured, clinical training experience in each specialty area. Students are supervised by one or more attending physicians and, in some circumstances, residents. The program structure provides the preceptors and students clearly defined responsibilities for meeting educational objectives. Rotation in the different departments will be done in batches of four students.

Teaching Techniques and Evaluation Methodology

1. An electronic log of all patient care activities is kept per student.
2. Consulting physicians do a periodic oral examination and a general evaluation by observation of a student's clinical performance.
3. Monitoring physicians complete the Student Performance Assessment Form(s) for evaluation of students. This are completed on the 6^{th} and 12^{th} month of the clerkship.
4. The student also completes an evaluation form about the physician/preceptor after every rotation and overall clerkship.

Educational Activities

Educational programs and resources, such as lectures, conferences, videotapes, etc., are available at the clinical site and online (via Moodle, LMS). Students are required to record patient logs to track required clinical encounters for each clerkship.

Patient Care

Students should comply with all requirements related to patient care as established by the Course Coordinator.

Medical Student Supervision Policy

1. Course Coordinators are primarily responsible for disseminating standards for student and patient safety during clerkship rotations.
2. Students must be informed of the expectations (professional behaviors, curricular objectives and goals) for their participation and supervision in patient care. Department chairs, clinical and academic faculty, residents, must also be informed of these standards.
3. Course Coordinators working with staff in the Director for Student Services is responsible for assigning students to designated clinical faculty for clerkship experiences and for ensuring that faculty and students are notified of these assignments.
4. Qualified clinical faculty and residents under their supervision at all other affiliated clinical sites must be available for supervision (i.e., direct supervision or indirect supervision with direct supervision immediately available) of medical students on duty for patient care activities.

5. Students on duty must have rapid and reliable systems for contacting their course coordinators, supervising faculty and residents.
6. Direct supervision is defined as being physically present with the student to personally observe and supervise the student. Course Coordinators and the Director for Student Services should inform students of limitations and legal consequences of professional misconduct (e.g., unacceptable behavior, inability to prescribe medication, enter orders or perform procedures without appropriate supervision).
7. Students can report immediate concerns or issues with clinical supervision to the Course Coordinator who will address the matter as soon as possible. Where the Course Coordinator is unable to resolve the matter or the student feels the matter cannot be, or has not been, satisfactorily resolved by the Course Coordinator, the student should refer the issue to the Director for Student Services.
8. Clinical supervision is regularly monitored through the mid- and end-of-rotation evaluations which is completed by students and contains questions related to the learning environment and clinical supervision. The end-of-course/clerkship evaluations are reviewed and analyzed and reported to the course coordinator.

Orientation

TMTCS-SM students are provided with a week-long orientation session immediately preceding the first day of clerkship rotations. Students gain BLS/ACLS certification, participate in a bootcamp preparation for clerkship responsibilities, are introduced to the clinical site facilities, services and administration, as well as becoming oriented specifically to their first clerkship rotation. Thereafter, students are provided specialty-specific orientations at the beginning of each rotation.

Annual Introduction to Clerkships (1 week prior to clerkship start date)

1. General Orientation
    1. Maximizing the transition to clinical education
    2. Clinical Education Roles and Expectations
    3. Professional Development
2. The ACLS Provider Course (BLS primer if needed)
3. Mask fitting
4. SP-based OSCE exams
    1. H&PE
    2. Orders and interpretation
    3. Pt. Note
    4. Report to attending physician
    5. Team-based simulations
    6. Procedure stations
    7. Case assessments

General Orientation to Clinical Site:

1. Meet Course Coordinator
2. Introduction to hospital facilities and services:
    1. Patient rooms and clinics
    2. Emergency Department
    3. Nurses' stations
    4. Ancillary services facilities (x-ray, laboratory, medical records, and physical therapy)
    5. Conference and study areas
    6. Rest rooms and locker areas
    7. Lounges and cafeteria
    8. Library

Clerkship Rotation Orientation (at the start of each rotation)

1. Meet Course Coordinator and Clinical Faculty/Preceptors/Staff
2. Discussion of Rotation Content
    1. Outline expectations (e.g., patient logs, procedures, required learning experiences)
    2. Scheduled activities/calendar
    3. Assessment/exams
    4. Evaluation forms
    5. Grading

GENERAL STUDENT PROTOCOLS

Students are to notify the TMTCS-SM Office of Student Services and Admissions of any change in contact information (e.g., mailing address, phone numbers, etc.) during the clinical years.

Clinical Dress Code

1. In any instance of interacting with patients or standardized patients including service learning, clinical skills, and clerkships, students must wear their prescribed uniforms or scrub suits.
2. Students must always wear their TMTCS-SM photo identification badge while inside the hospital premises. Likewise, any clinical site-issued identification badge should also be worn while at that site.
3. Students shall dress in a manner appropriate for a physician in clinical care settings. Conservative, business casual clothing is the general rule. Closed-toed shoes are required.
4. Some affiliated hospitals have dress codes that are more stringent, and students assigned to those locations must abide by the hospital dress code.
5. Students should have, a clean, functioning stethoscope, appropriate writing implements (e.g., pens with black ink), and other hand-held equipment as appropriate for the clerkship (e.g., otoscope/ophthalmoscope, penlight, etc.)

PhilHealth Membership Registration

All Clinical Clerks are required to have PhilHealth Medical insurance that will cover their medical expenses related to COVID-19 infection.

Policy on the Infectious and Environmental Hazards in Medical Education

Because all students at TMTCS-SM are at risk for exposure to infectious and environmental hazards, the medical students must complete the training for infectious and environmental hazards at the time of matriculation and periodically throughout the MD program. In the event of exposure to infectious and environmental hazards, the medical student must report the exposure incident immediately to the supervising faculty as well as the Office of Student Services and Admissions and obtain immediate medical intervention through an available medical provider.

<u>Protocols for Exposure to Infectious and Environmental Hazards in Year III and IV</u>

1. In case of student exposure to an infectious disease or environmental hazard, the student:

1. Must immediately notify the Course Coordinator that exposure to an infectious or environmental hazard has occurred. The supervisor should assess the situation and direct the student appropriately.
2. Both the Course Coordinator and student must notify the Office of Student Services and Admissions within 24 hours and an “incident report” should be documented in the student’s record.

2. The student should proceed immediately to the appropriate office or individual based on the clinical settings listed below, as directed by their supervisor:

1. Hospital setting during regular business hours:
    i. Contact course coordinator or clinical supervisor.
    ii. Inform the supervising attending physician and resident/fellow.
    iii. Follow up with designated individual for exposure prophylaxis and monitoring.
2. Hospital setting during night, weekend hours and holidays:
    i. Report exposure to the supervising attending physician and resident/fellow and seek advice on obtaining treatment.
    ii. Seek assistance from clinic or facility emergency room physicians if directed.
    settings during regular hours:
    iii. If the above individuals are unavailable, proceed to the nearest emergency room for post-exposure evaluation and possible prophylaxis.
    settings during night and weekend hours and holidays.
    iv. Other
    Report exposure to the supervising attending physician and resident/fellow and follow their advice on obtaining treatment. If the above individuals are unavailable, proceed to the nearest emergency room for post-exposure evaluation and possible prophylaxis.

<u>Hepatitis B Exposure Protocol</u>

Variables that will influence the decision to provide post-exposure prophylaxis for hepatitis B in students exposed to blood or body fluids include:

1. The status of the source patient
2. The nature of the exposure
3. The immunity status of the student.

If the exposed student is known to be immune to hepatitis B, no hepatitis B prophylaxis for the exposed student or testing for hepatitis B of the source patient is required.

If the exposed student is unsure of his or her status, laboratory testing should be performed to assess both the source patient and student's serologic status.

If the student is not immune and the patient is positive for hepatitis B, then the student should receive immune globulin and hepatitis B vaccine series. Follow-up testing should be performed at six months to verify the student's hepatitis B status.

Source patients should also be tested for hepatitis C. Exposed students should receive follow- up testing for this virus.

HIV Exposure Protocol

Variables that will influence the decision to provide post-exposure prophylaxis for HIV in students exposed to blood or body fluids include:

1. The status of the source patient
2. The nature of the exposure

Whenever possible laboratory testing should be performed to assess both the source patient and student's serologic status prior to beginning post-exposure prophylaxis.

1. If HIV post-exposure prophylaxis is indicated, the student will be given the most current antiretroviral medication(s) as recommended by the most current CDC guidelines.
2. The student should undergo follow-up HIV testing at 6 weeks, 3 months, 6 months, and 12 months.

Policy on Training for Exposure to Blood-Borne or Air-Borne Pathogens

Training sessions on infectious risks and environmental risks including blood-borne pathogens, universal precautions (see below), body fluids, contaminated sharps, basic radiation safety, fire, and electronic shock risk are presented during the Year 1 and Year 3 student orientation. During the orientation sessions, all School of Medicine students also receive basic training on the use of personal protective equipment, and specific steps to take should exposure to an infectious or environmental hazard occur.

Moreover, School of Medicine students receive additional training regarding the risk of infectious hazards including body fluids during Basic Life Support Training as a component of training in safe laboratory/clinical practices. Additional training occurs during the clinical skills sessions in the first two years.

The School of Medicine is responsible for balancing the educational, safety, and privacy needs of its students who may be immunocompromised or suffering from infectious diseases. TMTCS-SM also has an obligation to protect the health and safety of the patients. If a student is immunocompromised or suffering from an infectious disease, the Director of Student Services and Admissions will work with the Course Coordinators of Year Level IV to modify the student's clinical responsibilities to best protect the student and the patients that he/she treats, while at the same time ensuring that the affected student receives an educational experience that is equivalent to that of other students.

Policy on Universal Precautions

Universal precautions are an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other bloodborne pathogens (Table: Universal Precautions below). Universal precautions apply to blood and to other body fluids containing visible blood. Occupational transmission of HIV, HBV, and HCV to healthcare

workers by blood is documented. Blood is the single most important source of HIV, HBV, HCV and other bloodborne pathogens in the occupational setting. Infection control efforts for HIV, HBV, HCV and other bloodborne pathogens must focus on preventing exposures to blood as well as on delivery of HBV immunization.

Universal precautions apply to highly infectious material such as blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluids, amniotic fluid, pleural fluid, pericardial fluid, peritoneal fluid, and other body fluids.

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. The risk of transmission of HIV, HCV, and HBV from these fluids and materials is extremely low. Universal precautions do not apply to human breast milk. However, gloves may be worn by students and health care workers when exposures to breast milk are frequent (e.g., in breast milk banking). HIV has been isolated, and surface antigen of HBV (HBsAg) has been demonstrated in some of these fluids; however, epidemiologic studies in the healthcare and community setting have not implicated these fluids or materials in the transmission of HIV, HCV and HBV infections. Some of the above fluids and excretions represent a potential source of nosocomial and community-acquired infections with other pathogens, and recommendations for preventing the transmission of non- bloodborne pathogens have been published.

<u>Universal Precautions Protocol</u>

1. Use barrier protection to prevent skin and mucous membrane contact with blood or other body fluids.
2. Wear gloves to prevent contact with blood, infectious material, or other potentially contaminated surfaces or items (procedures include phlebotomy, finger or heel sticks on infants and children, dressing changes, suturing, examination of denuded or disrupted skin, immunizations or injections, any surgical procedure, and pelvic gynecologic exam).
3. Wear face protection if blood or body fluid droplets may be generated during procedures
4. Wear protective clothing if blood or body fluids may be splashed during a procedure.
5. Wash hands and skin immediately and thoroughly if contaminated with blood or body fluids.
6. Wash hands immediately after gloves are removed.
7. Use care when using sharp instruments and needles. Place used sharps in labeled puncture resistant containers.
8. If you have sustained exposure to a puncture wound (e.g., needle stick injury), immediately flush the exposed area with clean water, saline, or sterile irrigates and/or wash with soap and water and notify your supervisor and the Office of Student Services and Admissions.

Needle Stick Injuries

Studies indicate that needle stick injuries are often associated with the following activities that students must avoid:

1. Recapping needles.
2. Transferring a body fluid between containers.
3. Failing to properly dispose of used needles in sharps containers.

Recommendations for Prevention

1. Avoid the use of needles where safe and effective alternatives are available.
2. Use devices with safety features provided by the school/hospital.
3. Avoid recapping needles.
4. Plan safe handling and disposal before beginning any procedure using needles.
5. Dispose of used needle devices promptly in appropriate sharps disposal containers.
6. Report all needlestick and other sharps-related injuries promptly to ensure that you receive appropriate follow-up care.
7. Share your experiences about hazards from needles in your work environment.
8. Participate in bloodborne pathogen training and follow recommended infection prevention practices, including hepatitis B vaccination.

Education and Training

One of the prime objectives of this policy is to encourage those in the medical school community to educate themselves about HIV/AIDS, tuberculosis, HBV, HCV and other infectious materials and environmental hazards. Education is the best protection against fear, prejudice, and infection.

Students are required to follow appropriate infection control procedures including body substance precautions, where there is a risk of parenteral, mucous membrane, or cutaneous exposure to blood, body fluids, or aerosolized secretions from any patient, irrespective of the perceived risk of a bloodborne or airborne pathogen.

Current epidemiological data indicate that individuals infected with HIV and other bloodborne pathogens present no risk of transmitting infection when participating in educational activities or in the patient care environment when standard infection control practices are used.

Reporting for Service

Prior to the start of the clerkship, students should review their schedule to determine the location and start time for the first day of the elective. Unless otherwise arranged, on the first day of the clerkship students should report for orientation by 8:00 a.m.

Attendance Policy and Duty hours

TMTCS-SM must educate medical students, residents, and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. The medical school must be committed to and responsible for promoting patient safety and student well-being in a supportive educational environment. The course director must ensure that students are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

Definition of duty hours: Duty hours are defined as all clinical and academic activities required of the student such as:

1. Patient care, including indirect work such as pre-rounding, patient documentation, etc.
2. Administrative duties related to patient care
3. Scheduled academic activities (i.e., conferences, etc.)

Duty hour limits: Students duty hours must be in accordance with the following regulations:

1. Maximum hours of work per week must not exceed 80 hours per week
2. Maximum duty period length must not exceed 24 continuous hours
3. 24-hour shifts must not exceed (1) night every three

Compliance & Monitoring of Duty Hours:

1. Compliance with the duty hour policy is monitored by the Office of Student Services and the Course Coordinators
2. Any concerns about hours are reported to the Course Coordinator and Department Chair who will address the concerns.
3. Questions concerning duty hours and workload are on the mid- and end-of clerkship evaluation done by the students and are included in the course coordinator reports to the curriculum committee.

Absence Policy

Students are required to attend all activities during their clinical clerkships. This policy clarifies the reasons for absences which are potentially excusable, not excusable and to explain the process of requesting absences, and to describe how lost time may be made up.

The guidance covers the majority of potential reasons for student absences. There are other events that may cause a student to be absent, and there are also extenuating circumstances that may occur. In those cases, the Director of Student Services should be notified to make fair and well-reasoned decisions.

Absences are either excused or unexcused, depending on the validity of the explanation to be determined by the department training officer, and/or the Chief Resident where he/she is assigned. Absence due to medical illness should be substantiated with a valid medical certificate and/or proof of illness as determined by the department concerned.

- Both valid medical certificate and/or excuse letter shall be submitted to the department concerned or the training office, where absences were made, immediately upon resumption of duty. Absences will be considered as unexcused if a Clinical Clerk fails to comply with the submission on the specified time.
- Late is defined as arrival more than 15 minutes after the start of the conference rounds.
- Any Clinical Clerk who, by reason of illness or death in the family, cannot report for duty must immediately inform the Clinical Clerk's Monitor of his/her absence, personally or through calls. Absences incurred more than two days must be made known to the school's training office as soon as possible by the Clinical Clerk concerned, or by his/her immediate family or guardian.
- The Clinical Clerks shall secure clearances from each department of the hospitals they rotated in right after completion of the clerkship. This shall then be forwarded to the Director of Student Services of the School of Medicine. A Certificate of Clerkship shall be given to the Clinical Clerk upon completion of clearance and affixing signature of the Dean.

Exceeded Limits

Students who exceed the permitted number of absences described in this policy must arrange (through the Office of Student Services) to meet with the Director for Student Services within seven (7) days of exceeding the limits for consultation and remediation. The Director will evaluate the appropriateness of the student absences and may take the following actions:

1. Approve the absences as acceptable and work with the student and Clerkship Director or designee to ensure that all requirements of the missed course, clerkship, and/or rotation are completed in a timely manner.
2. Find a portion or the entire period of the absence unacceptable. Such finding may result in:
    1. Requirement that the clerkship, or rotation be repeated
    2. Official censure in the student’s academic record
    3. Notation of the lapse of professional responsibility in the student’s Medical Student Performance Evaluation

The Director for Student Services will provide the student with his/her decision regarding the approval or denial of the absences in question and the action to be taken in regard to the absences within seven (7) days of meeting with the student. Within seven (7) days of receipt of the decision of the Director, the student may:

1. Accept the decision.
2. Submit a written appeal to the Dean of the College of Medicine.

Consequences of Unexcused Absences

Failure to attend assigned clinical activities without communicating with the Director of Student Services and the clinical care team, as well as any unexcused absence will require a meeting with the Dean. This represents an important element in the assessment of the student's professionalism competency in the clerkship grade narrative prepared for the student.

Other potential consequences would include, but are not limited to, inability to receive an honors grade on the clerkship, reduction of the clerkship grade, failure of the clerkship, counseling by the Director of Student Services and Admissions, and referral for discussion at the Student Academic Standards and Promotion Committee.

Disciplinary Procedures

All students are required to comply with TMTCS-SM policies to remain in good standing and continued attendance. Unprofessional conduct, any unacceptable behavior or violation of TMTCS-SM policies may be a cause for disciplinary action against the student, up to and including dismissal.

Responsibilities and Duties

During the clerkship, the student is responsible to the personnel in charge of the clinical unit.

1. All students are expected to comply with the general rules established by the hospital or clinic at which they are trained.
2. All problems or difficulties should be communicated to the Director of Student Services and the Course Coordinators.
3. Students should attend all clinical site activities (conferences and mandatory programs) related to their clinical clerkship/elective. A weekly or monthly schedule of the hospital educational programs should be obtained each week or month from the Course Coordinators or designated personnel.
4. TMTCS-SM places great importance in the students performing history taking and physical examination (H&PE) during clinical training. However, the individual policies of clinical training sites are acknowledged, and policy has been aligned with each individual site's policy. The student is expected to complete an average of at least one (1) H&PE per day on the assigned service. The history taking and physical examination should be supervised and critiqued by appropriate personnel with feedback to the student.
5. The Course Coordinators provide the clinical clerk with the policies of the clinical site(s) for writing medical orders. All documentation activities (orders written or verbal, patient care progress notes, etc.) in a clinical setting are under the direction and supervision of an attending physician or resident who assumes responsibility for the student and the patient.
6. Students are responsible for maintaining the required immunizations.
7. Students are required to provide proof of personal health insurance, BLS, and ACLS training completion if requested by TMTCS-SM and/or a clinical training site.

Standards of Conduct for the Teacher-Learner Relationship

"*The teacher-learner relationship should be based on mutual trust, respect, and responsibility. This relationship should be carried out in a professional manner, in a learning environment that places a strong focus on education, high-quality patient care, and ethical conduct*."

A climate of mutual respect in the teaching and learning environment is among the main core attributes of TMTMCS-SM professionalism requirements. TMTCS-SM is committed to foster the development of professional and collegial attitudes needed to provide caring and compassionate health care by all members of the medical school community, including medical students, resident physicians, faculty, volunteers and other staff who participate in the educational process. TMTCS-SM believes that teaching and learning should take place in an environment of mutual respect where students are evaluated based on accomplishment, professionalism, and academic performance. This includes a shared commitment among all members of TMTCS-SM community to respect each person's worth and dignity and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

In this way, TMTCS-SM assures an educational environment in which medical students, resident physicians, faculty, volunteers, and other staff may raise and resolve issues without fear of intimidation or retaliation. TMTCS-SM is committed to investigating all cases of mistreatment in a prompt, sensitive, confidential, and objective manner. In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration, and leadership in learning. The teacher expects the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective physician. Both parties can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities in the educational relationship with unfailing honesty.

TMTCS-SM is committed to investigating all cases of mistreatment in a prompt, sensitive, confidential, and objective manner. Mistreatment may be defined as "treatment of a person that is either emotionally or physically damaging; is from someone with power over the recipient of the damage; is not required or not desirable for proper training; could be reasonably expected to cause damage, and may be ongoing." This includes verbal (swearing, humiliation), emotional (neglect, a hostile environment), sexual (physical or verbal advances, discomforting humor), and physical harassment or assault (threats, harm). To determine if something is mistreatment, one should consider if the activity or action is damaging, unnecessary, undesirable, ongoing, or could reasonably be expected to cause damage. Examples of mistreatment/inappropriate behavior or situations that would be unacceptable include:

- Physical contact, including any physical mistreatment or assaults such as hitting, slapping, kicking, throwing objects or threats of the same nature
- Verbal abuse (attack in words, or speaking insultingly, harshly)
- Comments and jokes of stereotypic or ethnic connotation, visual harassment (display of derogatory cartoons, drawings or posters)

- Inappropriate or unprofessional conduct that is unwarranted and reasonably interpreted to be demeaning or offensive
- Requiring a student to perform tasks intended to humiliate, control, or intimidate the student
- Unreasonable requests for a student to perform personal services
- Grading or assigning tasks used to punish a student rather than to evaluate or improve performance
- Purposeful neglect or exclusion from learning opportunities as means of punishment
- Sexual assault or other acts of sexual violence
- Sexual harassment
- Disregard for student safety
- Being denied opportunities for training because of gender, race/ethnicity, or sexual orientation
- Being subjected to offensive remarks/names directed at you based on gender, race/ethnicity, or sexual orientation
- Receiving lower grades or evaluation based on gender, race/ethnicity, or sexual orientation.
- Sexual connections between two people when one of them has any expert obligation regarding another's scholarly performance or professional future

Commitment of TMTCS-SM Faculty

Given their roles in the educational process and their inherently unequal positions with students, all instructional personnel (including faculty, residents, and other members of the healthcare team) are to treat students with courtesy, civility, and respect and with an awareness of the potential impact of their behavior on such students' professional futures. The faculty at TMTCS-SM reaffirm their continuing commitment to providing, promoting, and maintaining a professional and respectful work and learning environment. The faculty constantly are observing the learning environment in health centers as well as instructional sites and professional meetings. The faculty is committed to identifying positive and negative professional trends and develop appropriate strategies to enforce or correct the behavioral trend. This attitude of the faculty reaffirms their commitment to recognizing and promoting positive role models in professionalism as well as to instilling the values in:

1. Students: as a requirement of their academic training, the values and attributes of professionalism facilitate the development of their professional identity in preparing them for their future role as professors, researchers, or physicians
2. Faculty: as a condition of obtaining an academic appointment, maintaining the appointment, and advancing through the academic ranks, the importance of teaching and demonstration to learners the values and attributes of professionalism that the public and the profession expect of a professor or a physician
3. Staff: the importance of demonstrating to learners and to staff members, professionalism in carrying out their employment duties.

The Faculty recognizes that unprofessional behavior disrupts, impairs, and interferes with the quality of medical education, research, and patient care as well as the proper functioning of the learning environment.

Non-Faculty Instructors in Medical Student Education

All instructors who do not hold a TMTCS-SM faculty appointment (e.g., residents, graduate students and post-doctoral fellows), must receive instruction in teaching and assessment methodologies as well as in the goals and objectives of the medical education program and clerkships they will be involved in before they may participate in teaching or assessing TMTCS-SM medical students.

EVALUATION AND GRADING

General Philosophy

While evaluation is an important part of the clinical education, focus should be maintained on gaining clinical experience, expanding fundamental knowledge, providing high-quality care, developing professionalism and clinical competence. Students should pay close attention not only to the grade earned, but also specific components of evaluations that are designed to provide feedback and guidance to improve future performance.

Clinical Performance Assessment

Following each segment of the clerkships, students will meet face-to-face with their designated clinical preceptor to discuss their overall performance and the completion of rotation evaluation. The primary intent of TMTCS-SM clinical performance assessment is the evaluation and provision of feedback to students to identify specific strengths and weakness and to offer guidance. Clinical faculty assess students' performance and offer advice for improvement. Students cannot view their evaluations until completing and submitting evaluations of the preceptor, site, and clerkship.

Evaluation of Preceptor, Site, and Clerkship

Following each clinical clerkship or clerkship segment, students are expected to complete an online evaluation of the preceptor, site, and clerkship. Students should take care to distinguish the assessment of these three portions of their experiences in order to provide the most useful feedback to TMTCS-SM. It is only through honest and fair evaluation that problems can be identified and corrected. Cumulative evaluations are shared with the clinical faculty and student anonymity is maintained.