



Sub-Internship Syllabus

Course Syllabus 2025 – 2026

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Course Dates

2025-2026

Credits hour: 4

Mode of Instruction

Residential

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1. MD Program Learning Outcomes

PLO 1. Medical Knowledge

Students must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care, through prevention, diagnosis, and treatment of disease.

PLO 2. Patient Care

Students must be able to provide patient care that is compassionate, appropriate, and effective for the promotion of health and the treatment of health-related problems. Students must prioritize patient's problems, formulate appropriate differential diagnoses and develop appropriate plans for the diagnosis and/or management. Students are expected to perform clinical procedures safely and effectively while respecting patients' needs, and concerns

PLO 3. Professionalism

Students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Students are expected to demonstrate:

- a. compassion, integrity, and respect for others
- b. respect for patient privacy and autonomy
- c. responsiveness to patient needs that supersedes self-interest
- d. accountability to patients, society, and the profession
- e. awareness of biases, sensitivity, and responsiveness to diverse populations

PLO 4. Interpersonal Communication

Students must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Students are expected to:

- a. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- b. work effectively as a member or leader of a healthcare team and communicate effectively with physicians, other health professionals, and health related agencies

PLO 5. Personal Improvement (Practice-based Learning)

Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Students are expected to identify strengths, deficiencies, and limits in one's knowledge and expertise and set learning and improvement goals

PLO 6. System improvement (System-based Practice) and Social Accountability

Students must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the systems available to provide optimal healthcare. Students are expected to work effectively in various healthcare delivery settings and in inter- professional teams to enhance patient safety and contribute to high-quality care. Graduates are expected to demonstrate an awareness of the US health care system, as well as local Inland Empire health care needs and social determinants of health.

2. Course Description

2.1 Surgical Sub-Internship:

The Surgical Clerkship is a four-week rotation that is designed to expose students to a wide variety of surgical diseases. Students will be active participants in the initial work-up of patients, participation in the operating room, as well as post-operative and follow-up care in the office/clinic. Students are expected to understand the anatomy and pathophysiology behind the disease processes and the indications for surgical intervention. Students will take an active role in the operating room by learning to assist faculty and residents in surgical procedures. Outside of the operating room, students will be responsible for patient care in the hospital. There is a strong emphasis placed on the student being efficient and organized and learning to present patients on rounds clearly and concisely. The overall goal at the end of the rotation is for the student to be an effective team member, knowledgeable regarding a broad range of potentially surgical clinical presentations, as well as competent in basic surgical skills.

2.2 Pediatrics Sub-Internship:

The Pediatrics Clerkship is a four-week rotation where students spend time in an inpatient and outpatient setting working closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of pediatrics. Students participate in patient care in the pediatric wards and manage patients from admission to discharge. In the outpatient setting, students are exposed to clinics in which pediatrics is practiced. Students should develop sensitivity to social, familial, ethical, legal, cultural, and economic issues encountered in an ambulatory setting. Students learn how to examine and evaluate pediatric patients including infants, toddlers, school-age children, and adolescents. They will develop an understanding that children are not just small adults. The role of the pediatrician in the prevention of disease is stressed.

2.3 Obstetrics and Gynecology Sub-Internship

The Obstetrics and Gynecology Clerkship is a four-week rotation where students spend time in an inpatient and outpatient setting working closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of obstetrics and gynecology. Students participate in patient care in the obstetrics and gynecology wards, labor and delivery unit, and operating room. In the outpatient setting, students are exposed to clinics in which obstetrics and gynecology is practiced. Students should develop sensitivity to social, familial, ethical, legal, cultural, and economic issues encountered in an ambulatory setting. Students will become comfortable with a gynecologic evaluation and assessment, gain an understanding of the process of normal labor and delivery, and recognize precancerous and cancerous lesions of the female genital tract and how to treat them.

2.4 Internal Medicine Sub-Internship

The Medicine Clerkship is a four-week rotation where students spend time in an inpatient and outpatient setting working closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of internal medicine. Students participate in patient care in the medicine wards and manage patients from admission to discharge. Students evaluate and manage patients with acute illnesses and master the art and science of history taking, physical examination, lab interpretation, clinical reasoning, communication skills, and written skills. In the outpatient setting, students are exposed to clinics in which internal medicine is practiced. Students should develop sensitivity to social, familial, ethical, legal, cultural, and economic issues encountered in an ambulatory setting. By the clerkship, students will be able to apply the history, physical exam, and available diagnostic testing to create differential diagnoses and patient-oriented assessments/plans.

2.5 Emergency Medicine Sub-Internship

The Emergency Medicine Clerkship is a four-week rotation where students work closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical

knowledge base through a variety of patient encounters and procedures in the realm of emergency medicine. Students participate in patient care in the emergency department including interviews and physical examination, comprehensive differential diagnosis, resuscitation and stabilization, procedural and wound care techniques, and proper patient disposition and follow-up.

2.6 Family Medicine Sub-Internship

The Family Medicine Clerkship is a four-week rotation where students where students spend time in an inpatient and outpatient setting work closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of family medicine. Students are exposed to clinics in which family medicine is practiced. Students should develop sensitivity to social, familial, ethical, legal, cultural, and economic issues encountered in an ambulatory setting.

2.7 Neurology Sub-Internship

The Neurology Clerkship is a four-week rotation where students work closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of neurology. Students participate in patient care in the neurology inpatient consultation service and neurology wards managing patients from admission to discharge. As an outpatient, students are exposed to different disciplines of neurology including epilepsy, dementia, movement disorders, sleep disorders, headache and neuropathic pain, and stroke. The Neurology Clerkship is a required four-week core rotation.

2.8 Psychiatry Sub-Internship

The Psychiatry Clerkship is a four-week rotation in inpatient and outpatient settings where students work closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of psychiatry. Students participate in patient care in the consult-and-liaison inpatient team and psychiatric unit from admission to discharge. Students identify psychiatric symptoms and make a differential diagnosis, make recommendations for biological, psychological, and social treatment interventions, and understand indications and procedures for lawful involuntary commitment for psychiatric care.

3. Course Learning Outcomes

The course learning outcomes (CLO) are outlined below. The relationship of each CLO to the MD program learning outcomes is indicated in bold at the end of each CLO.

3.1 Medical Knowledge/Skills

- Identify and describe the conditions commonly encountered in medical practice.
- Identify and describe common treatment modalities and perform routine procedures used in medical practice
- Apply specific protocols used in clinical practice
- Interpret common radiologic and laboratory tests.
- Apply knowledge of molecular, cellular, biochemical, nutritional, and systems-level mechanisms that maintain homeostasis and of the dysregulation of these mechanisms to the prevention, diagnosis, and management of disease.
- Apply major principles of the basic sciences to explain the pathobiology of significant diseases and the mechanism of action of important biomarkers used in the prevention, diagnosis, and treatment of diseases.
- Use the principles of genetic transmission, molecular biology of the human genome, and population genetics to
 - 1) obtain and interpret family history and ancestry data, 2) infer and calculate the risk of diseases, 3) order genetic tests to guide decision making and to assess patient risk, and 4) institute an action plan to mitigate this risk.

- Apply the principles of the cellular and molecular basis of immune and non-immune host defense mechanisms in health and disease to 1) determine the etiology of diseases, 2) identify preventative measures, and 3) predict response to surgical interventions.
- Apply the mechanisms of those processes which are responsible for the maintenance of health and the causation of disease to the prevention, diagnosis, management, and prognosis of important disorders.
- Apply principles of the biology of microorganisms in normal physiological and diseased states to explain the etio-pathogenesis of diseases and identify management and preventative measures.
- Apply the principles of pharmacology to evaluate options for safe, rational, and optimally beneficial interventions.
- Apply quantitative and qualitative knowledge and reasoning and informatics tools to diagnostic and therapeutic decision making.

3.2 Patient Care

- Provide patient care that is compassionate, appropriate, and effective for the promotion of health and the treatment of health-related problems.

3.3 Professionalism

- Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- Demonstrate compassion, integrity, and respect for others.
- Demonstrate respect for patient privacy and autonomy.
- Demonstrate responsiveness to patient needs that supersedes self-interests.
- Demonstrate accountability to patients, society, and the profession.
- Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in age, sex, culture, race, religion, disabilities, and sexual orientation.

3.4 Interpersonal Communication

- Demonstrate interpersonal and communication skills that result in collaboration and the effective exchange of information with patients, their families, and health professionals.
- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Communicate effectively with physicians, other health professionals, and health related agencies.
- Work effectively as a member of surgical or medical care teams.
- Maintain comprehensive, timely, and legible medical records.

3.5 Personal Improvement (Practice-Based Learning)

- Identify strengths, deficiencies, and limits in one's knowledge and expertise (self-assessment and reflection).
- Set learning and improvement goals.
- Identify and perform appropriate learning activities.
- Systematically analyze own practice using quality improvement (QI) methods and implement changes with the goal of continuous improvement
- Incorporate "formative" evaluation feedback into daily practice.
- Locate, appraise, and assimilate evidence from scientific studies related to the patients' health problems (evidence-based medicine).
- Use information technology to optimize learning outcomes.

3.6 System Improvement (System-Based Practice)

- Demonstrate an awareness and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in systems available to provide optimal health care.

- Work effectively in various health care delivery settings and systems. Coordinate surgical patient care within the health care system.
- Incorporate consideration of cost awareness and risk-benefit analysis in patient and population-based care.
- Advocate for quality patient care and to help optimize patient care systems.
- Work in inter-professional teams to enhance patient safety and improve patient care quality.

4. Instructional Methods

4.1 Mode of Instruction

The mode of instruction is Residential

Learning is organized through participation in patient care experiences in clinical environments, small group academic teaching sessions, simulation-based clinical training, interprofessional education sessions, and related self-directed learning activities. Team-based learning activities help foster collaboration, respect and reciprocal benefits from the knowledge and experiences among team members.

Methods of learning include clinical patient care (hospital, clinic, office), and related self-directed learning.

4.2 Clinical Patient Care

Students will participate in clinical patient care under the supervision of precepting faculty and residents during the four-week rotation segments. Participation within the sub-internship will allow students to build on the experiences and formative feedback they received from their core clerkship within the same specialty, as well as from the knowledge and skills gained from the other segments completed in different core clerkships during their core clerkship experiences. Clinical care will take place in the hospital, associated clinics, and/or offices as directed by the supervising faculty preceptor and clerkship director.

4.3 Out of Class Workload

The amount of effort that students should expect to spend outside of formal curricular activities during the rotation are outlined in the University Catalogue. In general, the students are expected to research the clinical conditions of their patients and prepare for the formal educational sessions.

5. Evaluating the Credibility of Information Sources

Students will be using various sources of information to support their opinions and findings during many of their activities. Students are expected to be able to show that these sources are credible. During their pre-clerkship training students were shown how to seek and evaluate the credibility of sources they use during clinical activities and presentations. Feedback on their information-seeking skills will be provided by instructors and facilitators either through general discussion during their clinical activities and/or through mid- and end-of clerkship evaluations. Students are expected to evaluate the credibility of sources used by initially asking the following questions:

1. Where was the source published?: Texts that have scholarly credibility are those published in a peer-reviewed scholarly journal or by a university press, professional society, or scientific publisher. (Use “Ulrichsweb.com” to determine if a journal is peer-reviewed). Students are expected to discuss doubts they may have about an online source with their instructor.
2. Who is the author of the information?: Students can search whether the author is affiliated with a university or other institution, and whether there are other works by the author. Citation databases can help reveal the number of times a source has been cited by others, giving further insight into its credibility.
3. Is the information timely and appropriate?: Information can sometimes become outdated very quickly, and at other times information can remain valuable for longer. Students should search for additional information on a topic, and related sources or citations in order to gain a better understanding of the intellectual relevance and value.
4. For whom is the source written?: Determine if the intended audience is a scholarly one by checking the source for a bibliography that could be used to find further sources.

6. Textbooks and Other Resources

6.1 VitalSource Textbook System

Online textbook services are contracted to provide required electronic textbooks to the CUSM students. All the textbooks have been hyperlinked. Additional electronic textbooks can be purchased by the student on an individual basis.

Learning Resources

The following table shows the required books for each of the program's disciplines:

*All required textbooks are provided as a part of the student fee and available to the students and faculty through online textbook services.

School of Medicine - MD Program, Clerkship Curriculum **REQUIRED Textbooks**

Title	Authors	Edition	Year	ISBN	Availability/Access
Internal Medicine					
Andreoli and Carpenter's Cecil Essentials of Medicine	Benjamin IJ, Griggs RC	9th	2016	9781437718997	Available via VitalSource
Case Files: Internal Medicine	Toy EC, Patlan, JT, Warner MT	6 th	2020	9781260469967	Available via Case Files Collection
Family Medicine					
Case Files: Family Medicine	Toy EC, Briscoe D, Britton B, Heidelbaugh JJ	5 th	2020	9781260468595	Available via Case Files Collection
Rakel Textbook of Family Medicine	Rakel RE, Rakel DP, eds.	9th	2015	9780323239905	Available via VitalSource
Emergency Medicine					
Case Files: Emergency Medicine	Toy EC, Simon BC, Takenaka KY, et al.	5th	2023	9781264268337	Available via Case Files Collection
Pediatric Medicine					
Case Files: Pediatrics	Toy EC, Hormann, MD, Yetman RJ, et. al.	6 th	2021	9781260474954	Available via Case Files Collection
Nelson Essentials of Pediatrics	Marcdante KJ, Kliegman RM, eds.	9 th	2022	9780323511452	Access via ClinicalKey
Harriet Lane Handbook: Mobile Medicine Series	Hughes HK, Kahl LK, eds.	21st	2018	9780323399555	Available via VitalSource
Obstetrics & Gynecology					
Blueprints Obstetrics & Gynecology	Callahan TL, Caughey AB	7th	2018	9781975106614	Available via VitalSource
Case Files: Obstetrics & Gynecology	Toy EC Baker B III, Ross PJ, Jennings JC	6 th	2021	9781260468786	Available via Case Files Collection
Hacker & Moore's Essentials of Obstetrics and Gynecology	Hacker NF, Gambone JC	6th	2016	9780323388528	Available via VitalSource
Neurology					

Case Files: Neurology	Toy EC, Simpson E	4 th	2022	9781264268801	Available via Case Files Collection
Clinical Neurology	Simon RP, Aminoff MJ, Greenberg DA	10th	2018	9781259861727	Available via AccessMedicine
Psychiatry					
Case Files: Psychiatry	Toy EC, Klamen, DL	6 th	2020	9780071835329	Available via Case Files Collection
Kaplan & Sadock's Concise Textbook of Clinical Psychiatry	Sadock BJ, Sadock VA, Ruiz P	4th	2017	9781496367457	Available via EBSCOHost
Surgery					
Case Files: Surgery	Toy EC, Liu TH, Campbell AR, Palmer BJA	6 th	2021	9781260468809	Available via Case Files Collection
Essentials of General Surgery and Surgical Specialties	Lawrence PF	6th	2019	9781496351043	Available via VitalSource

6.2 Other Resources

Students will be provided resources to accomplish the online required clinical cases done on ClinicalKey by Elsevier. Other resources may be required by the clerkship director and/or faculty preceptors.

7. Policies

7.1 Attendance, Absence, and Duty Hour Policies.

CUSM has policies on attendance, absence, and duty hours. Students are advised to consult the Student Handbook / University Catalog for the full description of these policies. The absence policy describes the process for requesting and obtaining approval for qualifying absences during the course. Students should also consult the CUSM Medical Student Healthcare Policy in the catalog which specifically states “Students may be excused from classes or clinical duties in order to access needed health care services on a reasonable basis by working through the Office of Student Affairs and Admissions.”

7.2 Feedback

Students will receive narrative feedback from supervising faculty, residents and/or the clerkship director during this rotation. Feedback will include verbal feedback during the clinical and formal academic experiences in the rotation. Students will also review formal feedback at the midpoint and end of the rotation through discussions with the clerkship director and/or supervising preceptor, and narrative feedback from the mid- and end-of-rotation preceptor evaluation.

7.3 Policy on Academic Workload

CUSM has a policy that outlines the amount of effort that students should expect to spend in scheduled and unscheduled learning activities. Students are advised to consult the Clerkship Handbook / University Catalog for the full policy.

7.4 Grading Policy

CUSM has a grading policy. Students are advised to consult the Student Assessment Handbook for a description of the full policy. The policy also describes when students should expect to receive results following an assessment or evaluation.

7.5 Remediation Procedure

CUSM has a procedure for students who require to remediate a failed rotations. Students are advised to consult

the Student Assessment Handbook for the full description of the procedure. The handbook also describes the procedure for examination day and for addressing deferred/make-up assessments.

7.6 Diversity

CUSM is committed to diversity and inclusion in all of its programs and does not discriminate on the basis of age, gender, nationality, race or social status.

8. Assessment and Course Grading

Assessments are outcomes based so that learners and faculty can evaluate progress in the development of competencies expected for the course. Some scores will be earned individually, some scores will be earned as a team. It is the student's responsibility to read the Student Assessment Handbook and familiarize themselves with the policies, regulations and procedures regarding assessments and evaluations.

8.1 Preceptor Evaluations

Students will be evaluated by their clinical preceptor(s) at the midpoint and end of rotation. The clerkship director will receive feedback from all faculty and residents who had significant contact with the student and will integrate the input into a final rotation evaluation. Individual evaluations of the student by faculty and/or residents may be provided, in addition to the composite final evaluation, for student review.

8.2 Required Clinical Experiences and Online Clinical Cases

Each sub-internship rotation has a list of required clinical experiences which will allow students to take on the role of an intern for that specific specialty to develop the skillset required to care for patients when they begin their first year of residency.

The sub-internship month long experience will also serve to extend the students experience on diagnoses and management of various diseases and conditions.

How to Access clinical cases on ClinicalKey: Please refer to this link on instructions on how to your online clinical cases per specialty: <https://cusm.libanswers.com/faq/410181>.

4 th YEAR SUB-INTERNSHIP CLERKSHIP Required Clinical Experiences			
Patient Condition / Presentation	Skill/Procedure ¹	Clinical Setting ²	Level of Student Responsibility ³
Admission of a patient	Hx/PE/CR/IPC	O/I/AC	I
Discharge a patient	Hx/PE/CR/IPC	O/I/AC	I
Medication Reconciliation	Hx/PE/CR/IPC	O/I/AC	I
Transfer/Refer a patient to appropriate level of care	Hx/PE/CR/IPC	O/I/AC	I
Consult a specialty service	Hx/PE/CR/IPC	O/I/AC	I
Sign out to oncoming medical team	Hx/PE/CR/IPC	O/I/AC	I
Participate in GME education activities as available	Hx/PE/CR/IPC	O/I/AC	I
Participate in interdisciplinary rounds	Hx/PE/CR/IPC	O/I/AC	I

Complete required clinical cases on ClinicalKey as assigned in table 8.3 below			
¹ Skill/Procedure: Hx = history taking; PE = physical exam; CR = clinical reasoning; IPC = interpersonal communication; Pr = Procedure ² Clinical Setting: O = Outpatient; I = Inpatient; AC = Acute Care; S = Simulation ³ Level of student responsibility: O = observation; P = participation with supervision; I = independent with supervision.			

8.3 Required Clinical Cases on ClinicalKey By Specialty

Required Clinical Cases by Specialty
Family Medicine:
Scarlett Woods: 28-year-old female seeking a wellness checkup.
Alfred Jennings: 52-year-old male who has been having constipation for 5 months.
Pediatrics:
Mason Wilson: 7-year-old male complaining of a sore throat.
Javier Suarez: 6-month male with breathlessness.
Internal Medicine:
Lee Sanchez: 84-year-old male with cough and fever for the past 3 days.
Norma Washington: 56-year-old female with intermittent chest pain.
General Surgery:
Karen Butler: 40-year-old female with acute abdominal pain.
Eric Rojas: 14-year-old male who noticed a bump in his left groin.
OB/GYN:
Carla Morales: 32-year-old female with pelvic pain
Jamie Carr: 31-year-old female who is bleeding postpartum
Emergency Medicine:
Jerry Evans: 54-year-old male with chest pain
Declan Goodman: 31-year-old male with acute abdominal pain
Psychiatry:

Jesse Zimmerman: 26-year-old male who thinks colleagues have been monitoring his activities.

Andrew Strickland: 23-year-old male who had a near-death experience after skydiving.

Neurology:

Mia Lee: 21-year-old female with a headache.

Renata Medina: 32-year-old female with ringing in her ears.

8.4 Course Grading

All required clerkships and electives are recorded in the student's academic record with the grades of Honors, High Pass, Pass, Failure.

In all fourth-year Sub-Internships and Electives, grades are determined based on the clinical assessments completed by Preceptor(s) and/or the Course Director. The clinical assessment is criterion-based and aligned to AAMC EPA and competency framework. Each competency is assessed on a 6-point scale, with specific descriptions for each level of endorsement of each competency. The 6-point endorsement levels and descriptions generalize to indicate the following:

- (6) Exceptional when compared to peers
- (5) Above Average level when compared to peers
- (4) Consistently performs skills independently with observation
- (3) Usually performs skills independently
- (2) Needs consistent guidance
- (1) Unsatisfactory and requires support

The results of these assessments inform the final course grade submitted by the Course Director. The levels of endorsement loosely align to the 6-point grade scale of Honors, High Pass, Pass, and Fail. **If the majority of competencies assessed on the clinical assessment form center around the highest endorsement level, i.e., (6) the student should earn an "Honors" for the course; if the endorsement of assessed items centers around the next level of endorsement, i.e., (5) the student should earn a "High Pass" for the course, and so on.**

Students are reminded that all courses must be passed for promotion or graduation. The Sub-Internship and Elective grades appear on the transcript which is a reflection of the student's performance during the rotation.

Assessment / Evaluation	When	%
a. Required Clinical Encounters	End-of Rotation	10
b. Completion of Clinical Cases on ClinicalKey	End-of-Rotation	10
d. Preceptor Evaluation	End of Year	80

There will be specialty-specific asynchronous educational activities consisting of pre-assigned online cases that students will complete prior to the end of the sub-internship. These online cases will be distributed across the 4-week rotation. The weekly topic list and assigned case studies are outlined in the table below.

9. Weekly Schedule

For individual Sub-I schedule please refer to your Clinical Director.