



Western  
University  
OF HEALTH SCIENCES

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College of Optometry

**Externship Program**  
**Preceptor Manual**

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## CHAPTER 1: Introduction to the Externship Program



### *Vision Statement*

Our vision is to be a progressive leader in optometric education and to improve the way health care is delivered world-wide.

### *Mission Statement*

The mission of Western University of Health Sciences College of Optometry is to graduate caring, comprehensive health care professionals who will serve the needs of a diverse global society. The College emphasizes rehabilitation of the visual system, neuro-optometry, and interprofessional education. We advance the profession of optometry through innovation in health care education, research, and patient care.

### *Core Values*

We value a rich humanistic tradition and are committed to professional collaboration, community involvement, accountability, integrity, and respect.

### Introduction

We are pleased to welcome you as a new or continuing preceptor and as an Auxiliary Clinical Professor of Western University of Health Sciences College of Optometry. You are a very important part of the student optometric education “package” and we are most confident that you will be providing our students a valuable clinical education.

Your assigned students for the coming year have, in many cases, chosen your site as one of their top preferences. The student expectations may include the hopes of experiencing a new or familiar geographic setting, an alternative practice setting, or an interesting patient base. Likewise, they may be seeking an opportunity to strengthen their skills through a unique experience, or simply be attracted by the reputation that your clinic or office carries and/or your personal credentials.

In any case, it is critical that you understand that the student pays their normal tuition for this part of their education. Their time in your office is part of their curriculum leading to the Doctor of Optometry degree. It is our intention that the student receives top educational value for their tuition. At the same time, we anticipate that there will be measurable and immeasurable benefits to you and your practice. In some cases, that may simply be the reward of teaching and observing the professional growth of an individual.

Thank you for your participation and support of the college’s vision to “be a progressive leader in optometric education and to improve the way health care is delivered world-wide.”

### Contact List

There are many people at the WesternU College of Optometry who can help you during your externship assignments. The primary points of contact for all matters involving the externship program are the Director of Externship Clinical Education and the Assistant Director of Clinical Education Programs. Other points of contact are provided for your convenience below:

#### **DIRECTOR OF EXTERNSHIP CLINICAL EDUCATION**

Dr. Nataly M. Fahim  
nfahim@westernu.edu  
(909) 469-8612

#### **ASSITANT DIRECTOR OF CLINICAL EDUCATION PROGRAMS**

Mrs. Kelee P. Visconti  
kpvisconti@westernu.edu  
(909) 469-8228

#### **ADMINISTRATIVE ASSISTANT**

#### **DIRECTOR OF STUDENT AFFAIRS**

Ms. Andrea Nuño  
[anuno@wesernu.edu](mailto:anuno@wesernu.edu)  
(909) 706-3903

#### **ASSISTANT DEAN OF CLINICAL EDUCATION**

Dr. Tiffenie Harris  
harrist@westernu.edu  
(909) 706-3857

### WUCO Auxiliary Clinical Professor Support & Benefits

We welcome you as a WUCO faculty member. Your appointment as Auxiliary Clinical Professor comes with additional benefits. In appreciation for your affiliation, you will be able to enjoy the following:

#### **Preceptor Support and Development:**

Whether this is your first-time teaching students in a clinical environment, or you come with prior experience, WesternU has compiled a number of resources or links to help you to develop or improve your clinical teaching skills and strategies. You will find these on our website Preceptor Resources page under “Externship Resources” and under “Preceptor Resources” using the link below:

<http://westernu.edu/optometry/preceptor-resources/>

#### **Discounted WUCO Continuing Education**

1. 2-Hour online CE courses and above – 50% off, no limit (Use code Preceptor50)
2. General 4-8 hour live on campus CE events – Special registration discounts offered at 25% off or more; no codes needed
3. OEP course registration hosted by WesternU (limited spots/first come, first serve), Free multiple day course.

#### **Access to Western University Library Resources**

Once you have begun your first student rotation, you may apply for an appointment to **Clinical Faculty** with Western University of Health Sciences. Simply notify Kelee P. Visconti at [kpvisconti@westernu.edu](mailto:kpvisconti@westernu.edu) and send her a copy of your CV. You will be notified when the appointment is complete, and we will provide you with information on all the in-house and online resources to which you will have access.

## Externship Site Expectations

The primary objective of the fourth-year student Externship Program at Western University of Health Sciences College of Optometry (WUCO) is to ensure that our students graduate with the attributes, knowledge, skills, and ethical values necessary to practice contemporary optometry independently, or in an inter-professional environment, and to deliver patient care with the utmost humanistic values. While we strive to instill the foundation to achieve all these attributes during the students' first three years at WUCO, we rely on our externship preceptors to continue building on this foundation, ensuring that our students are progressing toward meeting all objectives and guiding them to successful completion of their clinical education. In order to help achieve this goal we expect our externship sites and preceptors to:

1. Provide excellent clinical learning opportunities, with an adequate number of patient encounters, along with sufficient supervision\*.
2. Ensure a robust hands-on clinical experience, allowing students to participate in direct patient care and management decisions. This usually requires a dedicated exam lane so that the student may work independently.
3. Provide students access to appropriate technology in order to meet the accepted contemporary standards of patient care.
4. Embrace a genuine interest in teaching. Engage students in challenging educational dialogue. Provide an appropriate learning environment for students to excel and for weaker students to improve and progress. Provide an environment of mutual respect, free of degrading remarks, and inviting to the student's inquisitiveness.
5. Offer a program whose educational value rests on growing the student's clinical, patient management, and critical thinking skills. When appropriate, the preceptor is additionally encouraged to offer opportunity for students to gain practice management knowledge and skills. Students should not be expected to perform any significant amount of office tasks (e.g., filing, shredding, patient recall, inventory, marketing, etc.) that are usually relegated to paid staff.
6. Provide student externs with timely performance feedback, along with formal midterm and final evaluations, and be respectful of the student's needs for clarification, explanation, and elaboration.
7. Communicate promptly with the Director of Externship Clinical Education or the Assistant Director of Clinical Programs at WUCO about underperforming students, attendance policy or infractions, students demonstrating subpar levels of professionalism or humanism, or any other areas of concern.
8. Conduct business and patient care in an ethical and professional manner, and autonomously, without interference from Western University.



\*We expect that your commitment includes being present throughout the extern's rotation. Please inform us if the student will be supervised by other preceptors. We anticipate that a student will have an average of at least 8-10 substantial patient encounters daily.

While integrating student externs into a practice should be a very positive and rewarding experience, and one that can complement the growth of the practice, we understand that there may be some uncertainties and apprehension. Please do not hesitate to contact us with any concerns that you may have.

## CHAPTER 2: Policies & Procedures

### Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) affords eligible students certain rights with respect to their education records. An “eligible student” under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution. These rights include: **The right to inspect and review the student’s education records within 45 days of the day Western University of Health Sciences receives a request for access.** Students should submit to the registrar, dean, head of the academic department, or other appropriate official, a written request that identifies the record(s) they wish to inspect. The University official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed. **The right to request the amendment of the student’s education records that the student believes are inaccurate, misleading, or otherwise in violation of the student’s privacy rights under FERPA.** A student who wishes to ask the school to amend a record should write the school official responsible for the record, clearly identify the part of the record the student wants changed and specify why it should be changed. If the school decides not to amend the record as requested, the school will notify the student in writing of the decision and the student’s right to a hearing regarding the request for the amendment along with additional information regarding the hearing procedures. **The right to provide written consent before the University discloses personally identifiable information (PII) from the student’s education records, except to the extent that FERPA authorizes disclosure without consent.** The school discloses education records without a student’s prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official is a person employed by Western University of Health Sciences in an administrative, supervisory, academic, research or support staff position (including law enforcement unit personnel and health staff); a person serving on the board of trustees; or a student serving on an official committee, such as a disciplinary or grievance committee. A school official also may include a volunteer or contractor outside of Western University of Health Sciences who performs an institutional service or function for which the school would otherwise use its own employees and who is under direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, collection agent or a student volunteering to assist another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an educational record in order to fulfill his or her professional responsibilities to Western University of Health Sciences. Upon request, the school also discloses education records without consent to officials of another school in which the student seeks or intends to enroll. **The right to file a complaint with the U.S. Department of Education concerning alleged failures by Western University of Health Sciences to comply with the requirements of FERPA.** The name and address of the Office that administers FERPA is: Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, DC 20202-4605

## Release of Educational Records

FERPA permits the disclosure of PII from students' education records, without consent of the student, if the disclosure meets certain conditions found in §99.31 of the FERPA regulations. Except for disclosures to school officials, disclosures related to some judicial orders or lawfully ordered subpoenas, disclosures of directory information and disclosures to the student, §99.32 of FERPA regulations requires the institution to record the disclosure. Eligible students have a right to inspect and review the record of disclosures. A postsecondary institution may disclose PII from the education record without obtaining prior written consent of the student.

- To other school officials, including teachers, within the [School] whom the school has determined to have legitimate educational interests. This includes contractors, consultants, volunteers, or other parties to whom the school has outsourced institutional services or functions, provided that the conditions listed in §99.31(a)(1)(i)(B)(1) – (a)(1)(i)(B)(2) are met. (§99.31(a)(1))
- To officials of another school where the student seeks or intends to enroll or where the student is already enrolled if the disclosure is for purposes related to the student's enrollment or transfer, subject to the requirements of §99.34. (§99.31(a)(2))
- To authorized representatives of the U. S. Comptroller General, the U. S. Attorney General, the U.S. Secretary of Education, or State and local educational authorities, such as a State postsecondary authority that is responsible for supervising the university's State-supported education programs. Disclosures under this provision may be made, subject to the requirements of §99.35, in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of PII to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation, or enforcement or compliance activity on their behalf. (§§99.31(a)(3) and 99.35)
- In connection with financial aid for which the student has applied or which the student has received, if the information is necessary to determine eligibility for the aid, determine the amount of the aid, determine the conditions of the aid, or enforce the terms and conditions of the aid. (§99.31(a)(4))
- To organizations conducting studies for, or on behalf of, the school, in order to: (a) develop, validate, or administer predictive tests; (b) administer student aid programs; or (c) improve instruction. (§99.31(a)(6))
- To accrediting organizations to carry out their accrediting functions. (§99.31(a)(7))
- To parents of an eligible student if the student is a dependent for IRS tax purposes. (§99.31(a)(8))

- To comply with a judicial order or lawfully issued subpoena. (§99.31(a)(9))
- To appropriate officials in connection with a health or safety emergency, subject to §99.36. (§99.31(a)(10))
- Information the school has designated as “directory information” under §99.37. (§99.31(a)(11))
- To a victim of an alleged perpetrator of a crime of violence or a non-forcible sex offense, subject to the requirements of §99.39. The disclosure may only include the final results of the disciplinary proceeding with respect to that alleged crime or offense, regardless of the finding. (§99.31(a)(13))
- To the general public, the final results of a disciplinary proceeding, subject to the requirements of §99.39, if the school determines the student is an alleged perpetrator of a crime of violence or non-forcible sex offense and the student has committed a violation of the school’s rules or policies with respect to the allegation made against him or her. (§99.31(a)(14))

To parents of a student regarding the student’s violation of any Federal, State, or local law, or of any rule or policy of the school, governing the use or possession of alcohol or a controlled substance if the school determines the student committed a disciplinary violation and the student is under the age of 21. (§99.31(a)(15))

### Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Western University of Health Sciences, with certain exceptions, obtain the student’s written consent prior to the disclosure of personally identifiable information from his/her education records. However, Western University of Health Sciences may disclose appropriately designated “directory information” without written consent, unless the student has advised the University to the contrary in accordance with University procedures.

## Policy on Unprofessional Behavior & Professional Misconduct

### Unprofessional Behavior

Unprofessional behavior is described as a situation when a student has behaved at an unacceptable professional level. Unprofessional behavior may occur when there is a pattern of repeated minor incidents, or one or more significant breaches in professionalism. Examples of unprofessional behavior include (but are not limited to):

- Poor hygiene
- Tardiness without notifying the proper individuals (see Tardiness, page 23)
- Chronic tardiness with or without proper notification
- Unexcused absence from a Patient Care Services assignment
- Leaving a clinical assignment without the preceptor's permission
- Repeated or significant disregard for accepted clinical protocols
- Disrespect, rudeness, or lack of consideration for patients, preceptors, peers, or staff
- Lack of follow through with patient care
- Poor attitude towards patient care
- Poor attitude towards clinical education through words or actions.

The Director of Externship Clinical Education will investigate any reported occurrence of unprofessional behavior and refer the student to the Student Performance Committee for appropriate action when indicated.

### Personal Relationships between Students and Faculty\*:

*(Excerpted from the Western University Faculty Handbook)*

- Faculty is expected to exhibit professional behavior at all times. Consensual relationships between students and faculty cannot be completely prohibited; however, the University strongly discourages such activities, for a variety of reasons.
  - First, sexual harassment is a violation of federal law. Additionally, even though a relationship may appear to be consensual, the power difference between faculty and students makes it difficult for the student to refuse sexual advances, even though the faculty member may feel that their attitude is reciprocated.
  - Second, such a relationship between a faculty member and the student can cause the faculty member to act more favorably towards a particular student, resulting in an unequal treatment of students in a class. This can occur even if the student is not in a course the faculty member is teaching, as the faculty member can be called on for opinion in disciplinary actions or other types of recommendation. Faculty should not be involved in the evaluation of a student or colleague with whom they have an intimate social relationship.

- Third, faculty has a position in relation to student that makes them fiduciaries under the law; they are to use their authority to benefit the student, not to benefit themselves. It can be argued that any apparently consensual relationship between a faculty member and student is a violation of trust between that faculty member and that student.
- Despite these arguments, any such consensual relationships are beyond the ability of the University to completely control; however, the University policy is to protect the student, and therefore relationships between faculty members and students shall not be sanctioned by the University. If there are negative consequences, the faculty involved shall bear personal responsibility for the consequences, and the University will assume no liability for the outcome.

Within the limits set forth above, the faculty member is accountable to his/her colleagues and dean for his/her performance of these duties as a member of the faculty.

*\*The definition of “faculty”, for the purpose of the externship program, includes any assigned adjunct, assistant or associate faculty member, or unassigned teacher or preceptor, engaged in a teaching capacity with a WesternU student.*

### Professional Misconduct

An act of professional misconduct is defined differently than unprofessional behavior.

Professional misconduct represents a serious action or lapse of judgment on the part of a student. In the clinical setting, such incidents breach the professional relationship between the student and the clinic at large and compromise the quality of patient care delivery. Examples include (but are not limited to):

- Compromising patient care through negligence
- Sexual or other harassment or violent behavior
- Attending clinic under the influence of alcohol or illegal drugs
- Theft of clinic or personal property
- Record tampering

Due to the serious nature of these acts, charges of professional misconduct will be handled at the institutional level through consultation with WesternU, and ultimate referral to the Student Performance Committee for immediate action. Upon referral to the Student Performance Committee the student will follow the policies and procedures outlined in the Student Handbook.

In areas of professional misconduct, preceptors should immediately notify the Externship of Externship Clinical Education and suspend the student from all clinic duties pending further investigation.

## Title IX Policy and Nondiscrimination Notice

WesternU is committed to providing a safe and non-discriminatory educational and working environment for all members of the WesternU community, that is free from all forms of discrimination, harassment, and retaliation, including sexual harassment. Harassment in the workplace or the education environment is unacceptable conduct and will not be tolerated. Site preceptors are integral to ensuring the provision of an environment free from discrimination, harassment, and retaliation in these supervised clinical education experiences or rotations. When allegations of unlawful discrimination, harassment, or retaliation, including sexual harassment, surface within the context of these education opportunities, it is the responsibility of the site preceptors to take this information seriously and assist WesternU in the resolution of the concern. This may include reporting the information to the Director of Externship Clinical Education, Assistant Director of Clinical Education Programs, or the WesternU Title IX Coordinator and cooperating in the investigation and/or grievance process arising from the issue.

### **Definitions** (*from [Sexual Harassment and Sexual Misconduct \(Title IX\) Policy and Procedure](#)*)

According to WesternU's Sexual Harassment and Sexual Misconduct (Title IX) policy, sexual harassment is defined as:

- a. An employee conditioning the provision of an aid, benefit, or service of WesternU on an individual's participation in unwelcome sexual conduct; or
- b. Unwelcome conduct based upon one's sex determined by a reasonable person to be so severe, and pervasive, and objectively offensive that it effectively denies a person equal access to the WesternU's education program or activity; or
- c. Sexual Assault, as defined in 20 U.S.C. 1092(f)(6)(A)(v), means an offense classified as a forcible or nonforcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation, which is defined as rape, fondling, incest, or statutory rape.
- d. Dating Violence, defined in 34 U.S.C. 12291(a)(10), means by a person—
  - i. who is or has been in a social relationship of a romantic or intimate nature with the victim; and
  - ii. where the existence of such a relationship shall be determined based on a consideration of the following factors:
    1. The length of the relationship.
    2. The type of relationship.
    3. The frequency of interaction between the persons involved in the relationship.

- d. Domestic Violence, as defined in 34 U.S.C. 12291(a)(8), means felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
  
- f. Stalking, as defined in 34 U.S.C. 12291(a)(30), means engaging in a course of conduct directed at a specific person that would cause a reasonable person to—
  - i. fear for his or her safety or the safety of others; or
  - ii. suffer substantial emotional distress.

Sexual harassment is unacceptable and illegal. Students and Preceptors are requested to communicate with the [Title IX contacts](#) about any questions regarding this policy. Please note that any member of the WesternU campus community, including preceptors, who receives a report of sexual harassment or allegations of such, should report this information to the Title IX Coordinator. Additionally, the Title IX Team is available as a resource to the WesternU campus community in resolving the matter. Visit the [Title IX homepage](#) or email [TitleIX@westernu.edu](mailto:TitleIX@westernu.edu) to report an incident or to get more information.

## Clinical Education Quality Assurance Programs

To ensure that the highest standards for clinical education are maintained, ongoing assessments of the quality of the educational experience are conducted. A variety of means for assessment are incorporated, including (but not limited to) site visits by College faculty and administrators, student evaluations of clinical sites, student evaluations of clinical preceptors, patient encounter logs, and preceptor evaluations of students. A personalized report will be generated for each externship preceptor including a summary of the numerical evaluation and transcribed comments for the most recent complete academic year.



## Rights and Responsibilities of Students

### **Students have the right to:**

#### **Orientation**

- Be appropriately oriented to a new clinical assignment and facility.
- Be appropriately trained to perform all specific duties.

#### **Education**

- Receive reasonable access to educational tools.
- Participate in goal setting for clinical progress.
- Receive support from the College in achieving these goals.
- Receive appropriate supervision during all patient care services.

#### **Assessment**

- Be advised of clinical performance and behavioral expectations on a timely basis at each clinical site.
- Receive written and verbal feedback from your preceptor on your clinical performance on a regular basis.
- Receive a copy of any evaluations completed by your preceptor in Meditrek.

#### **Respect**

- Be treated with respect by faculty, preceptors, staff, and colleagues at all times.
- Receive fair treatment relative to your colleagues.
- Be protected from discrimination, harassment, and unsafe working environments.

#### **Conflict Resolution**

- Address issues with your immediate supervisors and participate in conflict resolution.
- Receive support from the College regarding resolution.

### **Students are responsible for:**

#### **Professional Behavior**

- Demonstrating professional behavior at all times.
- Arriving at externship assignments on time, with proper equipment, appropriately attired and fully prepared to render patient care.
- Adhering to the protocols of the outside health care facilities.
- Following the policies of the clinic concerning time off for any reason, including time off for national boards and religious holidays. Granting time off is at the prerogative of the clinic preceptor at each clinical site and the Director of Externship Clinical Education in accordance with the college policies established by the Dean of Academic Affairs. After approval, the coordination of time-off and time make-up will occur through the Assistant Director of Clinical Education Programs.

- Placing patient care above personal goals and agenda.

### **Education**

- Understanding the expectations of the clinical program.
- Understanding the College's grading system.
- Notifying the College if there are problems that may impact their clinical education and that are not being appropriately managed at the rotation.
- Taking responsibility for their own clinical achievement.
- Accepting critical feedback and modifying clinical and professional behavior accordingly.
- Engaging in critical self-assessment of their own performance and areas in need of improvement.
- Undertaking measures to improve clinical performance and knowledge base when indicated by performance evaluation.

## **Rights and Responsibilities of Preceptors**

### **The Clinical Preceptor has the right to:**

#### **Patient Care**

- Receive students who are at the appropriate level of clinical ability to function in your clinical setting.
- Be advised of students who are performing at remedial levels and to participate in the coordination of the remedial program.
- Undertake any measures or initiate remedial strategies necessary to ensure patient care.
- Suspend or terminate a student's participation at the clinical site if the student violates clinical protocol or poses a threat to patient, peer, or staff safety.

#### **Policy**

- Refuse requests for personal time off for students if patient care will be compromised or if the student fails to give adequate notice.
- Document and notify the College when a student's absence or tardiness occurs. Follow the guidelines published in this manual to assure that students adhere to acceptable attendance policy.
- Expect students to follow stated clinical protocols.

#### **Support from the College**

- Receive a summary of a student's previous clinical performance upon request.
- Receive, in advance, a summary of any clinical areas in which the student needs additional instruction as determined by the Director of Externship Clinical Education.

- Receive support from the College regarding resolution of student issues.
- Receive support from the College in the development and implementation of a site-specific remediation program.

### The Clinical Preceptor has the responsibility for:

#### Professional Behavior

- Treating all students with fairness and objectivity.
- Treating all students with respect particularly in front of patients and peers.
- Serving as a role model by providing ethical, humanistic, and proficient patient care.

#### Education

- Assessing student's skills and knowledge fairly for any given term.
- Providing students with educational and clinical support appropriate to the level of expected student achievement and independence.
- Providing timely and constructive feedback of student performance using the College's Meditrek evaluation system.
- Understanding and implementing the standards and methods of evaluation used by the College in assessing student performance.
- Helping students set realistic clinical goals and guiding them in their quest for achievement.
- Notifying students in writing when performance is below expected.
- Notifying the instructor of record by telephone or email by week four if the student's performance is below average so that remediation can be scheduled.
- Referring students for academic support services when appropriate.

### Preceptor's Absence

Under no circumstances should a student provide direct patient care without the supervision of a licensed Doctor of Optometry or physician. If the extern's preceptor is not available, another licensed doctor may supervise the extern.

In the event that a licensed practitioner is not available, an alternate learning activity can be assigned. The student may work with the office staff to improve their skills in working with ophthalmic materials, plan vision therapy sessions, work on coding and billing, complete research on an appropriate eye care topic, be assigned to visiting another office or surgical observation that may broaden his/her experience, or other educationally beneficial activity. **It is always expected that the student will NOT be assigned clerical office duties that are normally assigned to paid staff.** Preceptor's absence and the need for alternate activities should be an infrequent occurrence. If the preceptor is not regularly available to work with the extern, the Assistant Director of Clinical Education Programs should be informed.

**If a preceptor is unexpectedly absent from the externship site, the Director of Externship Clinical Education will determine if the time will be required to be made up.**

## Removal from a Site

### **Preceptor May Request to Move a Student from a Site**

A preceptor may ask the Director of Externship Clinical Education to remove a student from their site when:

- The student's clinical performance is detrimental to patient care and/or the operations of the clinic.
- A student is abusive or disrespectful to patients, staff, or other students.
- A student is suspected of professional misconduct.

The preceptor must provide written documentation of the circumstances involved in the decision to remove the student from the site. The Director of Externship Clinical Education will review the written documentation and remove the student from the clinical assignment immediately. **Any student removed from a site at the request of the externship preceptor for patient care deemed detrimental to patients or unprofessional conduct is subject to receive a grade of No Pass for that Patient Care Services Course.** The student will meet with the Student Performance Committee and a final determination will be made by the Committee on the student's academic status.

### **The College of Optometry May Initiate a Change in Student's Assignment When:**

- There is a change in site status or availability.
- The student is not receiving proper clinical supervision.
- The productivity level at a site is not sufficient to support the educational experience.
- The site is no longer able to support the educational experience.
- The preceptor requests the student be moved from the site.
- The student presents a valid request for reassignment that is approved by the director.

### **Students May Request to be Moved from a Site When:**

Once assignments are finalized, students will be allowed to change assignments only under the circumstances listed below with permission from the Director of Externship Clinical Education:

- An extended personal or family emergency develops that requires an absence or relocation.
- The student feels that he/she has been discriminated against on the basis of gender, race, color, national origin, religion, age, mental or physical disability, sexual identity or veteran status.
- The student is in physical danger from an unsafe working environment.
- The student feels there is an unresolvable conflict with the preceptors or staff at the site.

## Conflict Resolution

Student v. Student – When a conflict arises in clinic between the student and a peer, the student should follow these resolution guidelines:

- Personally approach their peer for discussion of the problem.
- Carefully consider the nature of the conflict
- Determine a course of action for resolving the issue and set a time frame for improvement.
- If no resolution can be reached, the student should consider bringing the matter to the appropriate authority. If the issue in any way affects the clinic, the student should seek assistance from the preceptor or clinic director. If the issue does not involve the clinic, the student should seek assistance from the Director of Externship Clinical Education.

Student v. Clinical Preceptor/Staff – When a conflict arises in clinic between the student and preceptor or staff:

- Personally approach the other party for discussion of the problem.
- Identify the nature of the conflict.
- Determine a course of action for resolving the issue and set a time frame for improvement.
- If no resolution can be reached, further assistance can be sought from the Director of Externship Clinical Education.

## Student Attendance Policies

### Delays to Start of Rotation due to Fault of Extern

Specific programs will decide whether and when orientations are necessary. Orientations will normally occur during the first day of every new assignment and may take up to several days.

**Orientation days count as clinic days and do not require additional patient care “make up” time.** After orientation, knowledge of the rules, regulations and procedures of the externship site are the responsibility of the student. Orientation attendance at each externship site will be mandatory. A student who misses an orientation may have to delay the start of his/her clinical assignment until another orientation can be given. **For any clinic time that is missed due to a delayed start resulting from a missed orientation or failure to complete preparatory material required by a site, the student will be required to make up two days of clinic time for every day that was missed. In some cases, the student may not be permitted to continue with the rotation.** Missing an orientation may also lead to review of the student’s actions by the Student Performance Committee for unprofessional behavior.

### Attendance at Patient Care Service Assignments

Attendance is mandatory at all externship assignments. Students are required to follow the Attendance Policy at the clinic to which they are assigned. Students must contact their externship preceptor in advance prior to making any plans for time off. **The ultimate decision for clinical scheduling is at the discretion of the preceptor for all external clinical rotations.**

## Externship Absence Policy

1. **Two personal days** are allowed per rotation and permitted only in accordance with guidelines below. These days do not require make-up time but do require preceptor approval. Unused personal days cannot be carried over to subsequent rotations.
2. Requests for days off should be made **at least 60 days in advance**. The preceptor is not required to provide the extern any days off other than for NBEO examinations.
3. Students are expected to follow the externship site patient and holiday schedules. Externs are not entitled to the same vacation time off that is followed on campus at WesternU.
4. **NBEO/Canadian Board exam day(s)**: this is considered a required absence and does not count as a personal day, nor is make-up required. **The maximum number of permissible Optometry Board Examination days per rotation is two.** Any additional examination days may be taken as personal days or will require make-up at the same rotation. Travel days to/from NBEO may be taken as personal days or will require make-up.
5. **All absences must be approved by the preceptor** with make-up time beyond the permissible two personal days to be arranged with the preceptor. **All requests for time off should be accompanied by WRITTEN REQUEST TO PRECEPTOR and COPIED TO THE EXTERNSHIP OFFICE.** All make up time must be completed at the site where the absence occurred. Preceptors will notify the externship office if any absences are not accounted for or made up at the site.
6. Any absence that cannot be made up at the site will be assigned by the externship office. **Absence that exceeds one week\*, and has not been made up at the site, will constitute an uncompleted rotation and the student will be subject to having to complete a full additional rotation, receiving no credit for the current one.**
7. For any anticipated extended absences, over and above personal days and totaling greater than one week\*, the student should request a **Leave of Absence**. Please refer to the “*Leave of Absence Policy*” policy found in this manual.
8. Examples of reasonable permissible request for absence include travel for NBEO, residency interview, job interview, presentation or professional business at a professional meeting, religious holidays, jury duty, family illness or death, and personal sickness.
9. Preceptors will be asked to account for student absences from regular clinic hours when submitting their final Meditrek student evaluation at the end of the rotation.

## Tardiness

A student will notify the externship preceptor if they are not going to be at their clinical assignment on time. Failure to be at the clinical assignment on time is considered unprofessional conduct, as it implies a lack of consideration for patients, preceptors, peers, and staff. It is up to the preceptor and the Director of Externship Clinical Education to determine how the student will make up any missed time. Students who are repeatedly tardy may receive a Remedial grade in the course and be referred to the Student Performance Committee. The Student Performance Committee has a wide range of potential consequence that it can recommend (see the College Catalog for a more in-depth discussion).

## Holidays

Students are expected to be present at an externship site if the externship clinic is open for patient care. Students understand that the mission of the externship site comes first and that any time taken off from a site will only be with the permission of the externship preceptor.

## Make up for Missed Clinical Assignments

Make-up time for any absence should be completed at the current site in coordination with the preceptor. In order to receive credit for a rotation, no more than one week\* of unmade-up time will be permitted from that rotation. Any make-up time not completed at the site must be arranged in conjunction with the externship office. Any make-up time not completed **by the second Friday prior to graduation** will result in a grade of “Incomplete” for the final rotation course and will delay the granting of a diploma.

In the case of natural disasters, including but not limited to infectious communicable diseases (i.e. COVID-19 Pandemic), remote learning activities may be assigned in lieu of missed clinic days at the discretion of the externship preceptor and the Director of Externship Clinical Education. The remote learning activities may consist of oral presentations, reading and/or written assignments. All remote learning activities must be documented by the student on the “Clinical Assignment Plan”; this document must be signed by the externship preceptor.

## Credit for Partial Completion of an Externship Rotation Due to Personal Emergency

There is no credit given for partial completion of a rotation. Any rotation that is not completed, and where make-up days cannot be completed at the site, leaving more than one week\* of uncompleted make-up, will not constitute a full rotation and will require the completion of a full additional rotation.

**\*One week will equate to the number of days that comprise a “work week “at the site.**

### Leave of Absence Policy

A request for Leave of absence (LOA) from a scheduled externship rotation may be granted with the approval of the Director of Student Affairs.

1. Request for a **planned (non-emergency) LOA** must occur at least **60 days prior to the rotation** in which the LOA will occur. Exceptions to this may be granted with the approval of the Director of Externship Clinical Education.
2. LOA requests that are due to emergency circumstances will be considered by the Director of Student Affairs at any time.
3. Any LOA that leaves the extern more than one week\* short of a full rotation will constitute an uncompleted rotation and may require completion of a full additional rotation.
4. Students who request and are approved to take an LOA will be assigned sites by the externship office, during the quarter following graduation. Site availability will depend upon site assignments of the incoming externship class among other factors.

### Student Evaluations of Externship Sites

At the end of each externship rotation students will be required to complete an evaluation of the site and clinical experience using Meditrek. Completion of the externship site evaluation is a mandatory course requirement. Student evaluations of clinical sites will be periodically reviewed throughout the year. Any evaluations that indicate problems of a serious or substantive nature with the clinical site will be addressed throughout the year on an as-needed basis.

Composite site evaluations will be generated by the Assistant Director of Clinical Education Programs and shared with the Director of Externship Clinical Education, respective externship preceptors, students engaging in the site selection process, and College of Optometry administration at the end of the academic year. Survey data will be used in the internal review process. **All student identifiers will be removed to assure anonymity.**



## Student Evaluations of Clinical Preceptors

At the end of each externship rotation, students will be required to complete an evaluation of each clinical preceptor to which he/she has worked with using Meditrek. Completion of the evaluation is a mandatory course requirement. Student evaluations of extern preceptors will be reviewed after each term throughout the year. Any evaluations that indicate problems of a serious or substantive nature will be addressed throughout the year on an as-needed basis.

Composite extern preceptor evaluations will be generated by the Assistant Director of Clinical Education Programs and shared with the Director of Externship Clinical Education, respective externship preceptors, and College of Optometry administration at the end of the academic year. Survey data will be used in the internal review process. **All student identifiers will be removed to assure anonymity.**

## CHAPTER 3: Clinical Grading

### Clinical Grading

Preceptors are expected to review the student's clinical progress throughout the term. This includes a verbal discussion of the student's progress with the student two to four weeks into the externship assignment. Should the performance be below expectations at the four-week mark, the preceptor will not only counsel the student but also contact the Director of Externship Clinical Education. Written midterm evaluations and final evaluations will be completed online in Meditrek for all externship rotations.

- **Meditrek student evaluations must be completed online by the preceptor by the date stated: Final evaluation due one week prior to the final day of the rotation.** Meditrek will typically send an advance email notice when evaluations are due.
- **Please notify the Assistant Director of Clinical Education Programs if you have not received a username and password for access to Meditrek, or are not receiving Meditrek notifications.**
- If any required evaluation is not completed within the Meditrek system by the date stated in the course syllabus, a grade of **Incomplete** will be recorded for the student.

### Early Assessment and Intervention

To ensure that we are able to identify problem areas early, we ask that you complete an unofficial assessment of the student at the 2-4 week point of their rotation. This assessment will be for your own purposes and does not need to be submitted to the college or entered into Meditrek (the online grading utility). We do ask that you communicate with the college if there are concerns that need addressing, so that we may assist you in initiating early intervention. A form to use as a guideline (copied from the Meditrek evaluation form that you will submit online for Midterm and Final evaluations) is included in the appendix of this manual.

We ask that at any time during the student's rotation that you have any concerns or questions that you do not hesitate to communicate with the college. It is of the utmost importance that critical deficiencies in student performance, whether it is content knowledge, clinical skills, critical thinking, communication, or professionalism (including attendance and tardiness issues), be identified and communicated to us on a timely basis so that corrective action may be taken.

## Grading and Evaluation

The Course Instructor, not individual preceptors, will assign the final course grades. The student's performance will be monitored during each clinical session by assigned preceptors who will complete a midterm and final evaluation of the student's performance during the rotation. The evaluation rubric is located in Meditrek and is accessible by all preceptors electronically. In general, to receive a passing grade a student should meet the criteria established by the following guidelines, where expectations are raised with each subsequent rotation. An Honors grade will be assigned by the course instructor when there is evidence of exceptional performance.

### **Rotation Criteria (Dimensions 1-6)**

First rotation	Average (2.5)	
Second rotation	Average (3.0)	No score below 2
Third & Fourth rotations	Average (3.5)	No score below 3

### **Rotation Criteria (Dimensions 7-11)**

All rotations	Average (3.5)	No score below 3
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The grading scale for the overall course is as follows:

Honors (HO)

Pass (P)

No Pass (NP)

Incomplete (I)

Course instructor reserves the right to assign a Remedial (R) grade

## Evaluation of Student Performance

The clinical grading system is based on observable behaviors and criteria. It is designed to clearly identify the level at which the student is currently performing and assist them in getting to the next performance level. Meditrek grading rubric displays the descriptions corresponding to observable behaviors for each area and performance level. Preceptors are instructed to select the description that best matches frequency of observation of the expected behavior in each performance dimension.

**The following shows the point system that will be assigned by Meditrek for keyed responses to the evaluation rubric. Responses with asterisks (\*) require preceptor's comment, though comments are encouraged for all areas of evaluation. The 11 dimensions being evaluated are listed below.**

<u>Evaluation scale</u>	<u>Meditrek points assigned</u>
<input type="checkbox"/> Almost always observed	(4)
<input type="checkbox"/> Frequently observed	(3)
<input type="checkbox"/> Sometimes observed*	(2)
<input type="checkbox"/> Rarely observed*	(1)
<input type="checkbox"/> Unable to comment*	

**Students will be evaluated in Meditrek in all the following performance dimensions:**

1. Technical Skills
2. Knowledge Base
3. Case Construction/ Clinical Judgment
4. Differential Diagnosis
5. Management
6. Documentation
7. Attitude Toward Learning
8. Communication Skills
9. Inter-professionalism
10. Professionalism
11. Humanism

## Clinical Performance Objective Dimensions & Expectations

1. **Technical Skills**: performs tests accurately & efficiently, obtains reliable information, and is able to tailor procedures appropriately to the circumstances
2. **Knowledge Base**: demonstrates operational grasp of basic & clinical science, distinguishes normal from abnormal, and independently accesses appropriate resources (e.g. journal articles & reviews, texts, [www.uptodate.com](http://www.uptodate.com)) for acquiring information
3. **Case Construction /Clinical Judgment**: gathers relevant and meaningful history, uses good judgment in test selection, applies examination observations appropriately to the construction of a complete case, completes case in a timely manner
4. **Differential Diagnosis**: provides a logical and well-supported differential diagnosis based upon sound understanding of conditions and information obtained during the examination
5. **Management**: provides a logical and safe treatment & management plan that, when appropriate, is evidence-based
6. **Documentation**: provides accurate, complete, and meaningful documentation that complies with industry standards)
7. **Attitude Toward Learning**: receives and acts on constructive criticism with humility, follows instruction & advice, shows self-awareness, demonstrates a commitment to life-long learning
8. **Communication**: verbal & written communication is clear, concise, effective & appropriate with patient, preceptor, staff, peers, and other professionals
9. **Inter-professionalism**: demonstrates interactive patient-centered problem solving and appropriate sharing of patient information with healthcare professionals outside of optometry. Understands each “team” member’s role and responsibility in executing components of a treatment plan.
10. **Professionalism**: manifests behaviors consistent with a professional including: leadership, dignity, punctuality, dependability, accountability, confidentiality, ethical judgment
11. **Humanism**: emulates caring, compassionate, respectful, and humanistic values with every aspect of health care delivery

## Poor Clinical Performance

Students who demonstrate below expected levels of performance may either be recommended or required to attend supplemental clinical assignments to enhance their clinical skills during or after their rotation. These additional assignments are designed to provide the student an opportunity for clinical growth and are not punitive in nature. The preceptor may consult the Director of Externship Clinical Education to assist in designing a specific **Clinical Learning Plan** (see below) for an under-performing student. Students who are deemed to be particularly weak and not amenable to remediation under the present preceptor’s direction, may be recommended for dismissal to return to the college.

## Clinical Learning Objectives and Methods

### Objectives

1. The student is able to recognize, compare and contrast normal and abnormal examination findings.
2. The student is able to draw from critical and appropriately learned facts and concepts when discussing a case (i.e., student brings adequate background knowledge to the table).
3. The student is able to prioritize abnormal findings by the degree that they contribute to the symptoms and the diagnosis, and by their potential morbidity.
4. The student is able to develop and commit to supportable differential diagnosis (which may evolve through the examination) based upon findings at progressive points of the patient examination.
5. The student is able to individualize testing and develop a logical testing sequence based upon patient complaints, previous history, and modified per successive test results obtained during the exam sequence.
6. The student is able to anticipate prospective test results based upon information gathered up to that point or provide rationale for proposed testing.
7. The student is able to initiate a defensible treatment plan that is appropriate for the diagnosis and can articulate the expected course of the treated and untreated patient.
8. The student is able to propose alternative (or additional) treatment plans that may be equally appropriate or even necessary should the first plan be unsuccessful.
9. The student is able to recognize reasons why a test result or diagnosis may have been incorrect or misleading and take corrective action.
10. The student can demonstrate the ability to use appropriate resources, when needed, to arrive at an appropriate diagnosis and management plan.
11. The student demonstrates the ability to assimilate and transfer previously learned information for future application.
12. The student is able to verbally commit to and defend decisions/beliefs "on his/her feet".

### Methods and Learning Plans

1. At different points of the examination sequence, encourage the student to commit to findings (normal vs. abnormal and rank of importance in supporting a diagnosis), tentative or differential diagnosis (narrowed to most likely 2-3), proposed testing and rationale.
2. At final case presentation and proposed diagnosis, ask the student if and why a given test was contributory to the diagnosis. Student must present a defensible diagnosis and treatment plan (probe for supporting evidence), along with alternatives, as appropriate.
3. Student should answer the questions:
  - a. What other information would I like to acquire to guide my understanding of this patient's condition? What other tests should have been performed?
  - b. What is the anticipated course of the condition as treated (included

potential unintended consequences) or if untreated?

c. What is the degree of morbidity of the condition?

4. Teach a framework for drafting a differential diagnosis using anatomical relevance (structures and pathways), pathophysiological relevance (normal physiology and processes of disease, inflammation, etc.), and systemic relevance.
5. Have the student propose (or preceptor may guide the student to acquire) generalizations that may help apply this knowledge to future cases.
6. Preceptor should positively reinforce correct behaviors and judgments, while constructively guiding the floundering student to correct his/her own mistakes.  
**CAVEAT: Avoid spoon feeding and encourage self-learning and self-direction.**
7. Encourage the student to ask questions. By not asking questions, the student may be demonstrating delusional mastery, fragile understanding, or even lack of interest.  
**CAVEAT: Avoid threatening or belittling behaviors that may inhibit the process of student inquiry.**
8. At final case presentation and discussion, continued evidence of poor understanding or judgment should be remedied by an assignment to review the literature and write or present a topic which encompasses this case or write and then verbalize the salient learning points of the case and examination pathway chosen by the student.  
**CAVEAT: Remind the student that each test element is intentional and have them write or verbalize the exam elements that were crucial in assessing this patient and those that were inconsequential.**
9. Query the student about resources and offer direction to appropriate resources.
10. Query the student about the case at a future point in time to probe the student's retention and understanding. Was this case similar to any other cases encountered by the student?
11. In all interactions, encourage the student to commit to answers.  
**CAVEAT: Learning how to commit to one's beliefs is a crucial learning curve in patient care**

### One-Minute Preceptor Model of Faculty Development

A five-step "microskills" model of clinical teaching.

*Neher JO, Gordon KC, Meyer B, Stevens N*

*J Am Board Fam Pract. 1992 Jul-Aug; 5(4):419-24.*

- Get a commitment
  - Ask the learner to articulate his or her own diagnosis and plan
- Probe for supporting evidence
  - Evaluate the learner's knowledge and reasoning
- Teach general rules
  - Teach the learner common "take-home points" that can be used in future cases, aimed preferably at an area of weakness for the learner
- Reinforce what was done well
  - Provide positive feedback
- Correct errors
  - Provide constructive feedback with recommendations for improvement

## CHAPTER 4: Remediation

### Student Remediation

#### Early Identification of a Remedial Student

Within four weeks of the start of each externship rotation, preceptors should identify students that are not performing at expected levels. Preceptors should meet with the student to review their deficiencies. Working with the Director of Externship Clinical Education, a clinical learning plan will be developed with the student and the preceptor to resolve the deficiencies over a two-week period. If the student does not meet the expectations established in the learning plan, the student is at risk for not passing the rotation.

At the midpoint of each externship experience, preceptors will complete an evaluation of the extern in Meditrek. Any student performing below expected levels will be counseled on his/her deficiencies. The Director of Externship Clinical Education will work with the preceptor to determine what additional training can be given to the extern to improve their performance to an expected level. A **Clinical Learning Plan** may be developed by the preceptor, the student, and the Director of Externship Clinical Education highlighting what steps the extern must do to remediate their clinical skills.

### Clinical Learning Plan

When appropriate, the preceptor will draft a Clinical Learning Plan after discussion with the Director of Clinical Externship Education and the student. The draft will be reviewed with the student and the Director of Externship Clinical Education and a copy provided to each. The plan will identify the support offered by the externship preceptor and the college along with the goals for the student and the activities the student should undertake to meet those goals for the current or following term.

The Clinical Learning Plan should include the following:

- Student learning performance goals addressed by the plan
- Specific learning activities designed to address the goals
- Brief description of the support provided to the student to enable him/her to achieve the goals described above (assignment of, additional faculty instruction, etc.)

The Director of Externship Clinical Education will track the progress of the student in completion of all specific learning activities. Clinical Learning Plans may also be assigned to students receiving the grade of Pass to recommend additional activities to students with specific, identified weaknesses.



## Developing a Learning Plan for Remediating Clinical Deficiency

GOAL: Draft a “contractual” learning plan between preceptor and student that addresses areas of assessed deficiency using some of the following guidelines.

CAVEATS: Recognize that there is probably no “one size fits all”. For students with broad areas of weaknesses, try first to focus on the more fundamental and consequential issues, and introduce the remediation plan in manageable-sized “packages”. Be sure to provide positive feedback along with the negative. Sites with multiple externs and/or residents may benefit by using these individuals as additional resources in remediating weak students.

- **Knowledge**
  - Demonstrates operational levels of background knowledge and independently accesses appropriate resources for acquiring additional needed information.
  - Remediation pathway:
    - Identify global vs. focal deficiency and direct remedial activity accordingly.
    - Select patient case-related issues for self-study.
    - Create list of learning issues for student to follow up on. Provide assignments.
    - Encourage self-reflection and independent goal setting for learning.
    - Help direct student to appropriate resources.
    - Help student identify and employ their most effective “learning channels.”
  - Measuring progress:
    - Set expectations and timelines for attaining competency in areas of weakness.
    - Establish how reassessment will occur (oral questioning, written or oral report, etc.).
    - Review consequences of failing to meet expectations and deadline.
- **Technical Skills**
  - Performs tests accurately & efficiently, obtains reliable information, and is able to tailor procedures appropriately to the circumstances
  - Remediation pathway:
    - Identify whether there is visual-motor skill vs. patient instruction/communication failure.

- Require the student to explain the test protocol or procedure, purpose or indication for performing a procedure, the type of information that is sought from a specific test element, and the expected norms.
    - Encourage independent review and practice of procedures.
    - Videotape student.
    - Model proper procedure and technique.
    - Help the student optimize flow of examination for improved efficiency.
    - Hold student accountable for recognizing the reliability, validity and relevancy of test results (including the importance or contribution of the test results to the diagnosis).
  - Measuring progress:
    - Set expectations and timelines for attaining competency in areas of weakness.
    - Establish how reassessment will occur (oral questioning, demonstration of skill and instructions to patient, explaining test results and their application to the case).
    - Review consequences of failing to meet expectations and deadline.
- **Case Construction** (Clinical Judgment)
  - Gathers appropriate & meaningful history, uses good judgment in test selection, applies examination observations appropriately to the construction of a complete case, and completes the case in a timely manner.
  - Remediation pathway:
    - Identify whether history taking is logical, sequential & complete.
      - Does the student expand questioning when appropriate and limit discussion to relevant topics?
      - Is the student able to develop a “storyline” that leads from the presenting patient complaints to a logical differential diagnosis list?
      - Is the history, chief complaint, and HPI content complete and sound for their contribution to the diagnosis and for insurance billing?
      - Has the student reviewed available prior patient records in preparation for the exam?
    - Observe the student’s logic employed in history-taking.
    - Encourage clinical reasoning.
      - Require the student to verbalize (in a case presentation) all observations from the examination that were relevant in developing the diagnosis.
        - Is the student modifying the examination elements based upon an evolving differential diagnosis?

- Require the student to defend their selection of procedures performed or not performed.
      - Is the student able to individualize examination options to the patient?
      - Is the student able to assign pre- and post-test probabilities based upon what is known about this patient?
    - Encourage self-reflection and questions in determining what additional tests or inquiry may have been useful in the case and why.
  - Measuring progress:
    - Set expectations and timelines for attaining competency in areas of weakness.
    - Establish how reassessment will occur (oral questioning, demonstration or role play).
    - Review consequences of failing to meet expectations and deadline.
- **Differential Diagnosis**
  - Provides a logical and well-supported differential diagnosis based upon sound understanding of conditions and information obtained during the examination.
  - Remediation Pathway:
    - Force the student to commit early in the case (after history) and at the end of the case to a differential diagnosis list.
    - Determine if the failure is knowledge-based deficiency or poor information gathering (refer to assessment categories above), or clinical reasoning weakness (cannot put the pieces together or see the whole picture).
      - Is the student modifying the differential diagnosis throughout the exam based upon the evolving results of examination elements?
      - What information is missing that is needed in constructing an accurate differential diagnosis?
    - Require the student to defend their differential diagnosis choices and reasoning. Encourage the student to ask questions.
      - Is the student able to prioritize differentials?
    - Help the student generalize learning to other cases and situations.
      - Is this case similar to any other cases?
      - Is the student able to apply previous learning to future cases?
  - Measuring progress:
    - Set expectations and timelines for attaining competency in areas of weakness.

- Establish how reassessment will occur (oral questioning, case reports).
- Review consequences of failing to meet expectations and deadline.
- **Management**
  - Provides a logical and safe treatment & management plan that, when appropriate, is evidence-based.
  - Remediation Pathway:
    - Require the student to defend the chosen treatment option and potential benefits, along with the potential negative consequences.
    - Students should be able to explain the likely untreated course of the condition.
    - Students should be able to offer alternative treatments, or at least a plan “B” for patient’s failure to respond to plan “A”.
    - Determine if incorrect choices are knowledge-based deficiencies (refer to “knowledge” above).
      - Can the student explain the pathophysiology of the condition being treated?
      - Does the student have a solid understanding of pharmaceutical, optical, surgical, or other therapeutic mechanism, side effects?
  - Measuring progress:
    - Set expectations and timelines for attaining competency in areas of weakness.
    - Establish how reassessment will occur (oral questioning, written assignment, case report).
    - Review consequences of failing to meet expectations and deadline.
- **Documentation**
  - Provides accurate, complete, and meaningful documentation that complies with industry standards.
  - Remediation Pathway:
    - Reinforce and model good record keeping.
    - Require the student to explain the value of good record keeping and consequences of poor record keeping.
      - Discuss ethical, insurance, professional liability, and health care issues related to record keeping.
  - Measuring progress:
    - Set expectations and timelines for attaining competency in areas of weakness.
    - Establish how reassessment will occur (chart review).
    - Review consequences of failing to meet expectations and deadline.

## CHAPTER 5: Academic Support Services

### LEAD: Academic Support Services

**All WesternU students have access to the *Employee Assistance Program (EAP) for Students* through OPTUM Health.** Under this program, you and any member of your immediate household are eligible for up to 5 free counseling sessions for each "incident" or situation. To make your own selection from a list of approved counselors in your area, just contact OPTUM Health directly at **(800) 234-5465 (24- hour help line)** to reach specially trained mental health staff to help with an immediate need. Callers may also receive referrals to community resources to help with specific concerns, including financial and legal matters.

#### **Or...Director of Student Affairs – Andrea Nuño**

You can talk with the Director at any time. She will listen, help you decide the next step and help you find the right resources. The advantage of this option is that you can contact the Director 24/7 and together, you may be able to sort things out right away.... or at least make things better until you can get an appointment with a counselor. The Director of Student Affairs can be reached directly (909) 706-3903 (office) or (909) 287-6620 (cell).

**Someone is always available!**

## Disability Accommodations

WesternU Department	Purpose	Contact Person	Contact information
Center for Disability & Health Policy (CDHP) & Accommodations & Resource Center (AARC)	Support students with disabilities, ensuring that all programs/activities are accessible to those w/ perm. or temp. disabilities	Sandra Lawler, Assistant Director, CDHP and AARC	(909) 469-5297 slawler@westernu.edu

## Optum Assistance Program

Student Resource	Purpose	Contact Person	Contact information
Optum, Employee Assistance Program	Students have free access to resources needed to manage difficult & daily concerns; assessment, short-term counseling, and referral services	Optum Representative	(800) 234-5465 http:// www.liveandworkwell.com/

## On-Campus Counseling (Optum Affiliated)

WesternU Department	Purpose	Contact Person	Contact information
Counseling Services, WesternU University Student Affairs	Free on-campus counseling services. Hours: Tues. & Thurs. 12:00 - 7:30 pm	Anna Couch, PhD, MA, MFT	(909) 469-8496, Urgent Calls @ (626) 391-8608, acouch@westernu.edu Pumerantz Library & Resource Center, LRC 411

## Off-Campus Counseling Centers (Optum Affiliated \*)

Company Name	Company Specialization	Notes	Contact information
Inland Psychiatric Medical Group	Providers have interests and expertise in a broad range of areas of psychiatry and psychotherapy	Call about provider list & Optum access	(909) 902-1082 11800 Central Ste 223 www.inlandpsych.com
Foothills Psychological Services	Providers specialize in solutions-focused therapy and psychiatry services	Call for provider list & Optum access	www.foothillpsych.com 3 locations: 1) 13193 Central Ave Ste 200, Chino, 2) 954 W. Foothill Blvd. Ste A, Upland, & 3) 9089 Baseline Rd. Ste 200 Rancho Cucamonga

## EXTERNSHIP PROGRAM: PRECEPTOR MANUAL

### Personal Support Services, Pomona (cont.)

#### Off-Campus Counseling Center (Non-Optum Affiliated)

Company Name	Company Specialization	Notes	Contact information
Rosewood Counseling Center	Providers offer mind-body therapy	Call for provider list	(909) 981-0270 288 W. 9th St. Upland
Tri-City Wellness Center	Provides treatment for mental health	Call for provider list	(909) 623-6131 2008 N. Garey Ave Pomona

#### Off-Campus Counseling Professionals (Optum Affiliated\*)

Contact Person	Contact Information	Contact Person	Contact information
Anna Couch, Ph.D., MA, MFT	(909) 860-1541 750 N. Diamond Bar Blvd Ste 204 Diamond Bar,	Bernadette Brennecke, LSCW	(909) 622-2125 1977 N. Garey Ave Ste 2 Pomona
Nicholas Fittante, MFT	(909) 497-7288 13768 Roswell Ste 220 Chino	Dayna Tevis, MS, MFT	(909) 228-0302 12598 Central Ste 205 Chino
John Cullen, MFT	(909) 896-3137 114 N. Indian Hill Ste D Claremont	Kristen Ohman, MFT	(909) 261-6359 219 N. Indian Hill Ste 205 Claremont
Mary Crosby Bennett, LCSW	(909) 297-0523 428 Harrison Av Ste 101D Claremont		

#### Off-Campus Counseling Professionals (Non-Optum Affiliated)

Contact Person	Contact Information	Contact Person	Contact information
Aurora Soliguen, MD	(909) 949-0076 1183 E. Foothill Ste 234 Upland	Elizabeth Baxt, MFT	(909) 518-0329 150 N. Grand Ave Ste 212 West Covina
Illean Alvarez, EdD	(714) 455-9096 640 S. Sunset Ave Ste 105 West Covina	Linda Abdelsayed, PsyD	(909) 228-0302 12598 Central Ste 205 Chino

#### National, 24 hour, Phone Support Services

Organization	Phone Number
LA County Access Center Crisis Intervention	(800) 854-7771
National Mental Health Crisis Hotline	(800) 273-8255
National Suicide Prevention Lifeline	(800) 273-8255
24-hour Rape Crisis Hotline	(800) 656-4673, (626) 966-4155, (626) 793-3385
Project SISTER (Sexual Assault Support Hotline)	(909) 626-4357
Alcoholic Anonymous, Chino 24 hr. answer mach.	(909) 628-4428

LEAD, WesternU is not affiliated with, nor personally endorses any of the counseling centers or professionals listed.

\* List of Counseling Professionals, Optum Affiliated, is based on 5 mile proximity to 91766 zip code. Other qualified providers can be identified on Optum website.



## APPENDIX A: Meditrek Evaluation Rubric

Western University of Health Sciences	College of Optometry
<b>Preceptor Evaluation of Student - 4th Year - Final</b>	
Student: ...name place holder...    Class:    Evaluator: ...name place holder... Academic Year: 2015/2016    Period: 0    From:    To:    Rotation: ...place holder	 No picture
<a href="#">View Daily Evaluation Summary</a> Please mark the rating scale at the position which best reflects observation of the student's independent performance in each area. Comments are strongly encouraged to help better identify weaknesses (to guide remediation) and strengths (to differentiate and reward stronger students).	
<b>1. Technical Skills:</b> Performs tests accurately and efficiently, obtains reliable information, and is able to tailor procedures appropriately to the circumstances. <input type="radio"/> Almost Always (>90% of time) <input type="radio"/> Frequently (70-90% of time) <input type="radio"/> *Sometimes (30-70% of time) <input type="radio"/> *Rarely (<30% of time) <input type="radio"/> *Unable to Comment (Explain why)	
COMMENT! (*any response of <i>Sometimes</i> or <i>Rarely</i> or <i>Unable to Comment</i> above <b>must</b> provide a comment here): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<b>2. Knowledge Base:</b> Demonstrates operational grasp of applied basic and clinical science, distinguishes normal from abnormal, and independently accesses appropriate resources (e.g. journal articles & reviews, texts, www.upToDate) for acquiring information. <input type="radio"/> Almost Always (>90% of time) <input type="radio"/> Frequently (70-90% of time) <input type="radio"/> *Sometimes (30-70% of time) <input type="radio"/> *Rarely (<30% of time) <input type="radio"/> *Unable to Comment (Explain why)	
COMMENT! (*any response of <i>Sometimes</i> or <i>Rarely</i> or <i>Unable to Comment</i> above <b>must</b> provide a comment here): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<b>3. Case Construction/Clinical Judgment:</b> Gathers relevant and meaningful history, uses good clinical judgment in test selection, applies examination observation appropriately to the construction of a complete case, completes case in a timely manner. <input type="radio"/> Almost Always (>90% of time) <input type="radio"/> Frequently (70-90% of time) <input type="radio"/> *Sometimes (30-70% of time) <input type="radio"/> *Rarely (<30% of time) <input type="radio"/> *Unable to Comment (Explain why)	
COMMENT! (*any response of <i>Sometimes</i> or <i>Rarely</i> or <i>Unable to Comment</i> above <b>must</b> provide a comment here): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<b>4. Differential Diagnosis:</b> Provides a logical and well-supported differential diagnosis based upon sound understanding of conditions and information obtained during the examination. <input type="radio"/> Almost Always (>90% of time) <input type="radio"/> Frequently (70-90% of time) <input type="radio"/> *Sometimes (30-70% of time) <input type="radio"/> *Rarely (<30% of time) <input type="radio"/> *Unable to Comment (Explain why)	
COMMENT! (*any response of <i>Sometimes</i> or <i>Rarely</i> or <i>Unable to Comment</i> above <b>must</b> provide a comment here): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<b>5. Management:</b> Provides a logical and safe treatment and management plan that, when appropriate, is evidence-based <input type="radio"/> Almost Always (>90% of time) <input type="radio"/> Frequently (70-90% of time) <input type="radio"/> *Sometimes (30-70% of time) <input type="radio"/> *Rarely (<30% of time) <input type="radio"/> *Unable to Comment (Explain why)	
COMMENT! (*any response of <i>Sometimes</i> or <i>Rarely</i> or <i>Unable to Comment</i> above <b>must</b> provide a comment here): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
<b>6. Documentation:</b> Provides accurate, complete, and meaningful documentation that complies with industry standards. <input type="radio"/> Almost Always (>90% of time) <input type="radio"/> Frequently (70-90% of time) <input type="radio"/> *Sometimes (30-70% of time) <input type="radio"/> *Rarely (<30% of time) <input type="radio"/> *Unable to Comment (Explain why)	
COMMENT! (*any response of <i>Sometimes</i> or <i>Rarely</i> or <i>Unable to Comment</i> above <b>must</b> provide a comment here): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

# EXTERNSHIP PROGRAM: PRECEPTOR MANUAL

**7. Attitude Towards Learning:** Receives and acts on constructive criticism with humility, follows instruction and advice, shows self-awareness, demonstrates a commitment to life-long learning.

- ☐ Almost Always (>90% of time)
- ☐ Frequently (70-90% of time)
- ☐ \*Sometimes (30-70% of time)
- ☐ \*Rarely (<30% of time)
- ☐ \*Unable to Comment (Explain why)

COMMENT! (\*any response of *Sometimes* or *Rarely* or *Unable to Comment* above **must** provide a comment here):

**8. Communication:** Verbal and written communication is clear, concise, effective, and appropriate with patient, preceptor, staff, peers, and other professionals

- ☐ Almost Always (>90% of time)
- ☐ Frequently (70-90% of time)
- ☐ \*Sometimes (30-70% of time)
- ☐ \*Rarely (<30% of time)
- ☐ \*Unable to Comment (Explain why)

COMMENT! (\*any response of *Sometimes* or *Rarely* or *Unable to Comment* above **must** provide a comment here):

**9. Interprofessionalism:** Demonstrates interactive patient-centered problem solving and appropriate sharing of patient information with healthcare professionals outside of optometry. Understands each "team" member's role and responsibility in executing components of a treatment plan.

- ☐ Almost Always (>90% of time)
- ☐ Frequently (70-90% of time)
- ☐ \*Sometimes (30-70% of time)
- ☐ \*Rarely (<30% of time)
- ☐ \*Unable to Comment (Explain why)

COMMENT! (\*any response of *Sometimes* or *Rarely* or *Unable to Comment* above **must** provide a comment here):

**10. Professionalism:** Manifests behaviors consistent with a professional including: leadership, dignity, punctuality, dependability, accountability, confidentiality, and ethical judgment

- ☐ Almost Always (>90% of time)
- ☐ Frequently (70-90% of time)
- ☐ \*Sometimes (30-70% of time)
- ☐ \*Rarely (<30% of time)
- ☐ \*Unable to Comment (Explain why)

COMMENT! (\*any response of *Sometimes* or *Rarely* or *Unable to Comment* above **must** provide a comment here):

**11. Humanism:** Emulates caring, compassionate, respectful, and humanistic values with every aspect of health care delivery

- ☐ Almost Always (>90% of time)
- ☐ Frequently (70-90% of time)
- ☐ \*Sometimes (30-70% of time)
- ☐ \*Rarely (<30% of time)
- ☐ \*Unable to Comment (Explain why)

COMMENT! (\*any response of *Sometimes* or *Rarely* or *Unable to Comment* above **must** provide a comment here):

Number of make-up days owed by student at end of rotation (enter 0 if none):  (max. 5 char)

I have discussed this evaluation with the student: ☐ No ☐ Yes

Please comment on overall strengths and weaknesses of student (including ability to manage complex cases):

Please enter your password for authentication:

Please review your entries before submitting.

## APPENDIX B: Clinical Remediation Learning Plan Template

### CLINICAL REMEDIATION LEARNING PLAN

Student \_\_\_\_\_ Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

*Drafted & signed by both parties at initiation of "contract". Use additional page(s) to elaborate when necessary.*

**Identified Weakness(es):**

- ☐ Knowledge
- ☐ Technical Skills
- ☐ Case Construction
- ☐ Differential Diagnosis
- ☐ Management

- ☐ Documentation
- ☐ Attitude Toward Learning
- ☐ Communication
- ☐ Interprofessionalism
- ☐ Professionalism
- ☐ Humanism

**Remediation Action Plan:** *specify a pathway & goals for remediation of specified weakness(es)*

**Plan for Measuring Achieved Expectations:**

**Timeline & consequences:**

**Indicate if successful completion:**

Signatures: \_\_\_\_\_  
Preceptor(s)

\_\_\_\_\_  
Extern

Date: \_\_\_\_\_

## APPENDIX C: Medical Professional Liability – Student Coverage



*The discipline of learning. The art of caring.*

Office of Risk Management  
(909) 469-5452 • FAX (909) 469-5384 • risk@westernu.edu

### EVIDENCE OF INSURANCE

#### MEDICAL PROFESSIONAL LIABILITY – STUDENT COVERAGE

**Named Insured:** Western University of Health Sciences  
309 E. Second Street  
Pomona, CA 91766-1854

**Carrier:** Lloyd's Syndicate 1414 (Ascot Underwriting Ltd)

**Policy Number:** PH1807085

**Policy Term:** November 15, 2018 to November 15, 2019

Western University of Health Sciences ("WesternU") maintains professional liability insurance for its students participating in approved training programs while acting at the direction of WesternU. Limits only: \$10,000,000/\$10,000,000.

**Note:** Issued as Evidence of Insurance only – Coverage is subject to all policy terms and conditions.

Chique Magsino  
Risk Management  
11/12/18