

## Internal Medicine Clerkship Syllabus




### Academic Year 2024-2025

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## Section A – Internal Medicine Clerkship Curriculum

### Clerkship Information

#### General Clerkship Information and Contacts

<b>Credit Hours</b>	8
<b>Course Code</b>	MIDP 835
<b>Clerkship Length</b>	8 weeks
<b>Clerkship Website and Contacts</b>	<a href="#">Internal Medicine Clerkship Website</a> and <a href="#">Contacts</a>
<b>Clerkship-Specific Resources</b>	<a href="#">Internal Medicine Clerkship Resources</a> , <a href="#">D2L</a> , <a href="#">OASIS</a> , <a href="#">one45</a>
<b>Clinical Sites</b>	For a list and description of clerkship sites, please see: <a href="#">Clerkship Resources</a>
<b>Prerequisites</b>	All students must successfully pass all pre-clerkship courses* to progress to the third year. Additionally, the clerkship-specific Personal Professional Development (PPD) curricular elements listed in the PPD A syllabus must be completed as a prerequisite for the Internal Medicine Clerkship. Link to Policy: <a href="#">Enrollment, Sequencing and Grading for Pre-Clerkships Policy</a>
<b>Clerkship Director:</b> Christina Bergin, MD 	<b>UArizona Email:</b> <a href="mailto:cbergin@arizona.edu">cbergin@arizona.edu</a>  <b>Office Location:</b> Health Sciences Education Building (HSEB), B550 435 N 5 <sup>th</sup> St. Phoenix, AZ 85004
<b>Clerkship Co-Director:</b> Nathanael Adjei-Kyeremeh, MD 	<b>Office Phone:</b> 602-839-8692  <b>UArizona Email:</b> <a href="mailto:nadjeikyeremeh@arizona.edu">nadjeikyeremeh@arizona.edu</a>  <b>Office Location:</b> Banner University Medical Center - Phoenix 1111 E McDowell Rd. Phoenix, AZ 85006
<b>Clerkship Coordinator:</b> Josh Granberry 	<b>Office Phone:</b> 602-827-2648  <b>UArizona Email:</b> <a href="mailto:jgranberry@arizona.edu">jgranberry@arizona.edu</a>  <b>Office Location:</b> Health Sciences Education Building (HSEB), B512F 435 N 5 <sup>th</sup> St. Phoenix, AZ 85004

Course\* = Any component of the curriculum where a grade is earned.

### **Clerkship Description**

The Internal Medicine (IM) Clerkship utilizes a variety of supervised clinical settings exposing students to a broad array of patients as well as organized interactive learning experiences and directed readings allowing motivated students to establish a solid foundation of skills and knowledge for their future career choices.

The IM Clerkship is an 8-week experience encompassing two sub-blocks; each sub-block is 4 weeks in length. The clerkship setting is predominantly inpatient with some sites being offered in a rural setting. A one- to two-week ambulatory/outpatient immersion experience will be incorporated into one of the sub-blocks, pending site availability. The clerkship's distributed model allows for an increase in patient diversity through our multiple sites, which include private, public, community, and rural health care systems. While on the inpatient wards, students will be part of the primary team for patients with acute and chronic illnesses and will have the opportunity to collaborate with interdisciplinary allied health professionals while coordinating care with multiple disciplines and subspecialists. For students who are participating in the rural health program professional certificate of distinction, typically four (4) weeks of their clerkship will occur in their selected rural community.

### **Clerkship Learning Objectives**

Each IM Clerkship objective listed below has been mapped with relevant competencies, i.e., patient care, medical knowledge, clinical appraisal and quality improvements, interpersonal and communication skills, professionalism and societal awareness and responsiveness and is available within [one45](#).

1. Perform an appropriately complete and focused history and physical examination for patients in both inpatient and outpatient IM settings.
2. Effectively and accurately present patient cases, through both focused oral presentations and complete written documentation, in a way that identifies and interprets key historical features, exam findings, and diagnostic/imaging tests.
3. Identify the differential diagnosis of commonly presenting signs and symptoms in IM and implement high-value diagnostic approaches individualized to specific patients.
4. Describe the pathophysiology, etiology, clinical features, and possible complications of diseases and clinical conditions commonly encountered in IM.
5. Construct appropriate evaluation (including screening, if applicable) and management strategies (including methods of monitoring response to treatment) for patients with diseases commonly encountered in IM.
6. Demonstrate skills in clinical reasoning, diagnostic decision-making, and the development of therapeutic approaches based on evidence-based medicine, high-value care, and patient-centered care.
7. Recognize and institute appropriate initial therapy for patients with urgent and/or emergent conditions in IM.
8. Identify contextual factors that impact patient care and clinical outcomes, such as social and structural determinants of health, implicit bias, and structural racism. Suggest potential methods to address these factors and promote health equity on both an individual patient level and on a larger scale through advocacy.
9. Communicate and collaborate effectively with patients, families, and the interprofessional medical team to provide patient focused care.
10. Demonstrate sensitivity, compassion, honesty, integrity, and accountability in all interactions with patients, their families, and interprofessional colleagues.
11. Demonstrate a commitment to self-directed learning by identifying knowledge gaps/skills limitations, dedicating learning efforts to these areas, and swiftly implementing feedback.
12. Maintain a teachable attitude, be prepared for and engaged in all learning opportunities, and actively solicit constructive feedback for the purpose of continuous improvement.
13. Apply the principles of patient safety, quality improvement, high-value care, and critical appraisal of medical literature to daily patient care within IM.
14. Demonstrate understanding of physicians' responsibility to adhere to regulations surrounding prescribing common substances of abuse (opioids, benzodiazepines, stimulants), and exhibit the ability to access the Controlled Substances Prescription Monitoring Program (PMP) database.
15. Demonstrate respect and value for diverse populations, including but not limited to diversity in race, sex, gender identity, age, ethnicity, culture, ability, disability, socioeconomic status, language, religion, spiritual practices,

sexual orientation, biological differences, geographic region or country of origin, and life experiences.

Theme-based learning objectives within IM:

16. Identify ways serious illness (e.g., cancer) could affect a patient's state of mind and recognize, in turn, how patient attitude might impact communication with the provider. Generate strategies for effective management of emotionally charged or difficult patient interactions. (Behavioral & Social Sciences Theme)
17. Demonstrate effective use of the electronic medical record. (Biomedical Informatics Theme)
18. Define, describe, and apply basic ethical principles to challenges encountered in inpatient and outpatient IM settings. (Ethics Theme)
19. Identify a relevant primary journal article or use a point of care decision tool to aid in the diagnosis and/or treatment of a specific patient condition. (Evidence-Based Medicine Theme)
20. Identify symptoms of depression in the aged population and how they interface with physical diagnoses. (Geriatrics/Gerontology Theme)
21. Promote appropriate transitions of care from inpatient to outpatient settings, to improve both patient outcomes and quality of care. (Healthcare Transformation Theme)
22. Health Equity Theme – see #8 above.
23. In a HIPPA compliant manner, discuss a patient case with another profession, such as PT/OT/SLP, registered dietician, case management/social work, etc. Acknowledge and respect the roles of other health professionals. (Interprofessional Education and Practice Theme)
24. Identify times in which it is appropriate to order a genetic test (whether to assess risk like BRCA, analyze pharmacogenomics i.e., DNA sequencing, or oncologic cancer subtype/receptor testing). (Precision Medicine Theme)
25. Outline preventive strategies for the promotion of health and prevention of disease and provide patient education and counseling for such issues relevant to IM. (Public Health, Prevention, and Health Promotion Theme).

## Clerkship Requirements

### Attendance Requirements

All clerkship experiences are mandatory, and any absence must be recorded via the absence tracking system. To submit an absence request, please use [Formsite](#). All absences will be remediated as deemed appropriate by the clerkship director. Please see section B for College of Medicine- Phoenix (COM-P) attendance policies.

**Days Off** – As a general rule, students in the IM Clerkship will have one day off per week, which will be scheduled on the weekend whenever possible. Exact schedules and days off will vary based on clinical and educational opportunities at each site, call schedules, etc., but being present at your clinical site for 6 days per week can be expected at all sites while on the inpatient service. As a result, optional trips/vacations should not be scheduled during this clerkship. Note: students will have both days off during the weekend between sub-block A and sub-block B.

**Wellness/Personal Time Half-Day** – In addition to the days off above (one day per week), all students will have one scheduled wellness/personal time half-day during the 8-week clerkship. This will occur on the afternoon of the last Friday of the first sub-block (i.e., halfway through the clerkship). Students are required to attend their clinical site that morning and will be excused at 1:00pm. Students, at their sole discretion, may elect to use this protected half-day for healthcare appointments, wellness activities, personal or professional development, self-directed/individual shelf study, or other personal activities.

**Shelf Study Half-Day** – All students will have a scheduled half-day at the end of the clerkship that is dedicated to final preparation and review before the NBME shelf exam. This will occur on the afternoon of the last Thursday of the clerkship (i.e., Thursday afternoon in week #8). Students are required to attend their clinical site that morning and will be excused at 1:00pm.

**Absences** – In the IM Clerkship, absence requests will be accommodated as per policy, but all excused and unexcused absences must be remediated. Students are encouraged to communicate early and often with the clerkship director to

ensure that arrangements can be made to remediate their absences (including excused absences) prior to the end of the clerkship. Failure to do so will result in a grade of Incomplete until the absence(s) are fully remediated. Per policy, excused absences are not to exceed 0.5 days per week on average. Exceptions to this may be considered in consultation with the clerkship director and the dean, student affairs/or designee.

**Absence Remediation** – As bedside clinical learning is the priority during the clerkship year and patient/team continuity is important for internal medicine, all remediation for missed time should be done clinically. For both excused and unexcused absences, students are expected to make up the missed time by seeing patients with their team on a previously scheduled day off, during evening hours, etc. Rare exceptions to this may be considered by the clerkship director.

**Clinical Hours** – Due to clerkship sites in the COM-P distributed model having varied hours, clinical structure, and overnight coverage schedules, students in the IM Clerkship will have equivalent, though not identical, clinical schedules.

**Night Float** – Night float entails a series of consecutive overnight shifts and may be required at some sites. Night float shifts will not occur the night before the shelf examination. For the week of the shelf examination (takes place on Friday morning), the last night shift is Wednesday evening from 5-10 pm. For the week of Thanksgiving, the Wednesday evening shift will be from 5-10 pm.

**Outpatient/Ambulatory Sites** – While the clerkship setting is primarily inpatient, students will have an ambulatory immersion week(s) integrated into one of the sub-blocks, pending site availability.

**Rural Sites** – Students at rural sites will have the day prior to the shelf examination off as a travel day. Work ends at 5pm the Wednesday prior to the examination to allow for Thursday to travel back to Phoenix. If a student is at a rural site, they will attend academic half day via zoom.

### **Required/Recommended Reading and Resources**

#### **Required:**

1. [Aquifer](#) Cases specifically augmenting ambulatory medicine: Case #'s: 5, 6, 8, 13, 14, 15, 16, 17, 18, 19, 23, 31, 32, 34, & 35.

#### **Recommended:**

1. [OASIS IM Clerkship](#) online internal materials: for example, archived lectures and handouts.
2. [D2L IM Clerkship](#) online supplemental didactic materials: The D2L site will link to several resources, including orientation materials, external sources (readings, videos, practice quizzes) and links to [Aquifer](#) cases.
3. First Aid for USMLE Step 2 CK - (ISBN-13: 978-1260440294, ISBN-10: 126044029X)
4. Master the Boards USMLE Step 2 CK - (ISBN-13: 978-1506208534, ISBN-10: 9781506208534)
5. First Aid for the Medicine Clerkship, Third Edition (First Aid Series) 3rd Edition (ISBN-13: 978-0071633826, ISBN-10: 0071633820)
6. Master the Wards Internal Medicine Clerkship: Survive Clerkship & Ace the Shelf 1st Edition (ISBN-13: 978-1609781378, ISBN-10: 16097813760)
7. DynaMed Plus (evidence-based medicine – appraises and incorporates new scientific literature and clinical practice guidelines to provide summaries, key takeaways, and recommendations to guide clinical practice)
8. AMBOSS Digital Medical Library
9. IM-focused podcasts (particularly useful to help study while driving to/from sites that are further away): Run the List, Core IM, Clinical Problem Solvers, & Curbsiders podcasts are good.

### **Didactic/Interactive Learning/Simulation Sessions (Schedule)**

Sessions occur on Tuesday afternoons from 1:00pm - 5:00pm (some weeks may end early). See schedule posted on [one45](#). Students are to be excused from their clinical sites at 12:30pm to attend clerkship learning sessions. These sessions will include the following:

- **Orientation:** Students will complete an orientation via Independent Learning Module, as well as a synchronous Q&A with the clerkship director, clerkship co-director, or designee during PPD A.

- Didactics:** These sessions are held on Tuesday afternoons during the clerkship. Didactics may be held either in person or via Zoom, as public health considerations permit. Select topics may be provided as ILMs in the event of a cancellation of a synchronous session, and these may be completed asynchronously by students, though time will be provided on Tuesday afternoons after didactics for completion.

### Required Clinical Experiences: Procedures and Diagnoses (Px/Dx) Log

Below is a list of Px and Dx commonly encountered on the IM Clerkship, as well as an associated theme to reflect upon. If not yet encountered in a previous clerkship, each item from the list below must be completed by the end of the IM Clerkship. All highlighted Px/Dx are required to be completed during the IM Clerkship, even if encountered on previous clerkships. This means a student will be required to log an encounter for the highlighted Px or Dx items, indicating that it was seen during IM Clerkship timeframe.

Required Procedures	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
I was observed taking the relevant portions of the history for an internal medicine patient.	Inpatient or Outpatient	Actively Participate in Care	N/A, Required	Interprofessional Education
I was observed performing the relevant portions of the physical exam on an internal medicine patient.	Inpatient or Outpatient	Actively Participate in Care	N/A, Required	Interprofessional Education
Accurately Identify the Social Determinants of Health (SDOH) During a Clinical Encounter	Inpatient or Outpatient	Observe and discuss	Assigned Readings (See below)	Health Equity
Chest X-Ray Interpretation	Inpatient or Outpatient	Actively Participate in Care	Clinical experience on the wards, visit radiology department	Interprofessional Education
ECG Interpretation	Inpatient or Outpatient	Actively Participate in Care	Attendance at ECG Didactic Sessions	Interprofessional Education
Heart Sound Interpretation	Inpatient or Outpatient	Actively Participate in Care	<a href="#">Complete Systolic and Diastolic Sections</a>	Interprofessional Education
Urinalysis Interpretation	Inpatient or Outpatient	Actively Participate in Care	Up-to-date: Urinalysis in the Diagnosis of Renal Disease	Evidence-Based Medicine

Required Diagnoses	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
Chest Pain &/or Acute Coronary Syndrome (inpatient)	Inpatient	Actively Participate in Care	Aquifer Cases 1 & 2	Evidence-Based Medicine
Diabetes Mellitus (inpatient)	Inpatient	Actively Participate in Care	Aquifer Cases 7 & 8	Evidence Based Medicine
Hypertension (inpatient)	Inpatient	Actively Participate in Care	Aquifer Case 6	Evidence-Based Medicine
Acute Pancreatitis in medical patient	Inpatient	Actively Participate in Care	Aquifer Case 9	Evidence-Based Medicine
Syncope	Inpatient	Actively Participate in Care	Aquifer Case 3	Evidence-Based Medicine, Geriatrics

Abdominal Pain (inpatient)	Inpatient	Actively Participate in Care	Aquifer Cases 9, 10 & 12	Evidence-Based Medicine
Altered Mental Status	Inpatient or Outpatient	Actively Participate in Care	Aquifer Cases 18, 25, 26, and 33	Behavioral and Social Sciences, Geriatrics
Anemia	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 19	Ethics
Cancer	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 27	Precision Medicine
COPD	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 28	Behavioral and Social Sciences
Dyspnea	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 28	Interprofessional Education
Fever in Adult	Inpatient or Outpatient	Actively Participate in Care	Aquifer Cases 29 & 35	Evidence-Based Medicine
Fluid/Electrolyte/Acid Base Disorder in medical patient	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 25	Evidence-Based Medicine
Gastrointestinal Bleeding - Upper or Lower in medical patient	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 10	Evidence-Based Medicine
Heart Failure	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 4	Evidence-Based Medicine, Health Care Transformation
Liver Disease &/or Cirrhosis in medical patient	Inpatient or Outpatient	Actively Participate in Care	Aquifer Cases 11 & 36	Interprofessional Education
Nosocomial Infection	Inpatient or Outpatient	Actively Participate in Care	Assigned Readings (See below)	Evidence-Based Medicine
Pneumonia	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 22	Evidence-Based Medicine
Renal Failure – Acute and Chronic	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 23 & 33	Interprofessional Education
Skin and Soft Tissue Infections	Inpatient or Outpatient	Actively Participate in Care	Assigned Readings (See below)	Evidence-Based Medicine
Venous Thromboembolism	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 30	Health Care Transformation

### **Px/Dx Alternative Experiences**

Students are expected to meet the required clinical experiences and procedures listed on the [Global Px/Dx list](#) before advancing to fourth year. If the student does not encounter all the required clinical experiences as listed within the Px and Dx table above, completed by the end of the IM Clerkship, the student will remedy the deficiency by completing the alternative experience utilizing the process below:

1. The student is responsible for monitoring their Px/Dx log and communicating their progress and learning goals with supervising faculty throughout each clerkship. This will allow for proactive attainment of these required encounters. If an alternative experience is needed for a procedure or diagnosis, the student must notify the clerkship director or designee a minimum of seven days prior to the end of the clerkship.
2. The clerkship director will assign an alternative experience/requirement to be completed.
3. Once the alternative experience/requirement is completed, the student will log this in OASIS by selecting the type of *Patient Encounter* in the drop-down menu.

Please see section B for information related to Px/Dx compliance.

**Assigned Readings (Alternative Experience) for Select Procedures/Diagnoses Noted in Tables Above:**

1. Identify the Social Determinants of Health (alternative activity, if needed - read all three):
  - a. Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. *Soc Sci Med*. 2014 Feb; 103:126-133. doi: <https://doi.org/10.1016/j.socscimed.2013.06.032>.
  - b. Magnan, S. 2017. Social determinants of health 101 for health care: five plus five. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>.
  - c. The EveryONE Project. Social Determinants of Health: Guide to Social Needs Screening Tool and Resources. 2018. American Academy of Family Physicians. [https://www.aafp.org/dam/AAFP/documents/patient\\_care/everyone\\_project/hops19-physician-guide-sdoh.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-guide-sdoh.pdf). Accessed November 29, 2022.
  
2. Nosocomial Infections (alternative activity, if needed - read all three):
  - a. Chin-Hong PV, Guglielmo B. Health Care-Associated Infections. In: Papadakis MA, McPhee SJ, Rabow MW, eds. *Current Medical Diagnosis and Treatment 2020*. New York, NY: McGraw-Hill. Available at: <https://accessmedicine.mhmedical.com/content.aspx?bookid=2957&sectionid=249384426>.
  - b. Guh AY, Kutty PK. Clostridioides difficile Infection. *Ann Intern Med*. 2018; 169(7): ITC49-ITC64. doi: <https://doi.org/10.7326/AITC201810020>.
  - c. Monegro AF, Muppidi V, Regunath H. Hospital Acquired Infections. [Updated 2022 Aug 22]. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK441857/>.
  
3. Skin and Soft Tissue Infections (alternative activity, if needed - read all three):
  - a. Bystritsky R, Chambers H. Cellulitis and Soft Tissue Infections. *Ann Intern Med*. 2018; 168(3):ITC17-ITC32. doi: <https://doi.org/10.7326/aitc201802060>.
  - b. Raff AB, Kroshinsky D. Cellulitis: A Review. *JAMA*. 2016; 316(3):325-37. doi: <https://doi.org/10.1001/jama.2016.8825>.
  - c. Stevens DL, Bisno AL, Chambers HF, et al. Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections: 2014 Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases*. 2014; 59(2): e10-e52. doi: <https://doi.org/10.1093/cid/ciu296>.

**Observable Learning Activities/Other Requirements**

Academic Participation	Criteria / Items	Total
Aquifer Internal Medicine Clinical Decision-Making Assessment	<p><b>Why:</b> a different form of assessment than the shelf exam; assesses clinical reasoning skills and key clinical decision making, rather than medical knowledge and recall.</p> <p><i>EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter</i>  <i>EPA 3: Recommend &amp; Interpret Common Diagnostic and Screening Tests</i>  <i>EPA 4: Enter &amp; Discuss Orders and Prescriptions</i></p>	10% (Up to 10 points)
Ambulatory Aquifer Cases  <i>EPAs 2, 3, &amp; 4</i>	<p>Completion of the Required Aquifer Cases focusing on Ambulatory Medicine topics (15 cases total):</p> <ul style="list-style-type: none"> <li>● Case #'s: 5, 6, 8, 13, 14, 15, 16, 17, 18, 19, 23, 31, 32, 34, &amp; 35</li> </ul> <p>Due by Midnight the last Sunday of the clerkship.            Successful completion of ≥14 cases = 5 points; 11-13 cases = 4 points; 8-10 cases = 3 points; 5-7 cases = 2 points; 1-4 cases = 1 point.</p>	5% (Up to 5 points)



	<b>Why:</b> Augments clinical ambulatory learning and helps prepare for the shelf exam (40-50% ambulatory topics)	
Clinical Skills Formative Feedback Portfolio	<p><u>Due Tuesday Week 4:</u>  <b>CEX</b> (EPA 1: Gather a history &amp; perform a physical exam)  <b>OPS</b> (EPA 6: Oral Presentation of a Clinical Encounter)</p> <p><u>Due Tuesday Week 8:</u>  <b>H&amp;P Note</b> (EPA 1: Gather a history &amp; perform a physical exam; EPA 5: Document a clinical encounter in the patient record)  <b>PICO/EBM</b> (EPA 7: Form Clinical Questions &amp; Retrieve Evidence to Advance Patient Care)</p> <p>All assignments are due by 11:59pm on Tuesday during the specified week and are to be emailed to the clerkship coordinator (preferably as a .pdf).</p>	3% (3 points, all or nothing)
Learning Session Attendance and Participation  <i>EPA 9: Collaborate as a member of an interprofessional team</i>	<p>Attendance and active participation in academic half day learning sessions on Tuesday afternoons.</p> <p>If a student has an excused absence during an academic half day, make-up work will be assigned. Only excused absences will be given the opportunity for make-up work. Unexcused absences or “no call, no show” for any learning session will result in forfeiting the points for that day.</p>	2% (Up to 2 points)
Total Points Possible		20 points

## Clerkship Specific Assessment Process

### Mid-Clerkship Formative Assessment

Throughout the clerkship, faculty (including nurse practitioners and physician assistants with faculty title), and residents engaged in student teaching and supervision will provide formative feedback in a variety of formats (e.g., review of progress notes, H&P, direct observation forms, informal verbal feedback and written narratives, PRIME+ form, NCAT, etc.) that may be communicated by writing or verbally. The purpose of this feedback is to identify strengths and opportunities for improvement.

During the IM clerkship, the student will request a minimum of two PRIME+ forms via [myTIPreport](#):

- These should be *requested* no later than the end of Weeks 2 and 6 (i.e., at least one PRIME+ at the midpoint of each sub-block).
- It is the student’s responsibility to ensure that at least one PRIME+ form has been *completed* no later than the end of Week 3 to allow sufficient time for action based on formative feedback prior to the end of sub-block 1.
- At least one PRIME+ form must be completed by a supervising attending; the other PRIME+ form(s) may be completed by senior residents (PGY-2 or higher).
- It is strongly recommended (though not required) that a supervising attending complete a PRIME+ form during sub-block 1, so that sufficient faculty formative feedback is available to review by mid-clerkship.

Students will also accumulate a clinical skills feedback portfolio over the course of the clerkship. The components of this formative assessment portfolio are:

- Written feedback from an attending on their oral presentation skills (OPS) and written history and physical (H&P).
- Written feedback from either a resident or attending on an observed clinical experience (CEX) and evidence-based medicine skills (PICO).

The due dates for the feedback portfolio components are listed in the observable learning activities/other requirements table. Available clinical skills feedback portfolio items, together with the PRIME+ form(s) and a one-on-one meeting with the clerkship director or clerkship co-director (or if needed, a clinical site director as designee), will serve as ongoing mid-clerkship formative assessment. Additionally, the clerkship director or co-director will meet with each student at a mid-point of the clerkship to check in, discuss the formative feedback, Px/Dx logging, duty hours, and any other questions or concerns the student or director may have.

### **Summative Clinical Assessment**

Significant interaction in the IM Clerkship is defined as working with a supervising attending for five clinical days. It is the student's responsibility to be carrying 2-3 patients/day (goal is minimum of two patients/day by end of Week 1) at all times while on the medicine service. Thus, within five working days the student will have had the opportunity to present approximately ten patients to the supervising attending, ensuring adequate exposure to the student's work to fairly assess his/her performance.

Attending physicians (with faculty title) can complete an end-of-rotation (EOR) assessment form. In the instance that only one EOR assessment is submitted, it will need to be a collaborative assessment from the preceptors who had significant interaction with the student. When only a single faculty member has been assigned to work with a student, this faculty member must provide the assessment for the student. The clerkship EOR assessment form is distributed through [one45](#).

On the IM Clerkship, only an attending physician can complete the EOR assessment form. The attending may be an IM ward attending, a chief resident acting as the ward attending, an IM subspecialist, or a fellow who is in a supervising attending role. The student selects the attending based on the above criteria for *significant interaction*. If the selected attending physician does not hold a faculty title, the clinical site director may complete the EOR assessment form with the input of that supervising attending.

Students may request up to two EOR assessments per 4-week sub-block. Students must select the assessor(s) by 11:59pm on the last Wednesday of each sub-block, to allow adequate time to meet with their assessing attending prior to the end of the rotation. If the student does not select the assessor by that time, the student forfeits their choice for an assessor, and the clerkship director or designee will identify an assessor for the student with the assistance of the clinical site director. *Additionally, the IM clerkship director reserves the right to obtain any further assessments that may be needed to better assess the student's performance.*

A minimum of two EOR assessment forms (one per sub-block) will be required to calculate the clinical score. All EOR assessments will be averaged regardless of the number of assessments obtained (minimum two, maximum four). Once the minimum number of assessments is received, the clinical score will be calculated. Typically, students have two assessments received by the LCME deadline, which allows for multiple raters to contribute to a student's clinical score. A maximum of four EOR assessments may be requested; if all are received prior to the LCME deadline for grades, they all will be included. Once grades are submitted and the LCME deadline has passed, no additional information will be sought, nor will additional assessments be accepted.

Resident feedback provided via PRIME+ forms in the [myTIPreport](#) app will be used to support the clinical grade by providing additional information to the clerkship director for the written cumulative summary (i.e., final grade narrative).

### **NBME Shelf Exam**

The NBME shelf exam will be offered twice at the end of the clerkship, the afternoon of the last Friday or Sunday immediately following the clerkship allowing for personalization and flexibility. See Section B of syllabus for more details. The Thursday afternoon and Friday morning of the last week of the clerkship will be a dedicated study day.

### **Calculating the Final Grade**

The clerkship grading calculator is posted in [one45](#) to provide assistance in calculating the final clerkship grade. The grading calculator is meant to be used as a tool. Final determinations will be made using the table below:

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Qualifies for		Score	Qualifies for	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥82	Honors	≥88.00-100	Honors	Honors <i>IF</i> composite score is within Honors range, and qualifying shelf score meets at least the High Pass cutoff
≥2.3 – 2.59	High Pass		≥76	High Pass	≥84.50-87.99	High Pass	High Pass <i>IF</i> composite score is within High Pass range and clinical score is at least within High Pass range
≥2.0 – 2.29	Pass	Pass ≥ 12 points (≥60%)	≥59	Pass	≥63.00-84.49	Pass	Pass <i>IF</i> composite score is within Pass range and clinical score is at least within Pass range
<2.00	Fail	Fail < 12 points (<60%)	<59	Fail	<63	Fail	

The student fails the clerkship if any of the following occur:

1. The clinical score is < 2.0
2. Receive a final Level 1 on two or more different EPOs\*
3. Failure of the shelf exam on both initial\*\* and one retake attempt
4. Achievement of a score of less than 60% from the “REQUIRED ACTIVITIES/OTHER”
5. Achievement of a total composite score of Fail

\*For the purpose of assessment in clerkships, an individual EPO rating of Level 1.5 will not be considered a Level 1 as defined in the [Competency Assessment Policy](#).

\*\*A student who retakes the shelf examination due to failing on the first attempt is not eligible for a final clerkship grade of Honors or High Pass as outlined in the [Grading and Progression in Clerkships and Selectives Policy](#).

### Additional Clerkship Information

#### Helpful Tips

- Internal medicine is a wonderful and comprehensive specialty that ranges from outpatient primary care to inpatient hospital medicine to sub-specialty care of the adult patient.
- Be proactive in your learning and be involved! Take advantage of the breadth and depth of supervised clinical experiences and procedures readily available during this clerkship; every experience is a learning opportunity. Consider the relevance of learning how to assess and treat common adult conditions as you prepare for your individual career path.
- Practice your clinical skills, critical thinking, and clinical reasoning skills with every patient.
- Study in the afternoons while on wards while waiting for new admissions. Using 30-minute time increments a few times a day can add up to 5+ hours of studying by the end of the week. Be prepared with flash cards, question banks, a textbook, etc. so that you can make the most of these on-the-fly studying opportunities.

- Listening to IM-related podcasts can be an effective way to utilize time spent driving to/from clinical sites that are a bit further away in the Valley. See suggestions in the recommended readings/resources section.
- Watch out for emails from the clerkship coordinator or clerkship director, as things may change throughout the weeks (didactic schedules, etc.).
- Please reach out to the clinical site directors, the clerkship coordinator, or the clerkship director/co-director if you have any questions.
- If urgent matters arise, do not hesitate to contact the clerkship director via text, as it is often better than email.
- For any questions related to PRIME+ forms ([myTIPreport](#)) or EORs ([one45](#)), the Office of Assessment and Evaluation is your first point of contact.

### Common FAQ's

#### **How do I get started on the IM Clerkship?**

The COM-P coordinator sends a welcome email that contains orientation details that includes clinical site contacts, a student packet, and information on how to submit required assignments.

#### **How do I know where to go on my first day of the rotation?**

Students usually are sent an email from the clinical site. If a student does not receive this first day instructions email prior to the Thursday before the rotation, the student should reach out to the site coordinator/director to close the loop *no later than the Thursday before the clerkship start date*. All students are provided with site coordinators/directors contact information electronically prior to the start of the IM Clerkship, as well as the posted location of electronic detailed site information forms.

#### **How do I study for the shelf exam when I am working long hours?**

Students are encouraged to study in the afternoons while on wards, when waiting for admissions. This is prime study time, as waiting until the end of the day may not work for some days. Being prepared with on-the-fly flash cards, question banks, a textbook, etc. can really add up to quality study time, using 30-minute time increments a few times a day. This can add up to a 5-hour study session by the end of the week.

#### **Why is night float required at some sites? What is there to learn at night when I'm tired?**

A lot of learning occurs during night float! You have the opportunity to practice your H&P skills on new patients, more so than during the day at some sites. You also get to practice thinking through the “undifferentiated” patient – creating a differential diagnosis, narrowing down the DDx into the 1-2 most likely diagnoses, and deciding on a diagnostic & initial management plan. This is a great chance to “stretch” your knowledge and skills. In addition to the patients you admit, you will learn from other patients being admitted by your team and from participating in cross-cover pages on established patients who have issues arise overnight. Stay involved with these patients also by discussing them with your team.

#### **Do I need to ask more than 1 attending each sub-block to complete an EOR assessment?**

Students may request an EOR assessment from more than 1 attending per sub-block; however, this is not required. If you have predominantly worked with one attending, then asking for an EOR assessment from someone who has not worked with you enough may not be to your advantage. Consider the minimum amount of time that should guide your decision as to who you should choose as an assessor, i.e., working with someone for 5 clinical days.

#### **How is my grade calculated when I received two assessments from one site?**

All assessments, regardless of site, are averaged equally at the end. For instance, if you have 2 assessments from one site and 1 from another site, all three assessments are averaged equally at the end of the clerkship, with no sub-block averages.

#### **If I ask for 4 assessors/EOR evaluations, will all assessments be used to calculate my clinical score?**

Only assessments received by the deadline for grades will be used. If a student has the minimum number of assessments required to calculate their clinical grade, assessments that are not received by the LCME deadline for grades will not be considered.

## **Section B – Clerkship Policy and Resources**

### **General Information**

Prerequisites: All students must successfully pass all pre-clerkship courses\* to progress to the third year and must have taken USMLE Step 1. Link to policies:

[Enrollment, Sequencing and Grading for Pre-Clerkships Policy](#)

[United States Medical Licensing Examination \(USMLE\) Timing and Failure Policy](#)

Students are responsible for their own transportation to and from, and parking fees at clinical sites as indicated in the [Clinical Site Placement and Transportation Policy](#).

### **Learning Environment Office**

The [Learning Environment Office](#) (LEO) provides guidance, support, and information to students on professionalism issues and challenges they may face in the learning environment. The LEO supports students in the development of strong, positive professional practices with peers, faculty, patients and the broader community through effective communication and conflict management.

- Professionalism concerns may be reported directly to the course\* director, the LEO liaisons or in the student evaluations of the clerkship, site, and faculty, which links to the LEO form.
- The [Learning Environment Feedback Form](#) is an online mechanism for students to report any concerns, including those about supervision, across the four-year curriculum. This mechanism ensures confidentiality and is collected directly by the LEO and allows the student to track their report through the process to action.
- A professionalism lanyard card with a LEO QR code for direct, real-time reporting of exemplary examples of professionalism or concerning professionalism/mistreatment behaviors has been distributed to each student.



The University of Arizona College of Medicine – Phoenix (COM-P) is committed to creating and maintaining an environment free of discrimination, harassment, and retaliation that is unlawful or prohibited by university policy. Please see the [Reporting Mistreatment or Harassment of Medical Students Policy](#), the [Anti-Harassment and Nondiscrimination Policy](#) and the [Professionalism Policy](#) for additional information. In addition, professional attributes are expected of all students. These attributes are within the [Teacher Learner Compact Policy](#).

Course\* refers to any component of the curriculum where a grade is earned.

### **Educational Program Objectives**

The Educational Program Objectives (EPO) are competencies and measurable objectives by which attainment of each can be assessed. The full text of COM-P EPO's can be accessed in the [Educational Program Objectives Policy](#) and requires dissemination as noted in the [Orientation to EPOs and Curricular Unit Objectives Policy](#).

In addition to EPOs, the clerkship objectives are closely tied to student learning outcomes. COM-P measures these outcomes both quantitatively (via National Board of Medical Examiners [NBME] shelf exams) and qualitatively (via behavioral competency assessments).

## Attendance Requirements

All clerkship experiences are mandatory, and any absence must be recorded via the absence tracking system. To submit an absence request please use [Formsite](#).

Excused absences will be remediated with make up clinical shifts when possible, or as deemed appropriate by the clerkship director and are not to exceed 0.5 days per week on average. Exceptions to this may be considered in consultation with the clerkship director and the dean, student affairs/or designee. Please see link to the following policies:

- [Years 3 and 4 Attendance and Absence Policy](#)
- [Leave of Absence Policy](#)

## Required Clinical Experiences: Procedures and Diagnosis (Px/Dx) Additional Information

COM-P, in accordance with the [Core Clinical Skills Observation Policy](#), monitors and tracks the types of patients and clinical conditions that medical students must encounter, so as to remedy any identified gaps in patients, Px or Dx across clinical sites. Details of supervision expectations for student clinical encounters can be reviewed in the [Faculty Supervision of Medical Students in Clinical Learning Situations Policy](#) and the [Faculty Supervision of Sensitive Physical Examination Policy](#). Procedures and clinical conditions will be recorded in the student's Px/Dx log and reviewed with the site or clerkship director at the mid-clerkship and end of clerkship review.

All highlighted Px/Dx on the [Global Px/Dx](#) list, and demarcated on each individual clerkship's syllabus, must be encountered on the designated clerkship, even if also encountered on previous clerkships.

Across the third year, students must encounter the assigned clinical conditions, diagnoses, and procedures at the indicated level of student responsibility. The standardized levels of student responsibility include the following:

1. **Observe and discuss:** observing the key elements of care (e.g., physical exam, procedure, etc.) as they are performed by another member of the team and discussing the case, condition, and relevant clinical aspects with the team.
2. **Actively participate in care:** observing and discussing, but also indicates increased active responsibility for the patient, such as performing a physical exam and workup, entering progress notes or history and physicals (H&Ps), presenting the patient on rounds, scrubbing into a case, and/or counseling or discussing prevention with the patient.
3. **Perform procedure:** actively participate in care and is additionally defined as the student performing the procedure with supervision.

**To best prepare for the NBME shelf exams and your future career in medicine, the following scaffolding outlines the minimum understanding of each Px and each Dx. In the spirit of self-directed learning, your approach to mastery of each component is up to you.**

### List for each Px

1. Explain the anatomy and pathophysiology related to the Px
2. Define relevant pharmacology to the Px
3. Summarize the informed consent process (including risks, benefits, indications, and alternatives) for the Px
4. Compare associated imaging modalities for the Px
5. Analyze potential complications and prevention or management strategies for the Px
6. Understand post procedural care, patient education, and anticipatory guidance for the Px
7. THEME: Reflect upon the assigned theme objective related to Px

### List for each Dx

1. Define the key epidemiological characteristics of Dx
2. List the risk factors for acquiring Dx
3. Describe the pathophysiology of Dx
4. Create a differential diagnosis algorithm for Dx
5. Develop and initiate an effective treatment plan for Dx

6. Obtain a relevant history and physical examination for Dx
7. THEME: Reflect upon the assigned theme objective related to each Dx

## Assessment Process

### Formative Assessments

Any significant deficiencies or concerns should be communicated by the faculty to the clerkship and/or site director with written documentation that the feedback has been provided to the student. If deficiencies or problematic issues are noted late in the clerkship, timely feedback will be given by an assessor to offer the student the opportunity to improve. Ideally this should have occurred prior to assigning a score of <2.0 on an EPO. The clerkship director maintains the ability to assign a summative Level 1 for an egregious action even late in a clerkship.

### Mid-Clerkship Formative Assessment

A mid-clerkship formative assessment for each student is required as per the [Competency Assessment Policy](#). The mid-clerkship formative assessment will be completed by the clerkship director, site director, or a designated faculty member at the student's primary clinical site using COM-P mid-clerkship formative assessment form. The mid-clerkship formative assessment form is distributed through myTIPreport. The PRIME+ form will serve as the mid-clerkship formative assessment. The student's mid-clerkship performance will be reviewed by the clerkship director, and a one-on-one meeting will occur between the student and the clerkship director to review mid-clerkship feedback.

### Summative Assessment

COM-P has internal deadlines for the summative assessment forms to ensure the LCME 6-week requirement is met. The end-of-rotation (EOR) form is to be completed by the faculty within two weeks of the rotation ending. This will allow clerkship directors to complete the final grades as close to the four-week mark as possible. All EOR assessment forms and the clerkship final grade form can be viewed by students in one45 six weeks after the end of the clerkship according to the [Final Grades Reporting Timeline Policy](#) in accordance with the LCME.

### NBME Shelf Exam

The NBME shelf exam is an objective summative assessment associated with each clerkship. The NBME shelf exam will be offered twice at the end of the clerkship, the afternoon of the last Friday or Sunday immediately following the clerkship allowing for personalization and flexibility. Students must inform the Office of Assessment and Evaluation of which shelf exam offering they are requesting by 8 am on the final Wednesday of the clerkship. Students who do not submit the form via [Sign Up Genius](#) requesting an exam will automatically be scheduled for a Sunday afternoon shelf exam.

In case of unexpected illness or circumstance, if student is unable to sit for the NBME shelf exam as scheduled, or if technical issues arise during the examination, student should notify the exam team immediately and will work with the associate dean, clinical and competency based education and the exam team on scheduling a retake during adjacent Personal Professional Development (PPD).

### What to do if an assessor is not listed in one45 or myTIPreport

Contact the COM-P coordinator ([PBC-Evaluation@arizona.edu](mailto:PBC-Evaluation@arizona.edu)) and the clerkship director.

### Conflict of Interest

It should be noted that faculty at COM-P who are family members of the student, have a personal relationship with the student, or are/have been health service providers of the student, may not be involved in the academic assessment or promotion of the medical student as described in the [Conflict of Interest - Physician-Student Personal Relationship Policy](#) and the [Conflict of Interest - Physician-Student Health Services Relationship Policy](#).

### Standardized Grading Process

The final clerkship grade will be determined by the clerkship director using the composite score (consisting of clinical score, exam score, "other" score) and additional criteria for grading approved by the Curriculum Committee (explained further in the "Calculating the Final Grade" section below). The final clerkship grade will be divided into four categories: Honors, High

Pass, Pass, or Fail (H, HP, P, F). Details regarding grading in the clerkships are provided in the [Grading and Progression for Clerkships and Selectives Policy](#). Below is a listing of the components of the composite score:

1. **Clinical Score:** the clinical score accounts for 50% of the composite score and serves as the qualifier for the overall grade. The clinical score is calculated through assessment of student performance within each individual EPO. When more than one EOR form is submitted for a student, the final EPO score is determined by averaging the scores on the EOR assessment for each EPO. The clerkship director will ensure that an adequate amount of information is available prior to calculating the clinical score, which may include incorporating feedback from narrative formative feedback tools, preceptor feedback, and/or additional requested comments from faculty. After grades are submitted, no further information will be sought, nor will additional assessments be accepted.
2. **Exam Score:** the NBME shelf exam score accounts for 30% of the composite score. A student who fails the shelf examination is given the opportunity to complete a one-time retake examination (see [Examination Retake for Course, Clerkship, and Year 4 Observed Structured Clinical Examination \(OSCE\) Policy](#).) If successful on the shelf retake, a final grade no higher than "Pass" can be earned for the clerkship. (See [Grading and Progression for Clerkships and Selectives Policy](#) for additional details.)
3. **Required Activities/"Other":** the required activities/"other" score accounts for 20% of the composite score. It is the point total for the other observable learning activities specific to the clerkship. Students must attain a minimum 60% of these points to pass the clerkship.

*Each component of the grade, including the composite score, will be rounded to the hundredths place except for the NBME shelf exam, which is a round number.*

#### **Calculating the Final Grade**

See the clerkship-specific (section A) of the syllabus.

#### **Additional Grading Criteria**

1. To obtain a final grade of Honors a student must achieve a clinical score of Honors in addition to a composite score of Honors and a shelf exam score of at least High Pass.
2. To obtain a final grade of High Pass a student must achieve a composite score that meets the cut off for High Pass and at a minimum a clinical score of High Pass.
3. Failure of the shelf exam on both initial and one retake attempt results in Failure of the clerkship and necessitates repeat of clerkship in its entirety.

A Level 1, 1.5, 2, 2.5 or 3 is generated for each EPO based on the scale below as described in detail in the [Competency Assessment Policy](#).

**Level 1** - Failure to meet even minimal expectations; the only grade that is appealable and the only grade that is tracked via advisor/dean, student affairs/Student Progress Committee

**Level 1.5** - Acquiring necessary skills/behaviors to meet expectations

**Level 2** - Meeting expectations

**Level 2.5** - Acquiring skills/behaviors to exceed expectations

**Level 3** - Exceeding expectations

For the purpose of assessment in the clinical years, an individual EPO rating of Level 1.5 will not be considered a Level 1 as defined in the [Competency Assessment Policy](#).

A final summative Level 1 can be generated for an EPO based on the following ways:

- a) If two or more separate faculty raters assign a rating of Level 1 on the same individual EPO on an EOR form, this will result in a Level 1 regardless of the average score.
- b) Assigned by the clerkship director based on prolonged demonstration of performance not meeting expectations, a substantial incident, extreme behavior, or other events that warrant the summative Level 1 as determined by the clerkship director.



### **Narrative Feedback**

The clerkship final grade form has two separate areas which include narrative feedback. The first area includes formative comments from the EOR forms (these are not included in the Dean's Letter/Medical Student Performance Evaluation [MSPE]). The second area includes formalized summative comments which will be included in the Dean's Letter. The summative final comments are generally not a direct "cut and paste" but rather a sample summary determined by the clerkship director. The clerkship director has the discretion to include or not include comments based on their interpretation of which comments best summarize the student's performance over the entirety of the clerkship. Students are not permitted to select specific comments to be included or excluded in their narrative grade form. Students do not grade or summarize their own performance. Any concerns regarding narrative comments may be addressed to the clerkship director, dean, clinical curriculum/or designee or dean, student affairs/or designee (see the [Student Progress Committee Procedures and Process for Dismissal Policy](#) for more information).

### **Required Student Evaluation**

Assigned student evaluation of the clerkship, sites, and didactics is required. The student must complete evaluations online in the required time frame. All comments will be expected to model constructive feedback using the W3 model and must contain references and comments to specific behaviors and/or events (positive or negative).

If the student does not complete the required assigned evaluations within one week after the end of the clerkship, the student will be assigned a formative Level 1 for the EPO targeting "giving and receiving constructive feedback" and will be required to submit the missing evaluation data in narrative form within the second week after the clerkship.

Once the student has successfully submitted their evaluation in narrative form within the second week after the clerkship the student will have successfully demonstrated meeting expectations in professionalism.

If the student has not successfully submitted their evaluation in narrative form within the second week after the clerkship the student will be considered as having not met expectations and a summative Level 1 rating for the EPO targeting "giving and receiving constructive feedback" will be automatically assigned. The Office of Assessment and Evaluation will track this and report to the clerkship director.

For more information, see the [Assessment and Evaluation of Students, Faculty and Curriculum Policy](#).

### **Deadline Compliance**

The following must be completed as part of the clerkship requirements.

1. Duty hour logging is due at the end of the rotation by **Sunday at 11:59pm**. See the [Duty Hours Policy](#) for specifics regarding duty hour limits, documentation of hours, and a FAQ section.
2. Required Px/Dx logging is due at the end of the rotation by **Sunday at 11:59pm**.

#### **NOTE**

- **A formative Level 1** will be given if the duty hour or Px/Dx log requirement is not completed by the end of the rotation **Sunday at 11:59pm**. The student will have until Tuesday at 11:59pm following the conclusion of the clerkship to remediate the duty hour or Px/Dx logging requirement. All logs must be completed accurately.
- **A summative Level 1** will be given for any failure to properly complete the duty hour or Px/Dx log requirement by **Tuesday at 11:59pm** following the completion of the clerkship. **A grade of Incomplete** will be given until requirements are met.
- The Level 1 will be on a single professionalism EPO related to accountability. Compliance with these deadlines will be determined by the clinical and competency based education (CCBE) team and reported to the Office of Assessment and Evaluation.
- A summative Level 1 will be taken into account as part of a comprehensive assessment and final grade. All summative, or "final" Level 1 ratings are tracked by the Office of Assessment and Evaluation in collaboration with the Office of Student Affairs. Cumulative Level ratings are retained throughout the student's enrollment. See [Competency Assessment Policy](#).

3. Completion of the mid-clerkship feedback forms (PRIME+) (see the [Competency Assessment Policy](#)).
4. Completion of assigned site, faculty, and end of the clerkship evaluations (see the [Assessment and Evaluation of Students, Faculty and Curriculum Policy](#)).

## Additional Resources

### Rural Health Professions Program

Students scheduled for rural rotations must complete required documents and attend a rural rotation orientation. Housing expenses are supported by the Rural Health Professions Program (RHPP) and funded by [Arizona Area Health Education Centers](#) (AzaHEC). Students are responsible for damages and incidental charges. Housing options vary depending on rotation location. In most cases, it is pre-arranged by RHPP staff; in others, the preceptor or health center hosting the student provides housing (occasionally in the home of the faculty). Occasionally, students are asked to make their own arrangements. At times, housing options are limited and may require sharing common areas and bathrooms with other students. Individualized accommodation requests cannot be guaranteed, therefore flexibility and a resilient attitude regarding housing are key to having a great experience. Once housing has been secured, changes are generally not allowed less than six weeks prior to the rotation. In addition to housing, AzaHEC also funds one round trip to and from the rural site and a small stipend applied to the student's bursar's account.

Contact Information: Director, RHPP - Jonathan Cartsonis, MD  
Email: [jcartsonis@arizona.edu](mailto:jcartsonis@arizona.edu), Phone: 602-684-0598

### Urgent/Emergent Health Care Services

#### On-Campus and in the Immediate Phoenix Area

Students can access the list of local healthcare services on the COM-P [website](#). Students are given a rectangular card that contains a list of emergency contact numbers and local healthcare service addresses and phone numbers. This card is placed in their identification holder along with a COM-P identification badge to allow easy access to healthcare information while at instructional sites. All information is also accessible on the wellness website at [wellness.arizona.edu](http://wellness.arizona.edu).

For a list of emergency contact numbers please visit the COM-P website at the following link: [Security - Emergency Numbers](#)

#### Off-Campus Outside of the Metro Phoenix Area

Students who are in need of urgent/emergent healthcare services, or other healthcare services, while on a remote/rural rotation can find healthcare resources on the site description website: [Clerkship Resources](#)

Students may also contact the dean, student affairs or dean, clinical curriculum/or designees.

All sites are assessed for student safety. Details of this assessment are included in the [Training Site Safety Policy](#). Faculty shall not provide health services for students if they are directly involved in the assessment of the students; however, in the event of an emergency, faculty should perform services to stabilize a student until the appropriate transfer of care can occur. Please see the [Conflict of Interest - Physician-Student Health Services Relationship Policy](#).

COM-P requires that all students have an updated immunization record. Please see the [Immunization and Health Screening Policy](#) for details regarding the contents of the record.

In the event of any exposure to blood/bodily fluids through needle stick, inhalation, mucus membrane or skin exposure, or percutaneously, students must follow the required procedures as indicated in the [Student Exposure to Potentially Infectious Agents and/or Hazardous Materials Policy](#), with steps also outlined on the student occupational exposure procedure card that each student receives at the beginning of their clerkship year.

### **Expectations for Mobile Communication**

The student must always be reachable during usual extended work hours and on-call hours, and if in a clinical setting, the student should respond within 15 minutes. Most students opt to provide their mobile number for texts; however, the pager and/or voice capability of the cell phone must be functional and available i.e., on the student's person for calls/pages daily. Not responding to calls or pages will be viewed as a deficit in *interpersonal skills and communication*, as well as *professionalism*. This may be reflected in the student's overall assessment (grade). Students who are unable or unwilling to utilize their personal mobile device while in their clinical rotation should reach out to the dean of student affairs/or designee to discuss alternatives.

### **Accessibility and Accommodations**

The University of Arizona strives to make learning experiences as accessible as possible. If there is anticipation or experience of barriers based on disability or pregnancy, please contact the disability resource center (520-621-3268, <https://drc.arizona.edu/>) to establish reasonable accommodations.

### **one45: Curriculum Management System**

one45 is the curricular management system used to manage evaluations, EOR assessments, final grade forms, and may be used to access learning materials and schedules. In clerkships using only one45 for learning materials, general information about the clerkship rotations, such as syllabi, site information, learning objectives, materials for didactic sessions, links, etc. will be attached as handouts to each clerkship "course" under handouts and links within one45. one45 can be accessed at the web address: [one45](#).

Clerkships additionally using D2L may house this information through the D2L clerkship page. D2L can be accessed at the web address: [D2L](#)

Assessments are collected via one45, and automatic emails are sent to the attendings with instructions and reminders to complete. A list of pending and completed assessments can be reviewed in one45, if applicable. Students will use OASIS to log observed Px/Dx at clinical sites and duty hours. Students can use their smartphones to make log entries on-the-go, if allowed by site policy where the student is rotating.

### **OASIS: Course Schedule**

COM-P uses a web-based scheduling system, OASIS. OASIS maintains site information, student schedules, course catalog, and various other details that are pertinent to the clinical rotations. OASIS has detailed, up to the minute course information and allows students to request schedule changes. All students will use this resource for any scheduling purpose throughout their 3rd and 4th year of clinical rotations. OASIS can be accessed on the web address: [OASIS](#)

### **myTIPreport Formative Assessment Application**

myTIPreport is an application (app) used by COM-P to collect formative assessments and EOR student self-assessment/reflection for the clerkship rotations. myTIPreport can be accessed via the app and at the web address: [myTIPreport](#)

Formative assessments are collected via myTIPreport, and automatic emails are sent to faculty, fellows, or residents with instructions and reminders to complete. A list of pending and completed assessments can be reviewed in myTIPreport.

### **Student Use of University Sponsored Educational Material**

Statement of copyrighted materials: All lecture notes, lectures, study guides and other course materials (besides the required reading) disseminated by the instructor to the students, whether in class or online, are original materials and reflect the intellectual property of the instructor or author of those works. All readings, study guides, lecture notes, and handouts are intended for individual use by students. These materials may not be distributed or reproduced for commercial purposes without the express consent of the instructor. Students who sell or distribute these materials for any use other than their own are in violation of the [Arizona Board of Regents Intellectual Property Policy](#). Violations of the instructors' copyright may result in course sanctions and violate the Code of Academic Integrity.

**Use of Video Recordings of Students**

Recordings of certain simulation activities, by the University of Arizona College of Medicine-Phoenix, for the purposes of academic assessment are required and students may not opt-out. These videos and/or audio recordings are a part of the educational record, and subject to the privacy provisions under the Family Educational Rights and Privacy Act (FERPA). If you have questions regarding the video recording of classroom simulations, please contact the Office of Clinical Curriculum for Years 3 and 4.

**Student Code of Conduct**

Medical students are required to follow the policies and codes of conduct governing all students at the University of Arizona. In addition, medical students are also bound by the COM-P [Code of Conduct and Procedures for the Honor Code](#) Committee.

COM-P recognizes the existence of generative artificial intelligence (AI) tools (e.g., ChatGPT & Grammarly) and the educational benefits they can provide when used ethically. It is imperative any use of generative AI is appropriately disclosed and referenced (e.g., APA, Chicago, MLA). Use of generative AI without citation is considered a form of plagiarism and therefore a breach of Academic Integrity. Students are advised to review assignment instructions for specific guidelines concerning the use of generative AI.

COM-P requires medical students to abide by the professional standards required of physicians under Arizona law students must also abide by A.R.S 32-1401, et.seq. which can be accessed at: <http://www.azleg.gov/arsDetail/?title=32>