Western University of Health Sciences | College of Osteopathic Medicine of the Pacific & Heatherington College of Osteopathic Medicine

PRECEPTOR HANDBOOK

College of Osteopathic Medicine of the Pacific
& Heatherington College of Osteopathic Medicine (HCOM)

Academic Year 2026–2027

Office of Clinical Education

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Table of Contents

Right-click anywhere in the table below and select "Update Field" to refresh page numbers after opening in Microsoft Word.

About This Handbook

This Preceptor Handbook is a working guide for clinical faculty who teach and supervise COMP and HCOM osteopathic medical students during their OMS 3 and OMS 4 years. It outlines the expectations, key policies, and practical guidance that support a high-quality clinical education experience across all rotation sites.

This Handbook is designed to be used alongside the **COMP/HCOM Clinical Education Manual (CEM)**, which is the authoritative policy document governing the clinical education program for students. The **WesternU and COMP Catalogs** govern all overarching institutional policies. Where this Handbook summarizes or restates a policy, the CEM and the College Catalog remain the controlling references.

This Handbook is reviewed and updated annually by the Office of Clinical Education and aligned with the COCA COM Continuing Accreditation Standards (February 1, 2026, effective July 1, 2026). Preceptors are encouraged to read the Handbook in full and to contact the Office of Clinical Education with any questions, concerns, or feedback.

A Note from the Clinical Education Team

Dear Preceptor,

On behalf of the entire team at the College of Osteopathic Medicine of the Pacific (COMP) and the Heatherington College of Osteopathic Medicine (HCOM), thank you. The time and expertise you invest in our students is one of the most valuable gifts our profession can offer the next generation of physicians. We know that patient care is your first priority, and that teaching adds real demands to an already full professional life. We do not take that lightly.

The students who rotate with you arrive having completed two rigorous years of foundational medical education. They are eager, curious, and ready to learn, and the clinical environment you provide is where that foundation becomes real. The mentorship, feedback, and role modeling you offer will shape not only their clinical skills, but the kind of physicians they become.

This Handbook is designed to make your role as a clinical educator as clear and well-supported as possible. It outlines expectations, key policies, practical guidance for working with our students, and resources available to you as a clinical faculty member. We encourage you to read it in full, and to reach out to our team at any time with questions, concerns, or feedback.

We are grateful you are part of our community.

With appreciation,

The Clinical Education Team
College of Osteopathic Medicine of the Pacific & HCOM
Western University of Health Sciences
COMP (Pomona, CA): compsite@westernu.edu
HCOM (Lebanon, OR): compnw@westernu.edu
westernu.edu/osteopathic/osteopathic-departments/clinical-ed

About COMP and HCOM

The College of Osteopathic Medicine of the Pacific was established in 1977 in direct response to a critical shortage of primary care physicians in the western United States. Today, COMP is one of nine colleges within Western University of Health Sciences, with campuses in Pomona, CA and Lebanon, OR, both developed to serve underserved communities. The Heatherington College of Osteopathic Medicine (HCOM) is our Oregon campus, named to reflect its deep roots in the Lebanon community.

Our Mission

To prepare students to become technically competent, culturally sensitive, professional, and compassionate physicians, ready for graduate medical education, committed to lifelong learning, and dedicated to providing comprehensive, patient-centered care grounded in osteopathic philosophy.

Who Are Your Students?

The students rotating with you have completed a demanding two-year pre-clinical curriculum before ever setting foot in a clinical setting. Year one covers system-based integrated blocks in anatomy, physiology, biochemistry, genetics, and human development, alongside coursework in interprofessionalism, ethics, hands-on clinical skills, and osteopathic principles and practice. Year two builds on that foundation, adding pathology, microbiology, pharmacology, and extensive clinical reasoning.

By the time students arrive at your site, they have passed the COMLEX-USA Level 1 Licensing Examination and completed an intensive Transition to Osteopathic Clinical Medicine (TOCM) week that includes simulation, mock hospital rounds, and skills training. They are prepared to be active participants in patient care, not passive observers.

Third-Year Students (OMS 3)

OMS 3 students rotate through eleven 4-week clerkships, with additional time set aside for on-campus assessment and didactics. All rotations are accompanied by online modules, reading assignments, and tasks designed to reinforce medical knowledge and address content not encountered on the wards. Individual rotations may also include case presentations, journal clubs, or streamed didactic sessions.

OMS 3 core clerkships include: Internal Medicine I (inpatient), Internal Medicine II (inpatient or outpatient), General Surgery, Pediatrics, OB/GYN and Women’s Health, Psychiatry, Family Medicine, Osteopathic Principles and Practice (OPP), and 3 electives.

Every core rotation concludes with a COMAT exam (commonly called a “shelf exam”), a standardized medical knowledge assessment. Students may need dedicated study time toward the end of the rotation. For Internal Medicine I and II, a single COMAT exam is given at the end of the eighth week.

Fourth-Year Students (OMS 4)

OMS 4 students build individualized schedules that often include audition-style rotations across the country. All OMS 4 students must complete clerkships in Emergency Medicine, Sub-

Internship, and a Selective rotation, though location and discipline are often flexible. OMS 4 students are expected to apply osteopathic principles to patient care and utilize osteopathic manipulative techniques when supervised by a licensed DO. OMS 4 students generally have more clinical experience and can take on greater independence, though supervision requirements remain the same.

Credentialing and Affiliation

Faculty Credentialing

COCA Standards: *Element 7.1 — Faculty and Staff Resources and Qualifications (CORE); Element 7.2 — Faculty Approvals at All Teaching Sites*

All clinical preceptors must be fully vetted and credentialed by the Office of Clinical Education prior to supervising students. To become a credentialed preceptor, please complete the clinical faculty application available at westernu.edu/media/osteopathic/pdfs/clin-fac-app.pdf.

The application includes verification of licensure and a detailed review by college administrators. Final faculty appointments are granted by the university provost. Once approved, a Clinical Education team member will contact you to schedule orientation, a site visit, and any additional onboarding. Appointments are generally renewed every five years. An abbreviated application is available for physicians working at ACGME-accredited teaching sites.

> **Important**
>
> Clinical faculty must immediately disclose any license restriction or limitation in privileges to the Office of Clinical Education. Failure to do so may result in suspension of preceptor status.

Site Affiliation Agreements

COCA Standards: *Element 6.9 — Clinical Education (CORE): requires fully executed affiliation agreements for all core and required rotation sites*

Hospital and clinic sites must be fully affiliated with Western University before students can be placed there. Template affiliation agreements are available for hospital administrators to review. The affiliation process typically takes approximately 120 days to complete. If you are interested in hosting students at a new site, please contact the Office of Clinical Education as early as possible to allow sufficient lead time.

Renewal

Both faculty credentialing and site affiliations have expiration dates and must be kept current for students to be placed. If your credentialing or your site’s affiliation is approaching expiration, please submit a renewal request through the Clinical Education ticketing system (TDX) at least 120 days in advance.

Rotation Dates and Scheduling

When Rotations Begin and End

All rotations officially begin on a Monday. For OMS 3 students, the final day of each rotation is the last Thursday of the 4-week period. For OMS 4 students, the final day varies based on rotation length but always falls on a Friday. We ask that preceptors not schedule students for clinical shifts or call duty during the weekend following their final day, as students need this time to transition between rotations.

Rotation Length

OMS 3 core rotations are each 4 weeks in length and cannot be split or shortened. OMS 4 rotations may range from 2 to 6 weeks depending on the type of rotation. If you have questions about the expected length of a specific rotation at your site, please contact your Clinical Education Coordinator.

Student Arrival and Orientation

Students are expected to contact your office in advance of their start date to confirm arrival instructions, dress code, parking, and any site-specific onboarding requirements. If a student has not reached out within a reasonable time before their start date, please feel free to contact the Office of Clinical Education.

Policies and Supervision Standards

COCA Standards: *Element 5.4 — Patient Care Supervision (CORE); Element 1.5a — Non-Discrimination (CORE); Element 9.10 — Non-Academic Health Professionals (CORE)*

Supervision Requirements

COCA Standards: *Element 5.4 — Patient Care Supervision (CORE)*

Students must never provide patient care without direct supervision from a licensed physician. A licensed physician must be present on the premises or connected to a virtual encounter at all times when a student is seeing patients. Students may initiate a clinical evaluation independently, but the preceptor must personally see and evaluate every patient the student has seen, on the same day.

As students demonstrate competency, preceptors may allow increasing clinical independence within the bounds of direct supervision. Students may never perform procedures without direct supervision and appropriate chaperones present, regardless of their level of experience.

Co-signing of medical records. All medical records authored or contributed to by a student must be co-signed by a licensed physician. This is a universal requirement and is not limited to notes used for billing. Preceptors must review every student-authored note, edit as needed, confirm they personally examined the patient, and sign before the note is finalized in the record. Students may not independently initiate patient orders, including phone orders.

Student Identification

Students must always be identified as medical students. They may never be introduced to patients, staff, or other providers as a physician, doctor, or provider. Every patient seen by a student should be informed that a student is involved in their care, and this should be documented in the medical record.

Student Scope of Practice

COCA Standards: *Element 5.4 — Patient Care Supervision (CORE)*

The following outlines what students are and are not permitted to do in the clinical setting:

- Students may obtain patient histories and perform physical examinations independently, then present findings to the preceptor.
- Students may document progress notes in the medical record. These notes may be used for billing purposes, but the preceptor must review, edit as needed, confirm they personally examined the patient, and co-sign every note.
- Students may write practice orders for educational purposes, but the preceptor must enter all actual orders into the EHR.
- Students may participate in the informed consent process, but the preceptor must be present for patient questions and the patient's signature.
- Students may perform procedures deemed appropriate by the preceptor and approved by the facility, under direct supervision at all times.
- Students are encouraged to learn from all members of the interprofessional team, but grades may only be assigned by a credentialed DO or MD.

Use of AI and Automated Tools in Documentation

COCA Standards: *Element 5.4 — Patient Care Supervision (CORE); Element 9.2 — Academic Standards and Policies (CORE)*

COMP recognizes that artificial intelligence (AI) tools, including ambient scribes, AI-assisted documentation features embedded in electronic health records, and clinical decision support, are increasingly integrated into patient care. Students are expected to learn to use these tools competently and responsibly, while also developing the foundational documentation and clinical reasoning skills that remain essential to safe practice. Preceptors play a central role in modeling appropriate use and verifying that student-authored notes meet professional and institutional standards. The following standards apply to all student documentation:

- **Site policy governs.** Students must follow the AI and documentation policies of their rotation site and supervising preceptor. If your site permits or requires the use of an embedded AI tool (such as an ambient scribe or EHR-integrated assistant), students may use it within the scope of that policy. If your site prohibits or restricts such tools, students must comply.
- **The student is the author.** Any note a student drafts, signs, or contributes to must accurately reflect the care that occurred and the student's own clinical reasoning. AI-

generated content must be reviewed, corrected, and verified by the student before submission. Co-signing preceptors should confirm with the student that any AI-assisted content has been reviewed for accuracy.

- **Patient privacy is non-negotiable.** Students must never enter protected health information (PHI), including identifiers, history, exam findings, or any patient-specific details, into external or personal AI tools (such as consumer chatbots, personal apps, or any platform not approved by the rotation site and compliant with HIPAA). If you become aware that a student has done so, please contact the Office of Clinical Education promptly.
- **Learning the fundamentals.** Because the ability to construct a clinical note independently is a core competency, students must be able to demonstrate competent documentation without AI assistance when asked to do so by a preceptor, clerkship director, or during assessments. Preceptors are encouraged to occasionally request unassisted notes to assess the student's independent documentation skill.
- **Transparency.** Students should be prepared to disclose to their preceptor what tools were used in drafting a note when asked, and should follow any site-specific attestation or disclosure requirements regarding AI-assisted documentation.

Falsification of records, entry of PHI into unauthorized tools, use of another person's credentials, or submission of AI-generated notes that the student has not reviewed and verified may result in failure of the clinical rotation and referral to the Student Performance Committee. If you suspect any of these issues, please notify the Office of Clinical Education.

Medical Student Access to the Electronic Health Record

COCA Standards: *Element 5.4 — Patient Care Supervision (CORE); Element 6.9 — Clinical Education (CORE)*

Supervised access to the electronic health record (EHR) is a core component of OMS 3 and OMS 4 clinical training. With chart access, students can review the history before seeing the patient, follow labs and imaging, examine medication lists, read consult notes, and document their encounters. Without it, the preceptor must verbally relay information the student would otherwise read directly, which adds to the preceptor's workload and reduces time available for bedside teaching.

COMP's position. COMP supports supervised EHR access for students on rotation, scoped to the patients they are assigned to and presenting on rounds. Access should include the ability to read the chart, to document with attending or resident verification, and to enter orders in a pended state requiring co-signature before release. This approach aligns with the consensus position of the American Medical Association, the American College of Surgeons, the American Academy of Family Physicians, and the Alliance for Clinical Education.

Regulatory anchors. Three points are worth knowing when EHR access is discussed at a hospital:

- **HIPAA permits student access for treatment and training.** Medical students on rotation are considered workforce members of the covered entity for HIPAA purposes (45 CFR §160.103), and access to PHI for treatment, payment, and health care operations — which expressly includes training of health care professionals — is a permitted use under 45 CFR §164.506.
- **CMS updated documentation rules in 2018.** Under CMS Transmittal 4068 / Change Request 10412 (effective January 1, 2018), the teaching physician may verify a student's documentation of E/M components with a signature and date and is not required to re-document the work, provided the physician is physically present and personally performs (or re-performs) the physical examination and medical decision-making. This change substantially reduced the compliance considerations that shaped many older hospital policies.
- **COCA expects clerkships to provide hands-on documentation experience.** The ability to document patient encounters in the medical record is a recognized core competency for entry into residency, and COCA site visits review whether clinical sites afford students the access necessary to meet these competencies.

If your hospital has questions. If the hospital where you precept has questions about EHR access for students, or would like to develop or update a written policy, the Office of Clinical Education can provide a Regulatory Framework and Best Practices brief, along with a draft EHR access policy template the hospital may adopt as written, modify, or use as a starting point. Please contact the Office of Clinical Education at compsite@westernu.edu (COMP) or compnw@westernu.edu (HCOM).

Medical Student Participation in the Operating Room

COCA Standards: *Element 5.4 — Patient Care Supervision (CORE); Element 6.9 — Clinical Education (CORE); Element 6.10 — Clinical Experience*

Medical students on a surgical rotation learn most when they are prepared, oriented, and actively engaged in the operative team within an appropriate scope. The guidance below summarizes the practices that have emerged as standard across US teaching hospitals and the regulatory boundaries that frame student participation.

Intraoperative role. Under the direct supervision of the operating surgeon, and at the surgeon's discretion based on training year and demonstrated competence, a medical student may scrub in, retract tissue and expose structures, provide suction and irrigation, cut suture at the surgeon's direction, hold the camera in laparoscopic or robotic-assisted procedures, tie surgical knots, place simple sutures, close skin or superficial layers, and apply dressings. The operating surgeon determines what each student is ready to do and retains full responsibility for the procedure and for any action of the student at the operative field.

First-assistant designation. Medical students are not credentialed surgical assistants and are not designated as the first assistant of record. Federal law and California regulation reserve the surgical first-assistant role for a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or qualified licensed surgical assistant. The first-assistant field of the operative report, the anesthesia record, and any related billing documentation must list only the licensed assistant of record. Billing modifiers 80, 81, 82, and AS are not used in connection with medical-student participation. If a student is inadvertently entered as the first assistant in any record, the entry should be corrected through the hospital's standard record-amendment process.

Documentation of student participation. When a student participates in a case, the operative report should identify the student by name and status with a single attestation sentence. Suggested language: *"Medical student [Full Name], OMS 3, COMP, scrubbed and assisted at this case under my direct supervision. Licensed first assistant: [Name, credential]."*

Patient consent and presence. Patients should be informed during the consent process that a medical student may be present during their procedure, and may decline student presence without affecting their care. Students do not perform any task on a patient who has declined student involvement.

Regulatory anchors. Services furnished by a medical student do not qualify for Medicare payment, and only a licensed practitioner authorized under state law may serve as an assistant at surgery (CMS Medicare Claims Processing Manual, Chapter 12, §100). California Code of Regulations, Title 22, §70705 permits supervised medical-student patient care provided it is delivered as part of an accredited educational program. The American College of Surgeons, together with APDS and ASE, affirms that medical students should have meaningful, supervised opportunities to participate in operations, while reserving the first-assistant role for qualified licensed personnel.

If your hospital has questions. If the hospital where you precept has questions about medical student participation in the OR, or would like to develop or update a written policy, the Office of Clinical Education can provide a Regulatory Framework and Best Practices brief, along with a draft OR participation policy template the hospital may adopt as written, modify, or use as a starting point. Please contact the Office of Clinical Education at compsite@westernu.edu (COMP) or compnw@westernu.edu (HCOM).

Preceptor Conflicts of Interest

COCA Standards: *Element 9.10 — Non-Academic Health Professionals (CORE)*

Rotations with relatives. A family member, spouse, or intimate partner cannot serve as a student's evaluating preceptor. Students are required to disclose any request to complete a rotation at a site where a family member, spouse, or significant other works. If you discover that an assigned student is a relative or partner, please notify the Office of Clinical Education so alternative arrangements can be made.

Rotations with personal healthcare providers. A student's personal healthcare provider may not participate in determining the student's rotation grade due to potential conflicts of interest. Students are discouraged from rotating at sites where the primary preceptor is also the student's personal provider. If this situation arises, please contact the Office of Clinical Education so the evaluation can be reassigned to another credentialed preceptor.

Title IX and Nondiscrimination

COCA Standards: *Element 1.5a — Non-Discrimination (CORE); Element 5.1 — Professionalism (CORE)*

Western University of Health Sciences is committed to providing all students with a learning environment that is safe, respectful, and free from discrimination and harassment. Clinical faculty are expected to uphold these standards at all rotation sites, in all interactions with students.

WesternU's nondiscrimination policy prohibits discrimination or harassment based on race, ethnicity, color, sex, sexual orientation, gender identity, national origin, age, disability, and religion. These protections apply to all students regardless of the type of rotation, the location of the site, or whether the preceptor is directly employed by the university. Students have the right to a learning environment free from bias, intimidation, and inequitable treatment.

If a student raises a concern about discrimination or harassment, or if you observe conduct that may violate these standards, please contact the Office of Clinical Education immediately. Students may also report concerns directly to WesternU's Office of Title IX and Equal Opportunity (OTIXEO) at **TitleIX@westernu.edu** or through the online reporting portal at **westernu.edu/otixeo**. All reports are taken seriously and handled in accordance with university policy.

Clinical faculty must not retaliate against a student for raising a concern or making a report. Any form of retaliation is itself a violation of university policy and may result in suspension of preceptor status.

Time Off Requests

All student time off requests are processed by the college to ensure compliance with rotation policies. Preceptors should not independently approve or deny student time off. If a student requests time away from the rotation, please direct them to submit a Time Off Request (TOR) through the Clinical Education ticketing system. The Office of Clinical Education will notify you of the outcome.

COMAT Exams

Every OMS 3 core rotation concludes with a COMAT exam, a standardized medical knowledge assessment administered at the end of the rotation period. Students may need dedicated study time in the final days of the rotation. We appreciate preceptors being flexible and supportive during this time. For Internal Medicine, a single COMAT exam covers both IM I and IM II and is administered at the end of the eighth week.

Duty Hours and Fatigue Mitigation

COCA Standards: *Element 5.3 — Safety, Health, and Wellness: fatigue mitigation in the clinical learning environment*

COMP publishes a duty hours policy in accordance with COCA Continuing Accreditation Standard Element 5.3, which requires Colleges of Osteopathic Medicine to publish and follow policies related to student mental health, wellness, and fatigue mitigation in the clinical learning environment. Although neither COCA nor AACOM currently establishes specific numeric duty hour limits for osteopathic medical students in the undergraduate medical education (UME) setting, the expectations below align with the spirit of the ACGME duty hour standards students will encounter in graduate medical education.

Workload Expectations

Students are expected to work a minimum of 40 hours per week on each rotation, although most rotations will expect students to work between 60 and 80 hours per week. Students are expected to work nights, weekends, and holidays as assigned by the rotation and may be expected to complete overnight call. Reading assignments, question banks, and ISSM coursework must be completed in addition to the 40-hour work week minimum.

The College recognizes that fatigue is a significant factor in both patient safety and student wellbeing. Preceptors are encouraged to maintain reasonable schedules, provide adequate breaks during long shifts, and respond constructively when a student raises concerns about workload or fatigue. Students experiencing burnout or fatigue-related concerns may access behavioral health resources through the University at any time.

Reporting Concerns and Non-Retaliation

Students who believe their workload, schedule, or duty hour expectations on a rotation pose a risk to patient safety or to their own health and wellbeing, and who are unable to resolve the concern directly with the preceptor or rotation site, may report the concern to the College through any of the following pathways:

- **Office of Clinical Education.** Students may contact the COMP Office of Clinical Education directly by email, phone, or in person to report a duty hour concern. The Office will review the report, communicate with the rotation site as appropriate, and work with the student toward a resolution, including reassignment to another site if a resolution cannot be obtained.
- **Clinical Chair.** Students may raise concerns through the Clinical Chair, who will route the concern to the Office of Clinical Education as needed.
- **Confidential reporting via TDX.** Students who wish to report a concern confidentially may submit a ticket through the Clinical Education service catalog in TDX, which includes a confidential ticket option.
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Important

COMP prohibits retaliation against any student who reports a duty hour, fatigue, patient safety, or other rotation concern in good faith. Reports made under this policy will be handled with the maximum confidentiality possible consistent with the need to investigate and resolve the concern. Any form of retaliation by a preceptor or rotation site is itself a violation of university policy and may result in suspension of preceptor status or termination of the affiliation agreement.

Before, During, and After the Rotation

Before the First Day

Taking a few steps before the student arrives makes a significant difference in how smoothly the rotation begins.

- Review this Handbook and download the most current syllabus for your discipline from the Clinical Education preceptor website: westernu.edu/osteopathic/clinical-education-preceptor/teaching-resources. The syllabus defines the required learning objectives, patient encounter types, and clinical skill expectations for that rotation. COCA accreditation standards require that these objectives are consistent across all sites, and your use of the syllabus ensures your students receive the same foundational educational experience as their peers nationwide. If you have questions about the syllabus content, please contact the Office of Clinical Education or your discipline's Clinical Department Chair.
- Notify all relevant team members and hospital administrators of the student's arrival date and ensure site-specific clearance procedures are underway.
- Prepare your team to welcome the student and encourage all staff to participate in teaching.
- Identify a space for the student's personal items, meals, and independent study time.
- Create a tentative schedule that includes reporting instructions, clinic or hospital hours, and call expectations.
- Block time on the first day for a formal orientation with the student.

The First Day

The first day sets the tone for the entire rotation. A structured orientation makes a meaningful difference.

- Orient the student to your office or unit policies and procedures, introduce them to key staff, and discuss the patient population you serve.
- Ask the student about their goals for the rotation and what specialties or skills they are most interested in developing.

- Clarify your expectations for participation, communication, professional conduct, and feedback.
- Review the rotation syllabus with the student so learning objectives, assignments, and exam expectations are clear from the start.

Throughout the Rotation

- Provide ongoing feedback on professionalism, clinical skills, case presentations, and documentation. Feedback is most effective when it is specific, timely, and tied to observed behavior.
- Supervise all clinical encounters and allow increasing independence as competency is demonstrated.
- Serve as a role model and mentor. Students learn not only from what you teach, but from how you practice.
- Assign outside reading and research to reinforce lifelong learning. Asking students to look up a drug dose, retrieve a relevant article, or research a differential diagnosis is both educationally valuable and practically useful.
- Provide a formal mid-rotation feedback session approximately halfway through. This formative feedback gives students the opportunity to adjust before their final evaluation.
- Notify the Office of Clinical Education promptly if any critical concerns arise regarding student performance, conduct, or wellbeing.

Concluding the Rotation

- On the final day, set aside time to review the evaluation with the student directly. This conversation is one of the most valuable developmental opportunities of the rotation.
- Offer final mentoring, career advice, or guidance on residency preparation if appropriate.
- Consider writing a letter of recommendation for students who have performed exceptionally.
- Complete and submit the online evaluation form within two weeks of the rotation end date.

Student Evaluations

COCA Standards: *Element 11.2 — Student Evaluation of Instruction; Element 9.2 — Academic Standards and Policies (CORE); Element 9.10 — Non-Academic Health Professionals (CORE)*

The student evaluation form is the primary tool used to grade and rank OMS 3 and OMS 4 students, and it directly affects official transcripts, Medical Student Performance Evaluations (MSPE), and residency competitiveness. Timely, thoughtful evaluations are one of the most important contributions a preceptor makes.

Who Completes the Evaluation

The evaluation must be completed by the credentialed DO or MD overseeing the student, incorporating input from other preceptors, residents, and staff who worked with the student

during the rotation. Evaluations should reflect the full scope of the student's performance, not just their final days.

Narrative Comments

Please include a narrative comment with every evaluation. Comments that describe clinical reasoning, communication style, professionalism, and growth over the rotation, are far more useful than general statements and carry significant weight in the MSPE.

Submission Deadline

Evaluations must be submitted electronically no later than two weeks after the rotation ends. Late submissions delay transcript processing and can affect students' residency applications. If you encounter difficulty submitting the evaluation form, please contact the Office of Clinical Education immediately.

Why Timely Submission Matters

When an evaluation is more than 60 days past due, COMP will assign the student an Administrative High Pass (AHP) on the transcript so the student's academic record can advance. While this protects the student, it does not allow your assessment of the student to be reflected in their grade or MSPE. Submitting on time is the only way to ensure your evaluation has the impact you intend.

Conflict of Interest Reminder

Preceptors may not evaluate students who are their relatives, intimate partners, or personal patients. If this situation arises, please contact the Office of Clinical Education so alternative arrangements can be made.

How Evaluations Translate to Grades

COCA Standards: *Element 9.2 — Academic Standards and Policies (CORE)*

Your evaluation directly determines the grade a student earns for the rotation. The weight of the preceptor evaluation in the final grade depends on the rotation type:

- **OMS 3 core rotations:** the preceptor evaluation is weighted at 70% of the final grade, with the COMAT exam contributing the remaining 30%. Both components must independently pass for a final grade to be calculated.
- **OMS 3 elective rotations:** the preceptor evaluation is 100% of the final grade. There is no COMAT component.
- **OMS 4 rotations (all):** the preceptor evaluation is 100% of the final grade. There is no COMAT component in the fourth year.
- **Non-clinical elective rotations:** graded strictly credit/no-credit. MSPE comments are included regardless of grading type.

Each letter grade you submit on the evaluation form is converted to a numerical value for use in the final grade calculation:

Letter Grade Submitted	Numerical Value in Grade Equation
Honors	100
High Pass	90
Pass	80
Remediated Pass	71
Fail	0

Example: On an OMS 3 core rotation, you submit a High Pass evaluation (= 90) and the student earns a Pass on the COMAT (raw score 88, converts to 80). The final grade calculation is 0.7 × 90 + 0.3 × 80 = 87, which is a High Pass.

Because your letter grade has direct and significant weight in the final calculation, please take the time to consider where the student's performance honestly falls. Honors, High Pass, Pass, and Fail each represent meaningfully different levels of clinical readiness, and the MSPE relies on the consistency of preceptor judgments across the country.

Post-Submission Grade Inquiries

Once an evaluation has been submitted, COMP policy prohibits students from contacting their preceptor about the grade. A student who contacts you about a submitted grade will receive an automatic Non-Pass for that rotation. If a student does reach out to you about a submitted evaluation, please decline to discuss the grade and direct them to the Office of Clinical Education. Where possible, please also notify the Office of Clinical Education that the contact occurred. All grade questions and disputes are handled through the Office of Clinical Education in accordance with the policies in the Clinical Education Manual and the COMP Catalog.

Clinical Teaching Guidance

Your Role in Ensuring Comparable Student Outcomes

COCA Standards: *Element 6.11 — Comparability Across Clinical Education Sites; Element 6.9 — Clinical Education (CORE)*

COMP is accredited by the Commission on Osteopathic College Accreditation (COCA), which requires the College to ensure that all students receive comparable educational experiences and equivalent assessments across all clinical rotation sites. As a preceptor, you are a critical part of how the College meets this standard.

Each core rotation has a standardized syllabus that defines the required learning objectives, expected patient encounter types, clinical skills, and competency expectations for that discipline. These are the same regardless of where in the country the rotation takes place. Reviewing the syllabus before the student arrives and using it to structure the rotation experience ensures that your students receive the same quality of education as their peers at other sites.

All preceptors use the same student evaluation instrument, which is designed to apply consistent grading criteria across sites. COMAT examination scores, taken by all students at the end of each core rotation, serve as an independent, nationally normed check on educational outcomes across the clinical network. The Office of Clinical Education conducts periodic statistical analysis of preceptor evaluations and COMAT scores by site to identify any significant variation that may indicate a comparability concern, and addresses any findings through targeted preceptor outreach, site review, or curriculum adjustment.

Your use of the standard syllabus, evaluation form, and your commitment to providing substantive feedback are what make comparability possible. Thank you for taking that responsibility seriously.

Osteopathic Principles and Practice

COCA Standards: *Element 6.4 — Osteopathic Core Competencies (CORE); Element 6.6 — Principles of Osteopathic Medicine (CORE)*

COMP is an osteopathic medical college, and the integration of osteopathic principles into patient care is a core expectation of the curriculum across all four years. Students are expected to consider the appropriate application of Osteopathic Manipulative Treatment (OMT) for patients where it is clinically indicated and to discuss their findings and recommendations with the supervising physician.

Students may suggest OMT regardless of whether their preceptor is a DO or MD. As with all procedures, OMT may only be performed with the expressed permission and direct supervision of the attending physician. If you are an MD preceptor and a student suggests OMT for a patient, you are encouraged to discuss it with them and, where appropriate, support them in applying it under supervision.

Students are also expected to perform structural examinations on patients when clinically appropriate and to document their findings. These expectations are part of COMP's accreditation requirements and reflect the College's commitment to producing physicians who integrate osteopathic philosophy into comprehensive, patient-centered care. If you have questions about osteopathic principles and practice expectations, please contact the Office of Clinical Education or the Department of OMM/NMM.

Interprofessional Education

COCA Standards: *Element 6.8 — Interprofessional Education for Collaborative Practice (CORE)*

COMP's curriculum includes a deliberate emphasis on interprofessional education, preparing students to work collaboratively with all members of the health care team. While on rotation, students are expected to engage respectfully and meaningfully with nurses, pharmacists, social workers, respiratory therapists, and other health professionals as part of their training.

Preceptors are encouraged to facilitate these interactions where possible, such as inviting students to participate in interdisciplinary rounds, care conferences, or team-based patient discussions. All members of the health care team have something valuable to offer and can

serve as important teachers. While students may learn from all team members, grades may only be assigned by a credentialed DO or MD.

Outpatient Settings

A practical approach for outpatient rotations is to have the student see every second or third patient, allowing you to continue seeing your own patients while the student conducts their assessment. This keeps the clinic running efficiently while maximizing student learning time.

A recommended workflow: the student retrieves the patient from the waiting room, obtains vitals, takes the history and performs an exam, then presents the case to you. Both the preceptor and student should be present for the conclusion of the appointment whenever possible.

If examination rooms are limited, the student may take the lead with some patients and shadow you on others. In either case, every patient seen by a student should be informed and this documented in the medical record.

When a knowledge gap becomes apparent during case discussion, consider assigning a brief follow-up report: retrieving a relevant clinical article, looking up dosing or side effects, reviewing a differential diagnosis, or summarizing the evidence for a management decision. These reinforce independent learning and can genuinely benefit the team.

Inpatient Settings

Define a specific group of patients for whom the student is responsible. The student is expected to follow and round on these patients daily, presenting labs, studies, and exam findings before attending rounds.

- The student documents a progress note; the preceptor reviews, modifies as needed, and co-signs every note. All medical records authored by a student require preceptor co-signature regardless of whether the note is used for billing.
- Students may write practice orders for educational purposes. The preceptor enters all actual orders into the EHR.
- Students may participate in the informed consent process, but the preceptor must be present for patient questions and signature.
- Students may perform procedures approved by the facility and deemed appropriate by the preceptor, under direct supervision at all times.

Establishing a clear daily workflow from the outset, including student arrival time, rounding schedule, lecture times, and sign-out, helps set expectations and makes the rotation run smoothly for everyone.

When Students Are Struggling

COCA Standards: *Element 5.3 — Safety, Health, and Wellness; Element 5.1 — Professionalism (CORE)*

Occasionally a student may have difficulty meeting the expectations of the rotation, whether in clinical performance, professionalism, attendance, or wellbeing. Early identification and communication are key.

Performance or Professionalism Concerns

If a student is struggling clinically or professionally, please provide direct, specific feedback as early as possible. Most students respond well to honest, constructive guidance. If concerns persist or are serious in nature, please contact the Office of Clinical Education promptly. Do not wait until the final evaluation to raise a significant concern. By that point, there is little opportunity for the student to improve or for the college to intervene appropriately.

The Office of Clinical Education will work with you and the student to determine the appropriate course of action, which may include a mid-rotation meeting or a performance improvement plan. Where professionalism is the concern, COMP may require the student to participate in a **Prescription for Professional Growth & Enhancement**, a structured intervention used when student conduct raises concerns in areas such as communication, accountability, integrity, respectful behavior, adherence to institutional policies, or professional responsibility. Failure to adhere to a Prescription, or more serious allegations, will result in referral to the Office of Student Conduct and Professionalism and the Student Performance Committee (SPC). In serious cases, removal from the rotation may be necessary.

Your willingness to surface concerns early and document them honestly is one of the most important contributions a preceptor can make to a student's professional development.

Student Wellbeing and Health Emergencies

If a student experiences a health emergency, injury, or personal crisis while on rotation, please contact the Office of Clinical Education immediately by phone. Students who are ill or injured should not be pressured to continue working. The Office of Clinical Education can help coordinate appropriate university support and resources.

In the event of a broader emergency such as fire, earthquake, pandemic, or facility lockdown, please contact the Office of Clinical Education as soon as it is safe to do so. The safety of the student is the first priority.

Student Injuries and Exposure Incidents

COCA Standards: *Element 5.3 — Safety, Health, and Wellness; Element 9.9 — Physical Health Services (CORE)*

If a student sustains an injury at your site, including a needle stick, sharps injury, blood or body fluid exposure, slip and fall, or any other incident, please take the following steps immediately.

Direct the student to seek medical attention without delay, either at your site's Emergency Department or Employee Health office, or at the nearest urgent care facility. Do not encourage or allow the student to continue working before receiving evaluation and clearance.

Notify the Office of Clinical Education by phone as soon as possible. The student is required to notify the WesternU Office of Risk Management within 24 hours of any injury or exposure incident at **risk@westernu.edu** and to complete an online Incident Report Form at **webapp.westernu.edu/incident_report**.

Please be aware that student injuries are covered under the student's personal health insurance as primary coverage, with the University's Student Accident Insurance as secondary coverage. These incidents are not workers' compensation claims, as students are not employees of the rotation site. Your prompt response to a student injury is both a patient safety matter and a compliance requirement.

Absence or No-Show

If a student does not arrive on their scheduled start date or misses a day of rotation without prior notice, please contact the Office of Clinical Education immediately. Do not assume the absence is excused. All student absences must be processed through the college's Time Off Request system.

Faculty Development and Resources

COCA Standards: *Element 7.6 — Faculty Development*

COMP and HCOM are committed to supporting preceptors in their teaching role. Ongoing faculty development is considered an integral part of serving as a clinical preceptor and contributes to the quality and consistency of the educational experience across all rotation sites. All clinical faculty are expected to complete a minimum of four hours of faculty development related to clinical teaching annually. Completion of faculty development activities may be taken into account during preceptor credentialing renewal. The following resources are available to support you.

Customized Faculty Development Sessions

Any faculty member may request a customized on-site or virtual faculty development session for their team. The COMP Clinical Education team is trained in national best practices for adult learning in both classroom and clinical settings, and will work with you to design a session that meets your team's specific needs. Contact the Office of Clinical Education to request a session.

Library Access

Clinical faculty may access select resources through the WesternU Harriet K. and Philip Pumerantz Library remotely. Access is subject to vendor contract terms.

westernu.edu/library/services/clinical-faculty-and-preceptors

Institutional Review Board (IRB)

Researchers interested in utilizing the WesternU IRB must be fully credentialed with WesternU/COMP. An associate or vice dean must review and sign off on the IRB application prior to submission. All researchers must complete CITI training at cititraining.org to meet minimum ethical and professional standards for IRB access.

Continuing Medical Education (CME)

Western University of Health Sciences recognizes and supports preceptors' ongoing professional development. The following CME opportunities are available through your precepting role.

DO CME: Category 1-B

Category 1-B credit is automatically reported to the American Osteopathic Association quarterly for preceptors who requested it on the student evaluation. A maximum of 20% of total credits may be applied per cycle, though many preceptors report significantly more precepting hours than this cap allows.

MD CME: Category 2

Category 2 CME credit can be self-reported by MD preceptors. A formal letter documenting your precepting hours can also be generated by the Clinical Education team upon request. Please contact the Office of Clinical Education to request this letter.

Key Contacts

The following table provides a quick reference for who to contact depending on your question or concern. For most issues, contacting your campus Clinical Education office is the best first step.

Role	Contact	For
Associate Dean, Clinical Education (COMP)	Stephanie White, DO swhite@westernu.edu 213.595.8088	Leadership questions, serious student concerns, policy matters
Director of Clinical Curriculum (COMP & HCOM)	Sarah Wolff, DO swolff@westernu.edu	Curriculum questions, COMAT exams, rotation content
Clinical Education Office (COMP)	compsite@westernu.edu	Scheduling, credentialing, evaluations, student issues
Clinical Education Office (HCOM)	compnw@westernu.edu	Scheduling, credentialing, evaluations, student issues (HCOM)
Credentialing Specialist	Colleen Galindo cgalindo@westernu.edu	Faculty credentialing, renewals, new preceptor applications
Clinical Affiliation Specialist	Jennifer Aceves jaceves@westernu.edu	Site affiliation agreements, renewals, new site requests
Grades and Assessments	John Son, BS json@westernu.edu	Evaluation forms, grade submissions, transcript questions

Frequently Asked Questions

What do I do if a student doesn't show up on their first day?	Contact the Office of Clinical Education immediately by phone. Do not assume the absence is excused. The Clinical Education team will follow up with the student directly.
A student has asked me for time off. What should I do?	Direct the student to submit a Time Off Request (TOR) through the Clinical Education ticketing system. Do not independently approve or deny the request. The Office of Clinical Education will notify you of the outcome.
I have a serious concern about a student's performance or conduct. Who do I contact?	Contact the Office of Clinical Education as soon as possible, by phone for urgent matters or by email. Do not wait until the end of the rotation to raise significant concerns. In professionalism matters, the school may use a Prescription for Professional Growth & Enhancement as a structured intervention.
How do I submit a student evaluation?	Evaluations are submitted electronically through the clinical education management system. Instructions and access will be provided by the Office of Clinical Education. Evaluations are due within two weeks of the rotation end date.
What if I can't complete the evaluation within two weeks?	Please contact the Office of Clinical Education as soon as possible. Late evaluations affect student transcripts and residency applications, so timely submission is critical. Evaluations more than 60 days past due result in an Administrative High Pass on the student's transcript, which prevents your judgment from being reflected in the grade.
A student contacted me about a grade I already submitted. What do I do?	COMP policy prohibits students from contacting preceptors about grades after submission. Decline to discuss the grade and direct the student to the Office of Clinical Education. Please also notify the Office of Clinical Education that the contact occurred so it can be documented.
My credentialing or site affiliation is expiring. What do I do?	Submit a renewal request through the Clinical Education ticketing system (TDX) at least 120 days before the expiration date to ensure continued student placements without interruption.
Can a student see patients without me on the premises?	No. A licensed physician must be present on premises or connected to a virtual encounter at all times when a student is seeing patients. Students may never provide patient care unsupervised.

A student is using an AI scribe to draft notes. Is that allowed?	It depends on your site's policy. If your site permits AI-assisted documentation, students may use it within that policy, but the student remains the author and is responsible for verifying the content. Students may never enter patient information into external or consumer AI tools. Co-signing preceptors should confirm the student has reviewed any AI-assisted content for accuracy.
A student asked me to sign off on their immunization or health forms. Is that something I should do?	A student's personal care physician or the WesternU Student Health office typically handles immunization-related forms. If a student asks you to sign off, you may, but it is not required.
How do I request a faculty development session for my team?	Contact the Office of Clinical Education at compsite@westernu.edu (COMP) or compnw@westernu.edu (HCOM). We will work with you to schedule something that fits your team's needs.
Can I request a specific student or ask for a student not to return?	Please contact the Office of Clinical Education to discuss any concerns about student placement at your site. We will work with you to find an appropriate resolution.

Thank you for your partnership in training the next generation of osteopathic physicians.

Appendix: COCA Standards Cross-Reference

Preceptor Handbook | COMP & HCOM | Academic Year 2026–2027

This appendix identifies all COCA COM Continuing Accreditation Standards (February 1, 2026, effective July 1, 2026) that are relevant to the Preceptor Handbook and documents the specific Handbook sections where evidence of compliance can be found. Standards are listed in numerical order. Core elements are indicated with a checkmark.

Note: This cross-reference is intended as a navigation aid for accreditation reviewers. For complete policy language, refer to the corresponding section in this Handbook. The Clinical Education Manual, individual rotation syllabi, and the COMP Catalog provide additional evidence of compliance with standards not addressed in this Handbook.

✓ CORE element — non-compliance with a core element results in non-compliance with the entire standard

COCA Element	Element Title	CORE?	Handbook Section(s) and Coverage
Standard 1: Mission and Governance			
Element 1.5a	Non-Discrimination	✓	**Policies and Supervision Standards (intro):** Title IX and Nondiscrimination overview **Title IX and Nondiscrimination:** Protected categories, reporting pathway to OTIXEO, anti-retaliation statement
Standard 5: Learning Environment			
Element 5.1	Professionalism	✓	**Title IX and Nondiscrimination:** Anti-retaliation and professional conduct expectations **When Students Are Struggling (intro):** Identification and reporting of professionalism concerns **Performance or Professionalism Concerns:** Prescription for Professional Growth & Enhancement; SPC referral pathway

COCA Element	Element Title	CORE?	Handbook Section(s) and Coverage
Element 5.3	Safety, Health, and Wellness		**Duty Hours and Fatigue Mitigation (intro):** Policy basis under Element 5.3 for fatigue mitigation in the clinical learning environment **Workload Expectations:** Workload norms, fatigue awareness, behavioral health access **Reporting Concerns and Non-Retaliation:** Three reporting pathways and institutional non-retaliation statement **When Students Are Struggling (intro):** Student wellbeing and health emergencies **Student Injuries and Exposure Incidents:** Immediate care, 24-hour Risk Management notification, Incident Report Form
Element 5.4	Patient Care Supervision	✓	**Policies and Supervision Standards (intro):** Patient care supervision overview **Supervision Requirements:** Licensed physician on premises at all times; preceptor must personally see every patient; universal co-signature of medical records **Student Scope of Practice:** Documentation, orders, procedures, informed consent, EHR access **Use of AI and Automated Tools in Documentation:** Site policy governs; student is the author; PHI restrictions; learning fundamentals; transparency; violations consequences **Medical Student Access to the EHR:** Supervised read, documentation with verification, and pended order entry with co-signature; HIPAA workforce-member status; CMS 2018 verification rule **Medical Student Participation in the OR:** Direct supervision by operating surgeon; first-assistant restriction; documentation and consent **Inpatient Settings:** Co-signing, practice orders, procedural supervision
Standard 6: Curriculum			
Element 6.4	Osteopathic Core Competencies	✓	**Osteopathic Principles and Practice:** OMT suggestion and application expectations across DO and MD preceptors
Element 6.6	Principles of Osteopathic Medicine	✓	**Osteopathic Principles and Practice:** Structural examination, OMT under supervision, MD preceptor expectations
Element 6.8	Interprofessional Education for Collaborative Practice	✓	**Interprofessional Education:** Facilitation of team-based learning; engagement with all health professions; grading authority reserved to credentialed DO or MD

COCA Element	Element Title	CORE?	Handbook Section(s) and Coverage
Element 6.9	Clinical Education	✓	**Site Affiliation Agreements:** Requirement for fully executed affiliation agreements prior to student placement **Medical Student Access to the EHR:** Supervised EHR access as a core element of clerkship training; alignment with COCA expectations for documentation experience **Medical Student Participation in the OR:** Best-practice framework for supervised student participation on surgical rotations **Your Role in Ensuring Comparable Student Outcomes:** Syllabus use, standardized evaluation, COMAT as outcome measure, periodic statistical analysis **Before the First Day:** Syllabus download and use; comparability expectations
Element 6.10	Clinical Experience		**Medical Student Access to the EHR:** Hands-on documentation experience as a clinical competency for entry into residency **Medical Student Participation in the OR:** Intraoperative role and scope of permitted activities under direct supervision
Element 6.11	Comparability Across Clinical Education Sites		**Your Role in Ensuring Comparable Student Outcomes:** Preceptor's role in standardized curriculum delivery, evaluation, and outcomes monitoring
Standard 7: Faculty and Staff			
Element 7.1	Faculty and Staff Resources and Qualifications	✓	**Faculty Credentialing:** Credentialing requirements, licensure verification, provost appointment, five-year renewal
Element 7.2	Faculty Approvals at All Teaching Sites		**Faculty Credentialing:** Application process, clinical faculty appointment, ACGME abbreviated application **Renewal:** 120-day advance renewal requirement for credentialing and affiliation
Element 7.6	Faculty Development		**Faculty Development and Resources (intro):** Minimum four hours annually; relevance to credentialing renewal **Customized Faculty Development Sessions:** On-site and virtual sessions on request **Library Access:** WesternU Pumerantz Library remote access for clinical faculty
Standard 9: Students			

COCA Element	Element Title	CORE?	Handbook Section(s) and Coverage
Element 9.2	Academic Standards and Policies	✓	**Student Evaluations (intro):** Evaluation as primary grading tool; impact on transcripts and MSPE **Submission Deadline:** Two-week deadline and 60-day AHP consequence for late submission **How Evaluations Translate to Grades:** 70/30 split for OMS 3 core; 100% evaluation for OMS 3 electives and OMS 4; score conversion table **Post-Submission Grade Inquiries:** Redirect to Office of Clinical Education; automatic Non-Pass consequence for students **Use of AI and Automated Tools in Documentation:** Documentation integrity and consequences for falsification
Element 9.9	Physical Health Services	✓	**Student Injuries and Exposure Incidents:** Immediate care pathway, insurance coverage, Incident Report Form requirement
Element 9.10	Non-Academic Health Professionals	✓	**Preceptor Conflicts of Interest:** Rotations with relatives; rotations with personal healthcare providers **Conflict of Interest Reminder (Evaluations):** Reiterated prohibition on evaluating relatives, intimate partners, or personal patients **Interprofessional Education:** Grading authority reserved to credentialed DO or MD
Standard 11: Program and Student Assessment and Outcomes			
Element 11.2	Student Evaluation of Instruction		**Student Evaluations (intro):** Evaluation form as primary grading and ranking tool **Who Completes the Evaluation:** Credentialed DO or MD; input from all supervising staff **Narrative Comments:** Specific observations required; weight in MSPE **Submission Deadline:** Electronic submission within two weeks; AHP after 60 days

COCA standards not listed above are addressed in the Clinical Education Manual, the COMP Catalog, and supporting institutional policies. For the full text of COCA COM Continuing Accreditation Standards, visit osteopathic.org/accreditation/standards.