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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.

Early Assessment and Intervention

To assure that we are able to identify problem areas early, we ask that you complete an unofficial assessment of the student at the 2-3 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 evaluation) 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.

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 worldwide”.


**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 assure 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 of these attributes during the students’ first three years at WUCO, we rely on our externship preceptors to continue building on this foundation, assuring 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 Coordinator of Externship Clinical Education or the Manager 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 6-8 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. Preceptors will be provided with a comprehensive e Externship Preceptor’s Manual (which may answer many of your questions), access to resources to guide clinical teaching and assessment, support for designing learning objectives and plans for weak students, feedback from the college based upon student reviews of site & preceptor and faculty site visits.
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. 1 and 2 Hour online CE courses – 50% off, no limit
2. General 6-8 hour CE events – 30% off the regular price.
3. Glaucoma 24-Hour On-line Didactic Course – 30% off = $265 discount
4. Glaucoma Grand Rounds with live patients – 30% off = $224 discount
5. New 16-Hour Glaucoma on-line Case Management Course – 30% off = $150 discount

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 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.
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 Manager of Clinical Education Programs and the Coordinator of Externship Clinical Education. Other points of contact are provided for your convenience below:

**MANAGER OF CLINICAL EDUCATION PROGRAMS**
Mrs. Kelee P Visconti
kpvisconti@westernu.edu
(909) 469-8228

**COORDINATOR OF EXTERNSHIP CLINICAL EDUCATION**
Dr. David Cale
dcale@westernu.edu
(909) 706-3769

**ASSISTANT DEAN OF STUDENT AFFAIRS**
Ms. Ann Ellis
aellis@westernu.edu
(909) 706-3903

**ASSISTANT DEAN OF LEARNING**
Dr. Ida Chung
ichung@westernu.edu
(909) 469-8687
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 to which you are assigned 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 Coordinator 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 made-up will occur through the Manager of Clinical Education Programs. See full procedure for time off.
• Placing patient care above your own 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 your clinical education and that are not being appropriately managed at your rotation.
• Taking responsibility for your own clinical achievement.
• Accepting critical feedback and modifying clinical and professional behavior accordingly.
• Engaging in critical self-assessment of your 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 student 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 Coordinator 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 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 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 Manager of Clinical Education Programs should be informed.

If a preceptor is unexpectedly absent from the extern site, the Coordinator of Externship Clinical Education will determine if the time will be required to be made up.
Extern Preceptor May Request Student to be Removed from a Site

An extern preceptor may ask the Coordinator 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 extern preceptor must provide written documentation of the circumstances involved in the decision to remove the student from the site. The Coordinator 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 coordinator.

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 Coordinator 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 your peer for discussion of the problem.
- Carefully consider the nature of the conflict; is it due to your behavior or your peer’s?
- Determine a course of action for resolving the issue and set a time frame for improvement.
- If no resolution can be reached, consider bringing the matter to the appropriate authority. If the issue in any way affects the clinic, seek assistance from your preceptor or clinic director. If the issue does not involve the clinic, seek assistance from the Coordinator 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 Coordinator 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. (These cannot be carried over to subsequent rotations).
2. Students are expected to follow the externship site patient and holiday schedules.
3. **NBEO exam day** is the only required absence and does not count as a personal day, nor is make-up required (travel days to/from NBEO may be taken as personal days).
4. **All absences must be approved by the preceptor** with make-up time beyond the permissible two personal days to be arranged at the discretion of the preceptor. All make up time should be completed at the site where the absence occurred.
5. 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.
6. All unusual circumstances can be brought to the attention of the college externship administrators for deliberation and resolution. Otherwise there are no reports required to be filed with the college administrators.
7. Any absences that require make up, and that cannot be made up at the current site (e.g. extended illness or family emergency), must be reported to the college externship administrators.
8. Policy for **unplanned** extended absences (e.g. extended illness or family emergency) that permit completion of seven (7) full weeks of the rotation will fall under the section “**Credit for Partial Completion of an Externship Rotation Due to Emergency**” found below in this manual.
9. For any **planned** absences totaling greater than one week the student must take a Leave of Absence. Please refer to the “**Leave of Absence Policy**” policy found below in this manual.
10. 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

Punctuality is expected at all clinical assignments. A student will notify the externship preceptor if they are not going to be at their clinical assignment on time. Failure to do so is considered unprofessional behavior as it implies a lack of consideration for patients and preceptors, and reflects poorly on the College. It is up to the preceptor and the Coordinator of Externship Clinical Education to determine how the student will make up any missed time.
Holidays

Students are expected to be present at an externship site if the extern clinic is open for patient care.

Students understand that the mission of the extern site comes first and that any time taken off from an extern 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. Any make-up time not completed at the site must be arranged at the College clinic upon completion of fourth year rotations. Make-up time not completed by the second Friday prior to graduation may result in a grade of “Incomplete” for the final rotation course (XIII) and will delay the granting of a diploma.

Credit for Partial Completion of an Externship Rotation Due to Emergency

All externship rotations are twelve weeks in length. Occasionally a student may have an emergency or extenuating circumstance that may cause them to miss a portion of their twelve week rotation at a specific site. To receive credit for the clinical time spent at an externship site, a student must complete at least seven of the assigned twelve weeks. If a student can complete seven or more weeks of the rotation, partial credit may be given for the clinical time spent at the site. The missed days will be required to be made up at a date and site designated by the Coordinator of Externship Clinical Education.

If a student completes less than seven of the twelve weeks, the absence is treated as a Leave of Absence, and no credit is given for the rotation. The entire rotation must be made up during a future term at a site designated by the Coordinator of Externship Clinical Education. The minimum requirement for completion of seven weeks only applies in situations that are due to emergency or extenuating circumstances. For all other cases of extended absence, refer to the Leave of Absence Policy below.

Leave of Absence Policy

Leave of absence (LOA) from a scheduled externship rotation that is not of an emergency nature (i.e. unplanned absence) may be granted with the approval of the Dean of Students, Associate Dean of Academic Affairs, and the Coordinator of Externship Clinical Education.

1. LOA requests that are due to emergency circumstances will follow the guidelines written in the above section “Credit for Partial Completion of an Externship Rotation Due to Emergency”.

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2. Request for a **planned LOA** must occur at least **eight weeks prior to the beginning of the rotation** in which the LOA will occur. Exceptions to this may be granted with the approval of the Coordinator of Externship Clinical Education.

3. Any excused absences totaling one week or less will require approval of the site preceptor and may need to be made up in coordination with the preceptor and Coordinator of Externship Clinical Education.

4. **Any excused non-emergency absences totaling greater than one week** may require that the student complete a full additional externship rotation following graduation.

5. Students who request and are approved to take LOA will be assigned sites by the Manager of Clinical Education Programs, or may be able to select from certain available sites, per the direction of the Coordinator of Externship Clinical Education, during the quarter following graduation. Site availability will depend upon site priorities of the incoming externship class among other factors.

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**Grading Policy**

**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 extern assignment. Should the performance be below expectations at the four week mark, the preceptor will not only counsel the student but also contact the Coordinator 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 Manager 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 or log form 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.
Evaluation of Student Performance (new rubric June 2016)

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 rubrics display 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 comment, though comments are encouraged for all areas of evaluation. The 11 dimensions being evaluated are listed below.

<table>
<thead>
<tr>
<th>Evaluation Scale</th>
<th>Meditrek Points Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Almost always observed</td>
<td>(4)</td>
</tr>
<tr>
<td>□ Frequently observed</td>
<td>(3)</td>
</tr>
<tr>
<td>□ Sometimes observed*</td>
<td>(2)</td>
</tr>
<tr>
<td>□ Rarely observed*</td>
<td>(1)</td>
</tr>
<tr>
<td>□ Unable to comment*</td>
<td></td>
</tr>
</tbody>
</table>

Students will be evaluated in Meditrek in all of 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**: demonstrates operational grasp of basic & clinical science, distinguishes normal from abnormal, and independently accesses appropriate resources (e.g. journal articles & reviews, texts, [www.uptodate](http://www.uptodate)) 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 lifelong learning

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

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.

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
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 faculty 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 faculty 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.

<table>
<thead>
<tr>
<th>Rotation Criteria (Dimensions 1-6)</th>
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<tbody>
<tr>
<td>First rotation</td>
<td>Average 2.5</td>
<td></td>
</tr>
<tr>
<td>Second rotation</td>
<td>Average 3</td>
<td>No score below 2</td>
</tr>
<tr>
<td>Third &amp; Fourth rotations</td>
<td>Average 3.5</td>
<td>No score below 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rotation Criteria (Dimensions 7-11)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All rotations</td>
<td>Average 3.5</td>
<td>No score below 3</td>
</tr>
</tbody>
</table>

The grading scale for the overall course is as follows:
- Pass (P)
- Honors (HO)
- No Pass (NP)
- Incomplete (I)
- Course instructor reserves the right to assign a Remedial (R) grade

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 Coordinator 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. Student is able to recognize, compare and contrast normal and abnormal examination findings.
2. 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. 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. 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. 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. Student is able to anticipate prospective test results based upon information gathered up to that point or provide rationale for proposed testing.
7. 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. 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. Student is able to recognize reasons why a test result or diagnosis may have been incorrect or misleading and take corrective action.
10. Student can demonstrate the ability to use appropriate resources, when needed, to arrive at an appropriate diagnosis and management plan.
11. 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 exam sequence, force 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. **CAVEAT:** 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. Force 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

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### One-Minute Preceptor Model of Faculty Development

A five-step “microskills” model of clinical teaching.

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

- 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

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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 Coordinator 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 Coordinator 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 Coordinator 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 Coordinator of Clinical Externship Education and the student. The draft will be reviewed with the student and the Coordinator 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 Coordinator of Externship Clinical Education will track the progress of the student in completion of all specific learning activities. A final report is required from the externship preceptor validating that sufficient progress was made to complete clinical care at the site. Successful remediation will be reflected in the preceding term’s clinical grade.

Clinical Learning Plans may also be assigned to students receiving the grade of Pass to recommended 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

(See Appendix B)
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 10)
- 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 Coordinator 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 make 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 student 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 Coordinator of Externship Clinical Education and suspend the student from all clinic duties pending further investigation.
Sexual Harassment

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- submission to such conduct is made, explicitly or implicitly, a term or condition of an individual’s academic standing or employment, or
- submission to or rejection of the conduct by an individual is used as a basis for academic or employment decisions affecting such individual, or
- conduct has the purpose or effect of unreasonably interfering with an individual’s academic or clinical performance or creating an intimidating, hostile, or offensive working environment.

Students should not be subjected to sexual harassment either directly or via a hostile work environment in any clinical or academic setting. Behaviors that have contributed to a hostile work environment have included (but are not limited to):

- sexual flirtations, advances, propositions, or physical contact
- verbal or written comments, innuendos, gestures, glances, pictures, voice-mail, e-mail, or jokes of a sexual nature or of a nature commonly considered offensive by individuals of a specific gender or sexual orientation
- references about an individual’s body, sexual interests, or habits
- displays of sexually suggestive objects, posters, or pictures, etc.
- commenting on physical attributes
- using demeaning or inappropriate terms, such as “Babe”
- granting academic or clinical favors to those who participate in consensual sexual activity
- using crude or offensive language

Sexual harassment also encompasses harassment of an individual that is based on the gender or sexual orientation of the individual. Conduct can be considered harassment regardless of the gender of the perpetrator or the person being harassed. It can also be considered harassment when it occurs without the intent to offend, or if it negatively impacts an observer of the conduct. Sexual harassment does not refer to academic curriculum content that is germane to the subject matter of the course and presented in a serious instructional manner.

Members of the College community who hold positions of authority are expected to maintain strictly professional relationships with their subordinates at all times. Positions of authority include, but are not limited to: administrators in relation to students, preceptors in relation to students, and students in relation to patients. Relationships of an intimate personal nature, or of a sexual nature, should not occur between administrators and students, preceptors and students, or students and patients.
If you are in a situation where you feel uncomfortable, whether it is with a classmate, a faculty member, a clinical preceptor, a staff employee, a patient, a visitor, or anyone with whom you come in contact as part of your clinical assignment, the first step is to communicate directly with that individual. If you can, ask that person to stop. If you cannot request the individual to stop, or you feel uncomfortable doing so, you should contact the Coordinator of Externship Clinical Education and inform them of the situation. For additional information on policies related to sexual harassment, refer to the Student Handbook.

Background Checks

Some extern sites may require a criminal background check as part of your in-processing paperwork. In particular, the Department of Veterans Affairs will conduct a background check prior to the start of your externship rotation. Students may be denied placement at a site based on the results of the background check. In such situations, the College will review the results and make subsequent clinical placement decisions on a case-by-case basis. Possible actions from negative information uncovered during a criminal background check include reassignment to another clinical site and possible referral to the Student Performance Committee for review. A clear background check at an earlier date during your training does not preclude the possibility of being required to receive a more recent background check before the start of a different rotation.

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 extern preceptor including a summary of the numerical evaluation and transcribed comments for the most recent complete academic year.

Student Evaluations of Externship Sites

At the end of each extern rotation students will be required to complete an evaluation of the site and clinical experience using Meditrek. Completion of the extern 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 Manager of Clinical Education Programs and shared with the Coordinator of Externship Clinical Education, respective extern 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 extern 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 Manger of Clinical Education Programs and shared with the Coordinator of Externship Clinical Education, respective extern 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.**
### Preceptor Evaluation of Student - 4th Year - Final

**Appendix A**

**Western University of Health Sciences**

**College of Optometry**

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<tr>
<th>Student</th>
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#### Evaluation Summary

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 strong students).

1. **Technical Skills**: Performs tasks accurately and efficiently, obtains reliable information, and is able to tailor procedures appropriately to the circumstances.
   - Always Almost Always (90-100% of time)
   - Frequently (70-90% of time)
   - Sometimes (51-70% of time)
   - Rarely (30-50% of time)
   - *Unable to Comment (Explain why)

   **COMMENT** (*Any response of Sometimes or Rarely or Unable to Comment must provide a comment here:*)

2. **Knowledge Base**: Demonstrates operational grasp of applied basic and clinical science, distinguish normal from abnormal, and independently accesses appropriate resources (e.g., journal articles & reviews, texts, online databases) for acquiring information.
   - Always Almost Always (90-100% of time)
   - Frequently (70-90% of time)
   - Sometimes (51-70% of time)
   - Rarely (30-50% of time)
   - *Unable to Comment (Explain why)

   **COMMENT** (*Any response of Sometimes or Rarely or Unable to Comment must provide a comment here:*)

3. **Case Construction/Clinical Judgment**: Gathers relevant and meaningful history, uses good clinical judgment in test selection, applies examination observation appropriately to the construction of a complete case, comprises case in a timely manner.
   - Always Almost Always (90-100% of time)
   - Frequently (70-90% of time)
   - Sometimes (51-70% of time)
   - Rarely (30-50% of time)
   - *Unable to Comment (Explain why)

   **COMMENT** (*Any response of Sometimes or Rarely or Unable to Comment must provide a comment here:*)

4. **Differential Diagnosis**: Provides a logical and well-supported differential diagnosis based upon sound understanding of conditions and information obtained during the examination.
   - 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 must provide a comment here:*)

5. **Management**: Provides a logical and safe treatment and management plan that, when appropriate, is evidence-based
   - Always Almost Always (90-100% 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 must provide a comment here:*)

6. **Documentation**: Provides accurate, complete, and meaningful documentation that complies with industry standards.
   - 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 must provide a comment here:*)

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7. Attitude Towards Learning: Receives and acts on constructive criticism with humility, follows instruction and advice, demonstrates a commitment to lifelong learning.
   - Almost Always (>90% of time)
   - Frequently (70-90% of time)
   - Sometimes (50-70% of time)
   - Rarely (<30% of time)
   - Almost Never (0-30% 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 patients, preceptors, staff, peers, and other professionals.
   - Almost Always (>90% of time)
   - Frequently (70-90% of time)
   - Sometimes (50-70% 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 (50-70% 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 (50-70% 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 (50-70% 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. 10 days]
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:

Check Spelling  Please review your entries before submitting.
Appendix B

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:__________________________