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Welcome to the Internal Medicine Clerkship. This clerkship is designed to expose students to in-patient and ambulatory experiences that will serve as a foundation throughout their professional lives as physicians.

The focus of this experience will be on developing an understanding of basic and clinical science. During the next twelve weeks students will be challenged in areas of medical knowledge; patient care; interpersonal and communication skills; professionalism; critical appraisal and quality improvement; and societal awareness and responsiveness.

The Internal Medicine Clerkship will encompass activities in several subspecialty areas. While students may not master all of Medicine by the end of this clerkship, students are expected to achieve a level of responsibility in the in-patient and ambulatory setting appropriate for a third year clerk including independent data gathering, critical assessment of the data, and communication of data to other health professionals.

Faculty members and College of Medicine staff are committed to providing an exceptional education experience and are dedicated to student success. We look forward to working with you and supporting you during your clerkship experience.

Tina Younger, M.D.
Internal Medicine Clerkship Director
Internal Medicine Clerkship Organization and Description

The Internal Medicine Clerkship is a 12-week rotation consisting of experiences in both the inpatient and ambulatory settings. Students will encounter a full range of experiences to include, preventative care, acute and chronic illness, and palliative/end of life care for the adult patient. While on the inpatient ward services, students will have the opportunity to work as part of the primary team while coordinating with subspecialist, and interdisciplinary allied health professionals. While on the outpatient students will be part of primary care which focuses on prevention and chronic illness management, and be exposed to subspecialty clinics and a hospice experience.

Students will spend their time in three 4-week sub-blocks, two of which are inpatient and one outpatient. For Rural Health students, (RHP) the Clerkship will include, one 6 week inpatient block, and one 6 week block in the rural health setting.

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Internal Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tina Younger, MD</td>
<td>Dr. Tina Younger, MD obtained her medical degree at the University of Arizona College of Medicine Tucson. She is board certified in Internal Medicine and Pediatrics. Dr. Younger is currently licensed to practice medicine in Arizona. She is an Assistant Professor at University of Arizona College of Medicine.</td>
</tr>
<tr>
<td>Patricia Rodriguez, MS</td>
<td>Matt Stelling, BS</td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td>Internal Medicine Clerkship Point</td>
<td>Didactics and Interactive Learning</td>
</tr>
<tr>
<td>Contact and Academic Scheduling</td>
<td>602-827-2243</td>
</tr>
<tr>
<td>602-827-8178</td>
<td><a href="mailto:mbstelli@email.arizona.edu">mbstelli@email.arizona.edu</a></td>
</tr>
<tr>
<td><a href="mailto:aprodrig@email.arizona.edu">aprodrig@email.arizona.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

Length | Twelve-week rotation – with 8 weeks on inpatient and 4 weeks on outpatient |
Educational Program Objectives

As approved by the general faculty, the Educational Policy Committee has established educational program objectives for the program leading to the M.D. degree. The Educational Program Objectives are comprised of competencies and the measurable objectives by which attainment of each competency can be assessed. The full text of the University of Arizona, College of Medicine – Phoenix Educational Program Objectives (EPO) can be accessed at [http://phoenixmed.arizona.edu/students/curriculum/educational-program-objectives](http://phoenixmed.arizona.edu/students/curriculum/educational-program-objectives) and require dissemination as noted in the Orientation to EPOs and Course Objectives Policy.

Internal Medicine Clerkship Objectives

1. Obtain appropriate histories and perform skillful, comprehensive and accurate patient examinations. Perform both a complete and an organ system examination. Demonstrate comprehensive and focused presentations (oral and written).
2. Interpret results and (perform/observe) commonly used diagnostic procedures. Define, describe, and discuss key indications, contraindications, risks to patients and health care providers, benefits, and techniques for basic procedures.
3. Reason deductively in solving clinical problems to formulate a differential diagnosis based on the findings from the history and physical examination.
4. Provide appropriate care to diverse patients in multiple practice settings.
5. Effectively analyze, evaluate, and synthesize information to provide effective, evidence-based patient care.
6. Using probability-based thinking and pattern recognition to identify the most likely diagnosis, and select the diagnostic studies with the greatest likelihood of providing useful results at a reasonable cost.
7. Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions, Consider factors (diversity) in choosing among treatment options and selecting medications.
8. Discuss information resources for determining treatment options for patients with common medical problems.
9. Recognize patients with immediate life threatening conditions regardless of etiology and institute appropriate initial therapy.
10. Consider methods of monitoring patients’ response to treatment and therapy.
11. Effectively work/collaborate with health care professionals, including those from other disciplines to provide patient focused care.
12. Demonstrate knowledge of the normal and abnormal structure and function of the body as a whole, and of each organ system, in disease and over the lifespan.
13. Apply problem solving and critical thinking skills to the basic sciences with application to clinical medicine.
14 Demonstrate knowledge for therapeutic interventions, treatments, outcomes, and prevention to specific disease processes.
15 Define, describe, and discuss how patients’ and physicians’ perceptions, preferences, and actions are affected by cultural and psychosocial factors and how these factors affect the doctor-patient relationship.
16 Demonstrate medical knowledge with sensitivity to biological differences and needs in patients.
17 Define, describe, and discuss basic ethical principles of the medical profession.
18 Recognize own limitations, admit error, and improve behavior by seeking improvements in their knowledge and skills when provided with constructive feedback.
19 Incorporate the patient’s perspective into diagnostic decision making.
20 Demonstrate effective verbal and non-verbal skills to effectively communicate with and educate the patient.
21 Prepare legible, comprehensive, and focused new patient workups.
22 Address preventive health care issues with patients and encourage them to share responsibility for their own health promotion and disease prevention.
23 Demonstrate the ability to encourage patient’s health and wellness through appropriate patient education.
24 Demonstrate commitment to carrying out professional responsibilities, adhering to ethical principles and demonstrating sensitivity and compassion to diverse patient populations.
25 Demonstrate altruism, honesty, and respect for patients’ privacy and for the dignity of patients as persons.
26 Show integrity and accountability in all interactions with patients, their families and professional colleagues.
27 Demonstrate responsiveness to the needs of patients that supersedes self-interest while balancing the need for self-care.
28 Work collaboratively with the health care team, and acknowledge and respect the roles of other health professionals.
29 Maintain a teachable attitude, including giving and receiving constructive feedback, being present and accountable, prepared and engaged.
30 Advocate for improving access to care for everyone.
31 THM - Discuss the implication of “self-inflicted illness (e.g., smoking) on patients sense of self. Appreciate the implications and potential resultant barriers to care.
32 THM - Identify ways serious illness could affect a patient’s state of mind and recognize, in turn, how patient attitude might impact communication with the provider.
33 THM - Discuss the implication of “self-inflicted illness (e.g., smoking) on physician’s attitude toward a patient with chronic illness. Appreciate the role of personal biases and how attitude (either subtle or overt) can impact the doctor-patient relationship.
34 THM - Generate strategies for effectively management of affectively charged patient interactions.
35 THM - Demonstrate appreciation of, and respect for, the unique contribution of all members of the interprofessional team. Identify techniques to enhance respectful communication between all team members.

Clerkship Attendance Requirements

A student may not miss more than 0.5 days per week of a rotation due to illness or emergency. A longer absence must be remediated in consultation with the Clerkship Director and Academic Affairs or the rotation must be repeated. Please see the Attendance and Absence-Year 3 and 4 Policy, the Leave of Absence Policy and the Attendance Expectations and Absence Reporting Requirements Policy.
Didactics/Interactive Learning Sessions

Academic Half-day – Tuesday afternoons. (See Didactic schedule provided in Orientation.)
All sessions are mandatory.

Class Presentation
Students will participate in a ‘flipped-classroom’ model for a portion of their didactic afternoons. A topic list will be distributed at the beginning of the clerkship for students to sign-up.

Clinical Site Requirements

Call Schedule:
All students are expected to take call. The call schedule varies according to the site. Students are not required to take overnight call, but are required to stay until the call team leaves. Some schedules have a week of nights that are shift based.

Dress Code:
Professional attire is expected when you are interacting with patients in the inpatient and outpatient clinical setting. Examples of appropriate dress include trousers and a button-down shirt for men and slacks/skirt and a blouse for women. White coats and name badges are expected in both the inpatient and outpatient setting. Scrubs are acceptable when on call with a white coat. Closed toe shoes are necessary for your protection.

Professionalism and Privacy Practices Issues:
Use of cell phones and other electronic devices should be used appropriately. Photographs of patients are not permitted without express, written permission. When in lectures, clinics, rounds and other learning environments, please pay attention and limit the use of these devices.
You are responsible for learning the Privacy Practices for each site you work at. The attending and/or site coordinator will be familiar with these and can provide guidance. Always keep HIPPA in mind and observe all policies and practices.

History & Physical
Please see complete description in Chapter 6 under grading/"other".

Clinical Evaluation Exercise:
This is an observational experience where the student will be required to have a faculty member/attending observe an encounter with a patient. The history and physical examination are observed by the faculty and rated as satisfactory or unsatisfactory for the following areas: medical knowledge; physical examination skills; interpersonal communication; procedural skills; professionalism; organization/efficiency; ability to evaluate their own performance; overall clinical competence.
Three are required for the clerkship.

Oral Presentation Skill (OPS)
A faculty member will give feedback to the student regarding their oral presentation of a patient on rounds or in clinic.
Three are required for the clerkship. (One per Sub-Block, RHPP students see a modified schedule.)

| Websites                                                                 | www.med-u.org/simple
|                                                                         | New England Journal of Medicine - Free access through library [www.ahsl.arizona.edu](http://www.ahsl.arizona.edu)
|                                                                         | See further references on One45

### Additional Requirements
- Procedure and Diagnosis Logging in One45
- Duty Hours Logging in One45

### Required and Suggested Reading

#### Required Text:
1. *Internal Medicine Essentials Text, A Medical Knowledge Self-Assessment Program (MKSAP) for Students.* Philip A. Masters. 2015, American College of Physicians
2. *Internal Medicine Essentials Questions, A Medical Knowledge Self-Assessment Program (MKSAP) for Students.* Philip A. Masters., 2015, American College of Physicians

#### Optional Text:
1. *Step up to Medicine.* Steven Agabegi. 2015, Lippincott, Williams & Wilkins, Baltimore, MD

### Required Clinical Experience Logs

A system has been established at the UA COM-P to specify the types of patients or clinical conditions that medical students must encounter and to monitor and verify the medical students' experiences with patients so as to remedy any identified gaps as detailed in the [Core Clinical Skills Observation Policy](#). For this clerkship, medical students must encounter the following types of patients and clinical conditions and indicate the level of student responsibility.

The standardized levels of student responsibility include the following:

1. **Observe and Discuss:** This may include observing another member of the team interview a patient, perform a procedure or physical exam, etc. and discussion of the case, condition or other relevant components.
2. **Actively Participate in Care:** This category indicates more active responsibility for the patient, such as performing a physical exam and workup, entering progress notes or H&Ps, presenting the patient on rounds, as scrubbing into a case or counseling or discussing prevention with the patient.
3. **Perform Procedure:** This is defined as the student performing the procedure with supervision.

Please review the [Faculty Supervision of Medical Students in Clinical Learning Situations Policy](#) and the [Faculty Supervision of Sensitive Physical Examination Policy](#). The procedures and clinical conditions will
be recorded in the student’s “Procedure Logs” and reviewed with the site or clerkship director at the mid-clerkship review.

<table>
<thead>
<tr>
<th>Required Diagnoses</th>
<th>Clinical Setting</th>
<th>Level of Student Responsibility</th>
<th>Alternative Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Cases 9, 10 or 12</td>
</tr>
<tr>
<td>Altered Mental Status</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Cases 18, 25, 26, or 33</td>
</tr>
<tr>
<td>Anemia</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 19</td>
</tr>
<tr>
<td>Back pain</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 34</td>
</tr>
<tr>
<td>Cancer</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 27</td>
</tr>
<tr>
<td>Chest pain</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 1 or 2</td>
</tr>
<tr>
<td>COPD</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 28</td>
</tr>
<tr>
<td>Cough</td>
<td>Outpatient</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 15 or 22</td>
</tr>
<tr>
<td>Depression</td>
<td>Outpatient</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 5</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 7 or 8</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>Outpatient</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 16</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 28</td>
</tr>
<tr>
<td>Fever</td>
<td>Inpatient</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 29 or 35</td>
</tr>
<tr>
<td>Fluid/electrolyte/acid base disorder</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 25</td>
</tr>
<tr>
<td>Gastrointestinal Bleeding - upper or lower</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 10</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 4</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Outpatient</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 6</td>
</tr>
<tr>
<td>Immunosuppressed</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 20</td>
</tr>
<tr>
<td>Rheumatologic or autoimmune condition</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 32</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 11 or 36</td>
</tr>
<tr>
<td>Nosocomial infection</td>
<td>Inpatient</td>
<td>Actively participate in care</td>
<td>UpToDate - General principles of infection control</td>
</tr>
<tr>
<td>Obesity</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 16</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 22</td>
</tr>
<tr>
<td>Renal failure - acute or chronic</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 23 or 33</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>Outpatient</td>
<td>Actively participate in care</td>
<td>UpToDate - Overview of smoking cessation management in adults</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 26</td>
</tr>
<tr>
<td>Deep venous thrombosis/venous thromboembolism</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required Procedures</th>
<th>Clinical Setting</th>
<th>Level of Student Responsibility</th>
<th>Alternative Experience/Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABG Interpretation</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>UpToDate: Simple and mixed acid-base Disorders</td>
</tr>
<tr>
<td>Chest x-ray interpretation</td>
<td>Either</td>
<td>perform procedure</td>
<td>Complete tutorial: <a href="http://www.mc.uky.edu/education/images/flash/chestnew.swf">http://www.mc.uky.edu/education/images/flash/chestnew.swf</a></td>
</tr>
</tbody>
</table>
**ECG Interpretation** Either perform procedure Attendance at ECG didactic sessions is required.

**Heart Sound Interpretation** Either Actively participate in care Complete systolic and diastolic sections on: www.wilkes.med.ucla.edu

**History and Physical Exam** Either Actively participate in care This is a required activity. Speak with Clerkship Director.

**Obtain informed consent** Either observe and discuss UpToDate: Informed Consent

**Paracentesis** Inpatient Simulation NEJM Videos in Clinical Medicine - Paracentesis

**Rectal Exam** Either perform procedure Read appropriate section: http://meded.ucsd.edu/clinicalmed/genital.htm

**Thoracentesis** Inpatient Simulation NEJM Videos in Clinical Medicine - Thoracentesis

**Urinalysis interpretation** Either Actively participate in care UpToDate: Urinalysis in the diagnosis of renal disease

*NEJM = New England Journal of Medicine (Free access through library www.ahsl.arizona.edu)*

**SIMPLE:** www.med-u.org/simple

**Alternative Experiences**

Students are expected to meet the required clinical experiences and procedures listed in the tables above. If the student does not encounter all the required clinical experiences as listed within the procedures and diagnoses tables, the student will remedy the gap by completing the alternative experience utilizing the process below:

1. The student will notify the Clerkship Director that an alternative experience is needed for a procedure or diagnoses one week prior to the end of the clerkship.
2. An approved alternative experience/requirement is completed.
3. When logging procedures and diagnoses in One45, the alternative experiences should be identified by selecting the appropriate radio button under Setting and Patient Encounter.

**Didactic/Interactive Learning/Simulation Sessions**

Each learning experience listed below is aligned with one or more EPO for the Internal Medicine Clerkship as indicated within the respective parenthesis.

**Acute Coronary Syndrome / Acute Myocardial Infarction**
**Acute Renal failure**
**Altered Mental status**
**Anemia**
**Common Cancers**
**Chronic Obstructive Pulmonary Disease**
**Chronic Kidney Failure**
**Diabetes**
Simulation Curriculum

4 cases using the high fidelity mannequins and Harvey simulator for heart sounds.

4 Procedural Stations:
- Arthrocentesis
- Eye anatomy and pathology (diabetic, hypertension, glaucoma, papilloedema)
- Harvey Heart Sounds
- Paracentesis
- Thoracentesis

Urgent/Emergent Health Care Services

For a list of emergency contact numbers please visit the College of Medicine’s website at the following link: http://phoenixmed.arizona.edu/security-emergency-numbers

Students may also contact the Associate Dean of Student at 602-827-9997.

All sites are assessed for student safety. Details of this assessment are included in the Training Site Safety Policy, Faculty and Staff shall not provide medical care for students. Please see the Faculty Providing Medical Care for Students Policy and the Faculty Providing Counseling for Students Policy for details and rationale.

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.

Expectations for Mobile Communication

The student must be reachable at all times during usual extended work hours and on-call hours, and if in clinical setting the student should respond within 15 minutes. The students may choose to not provide
their cell phone numbers. In that case, the students will be provided a COM-P pager. Students also have an option to give their mobile number for texts; however, the pager and/or voice portion of the cell phone must still 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.

Accessibility and Accommodations

Disability Resources (DRC) provides support to faculty in creating access for disabled students both through course design and reasonable accommodations. Please contact them or 621-3268 with questions or visit DRC’s website at http://drc.arizona.edu/instructors for information and resources.

It is the University’s goal that learning experiences be as accessible as possible. If the student anticipates or experiences physical or academic barriers based on disability or pregnancy, please contact the Associate Dean of Student Affairs, at 602-827-9997 immediately to discuss options. Students are also welcome to contact Disability Resources at DRC-Info@email.arizona.edu or (520-621-3268) to establish reasonable accommodations. Please review the Disability Resource Policy for additional detail.

Please be aware that the accessible table and chairs in this room should remain available for students who find that standard classroom seating is not usable.

Instructors are encouraged to provide appropriate individual flexibility to all students. When disability-related accommodations are requested, instructors should consult with DRC staff to identify strategies or accommodations to provide access.

DRC staff is available for individual consultation or to attend departmental meetings to address concerns and provide information. Contact DRC-Info@email.arizona.edu or 621-3268.
Clerkship Assessments, Evaluation and Standardized Grading Process

Who does the Mid-clerkship assessment?
Meeting with the clerkship director at week six in person or over telemedicine if in a rural site, to go over all feedback activities (H and P, OPS, CEX), duty hours, pxdx, quizzes, any end of rotation assessments that have been completed. Additionally discuss upcoming case presentation requirements and any concerns of the student. If the clerkship director is unavailable to do this assessment then this responsibility will default to the site director(s).

Who can fill out an end of rotation assessment?
On Internal Medicine, only an attending can fill out the MS3 assessment form for a student. The attending can be from Internal medicine, a chief resident who is acting as the ward attending, an Internal Medicine Specialist, a fellow who is in a supervising attending role. The student selects the attending based on the below criteria.

How much time should a student be supervised by an attending to be able to select them as an assessor?
To ensure adequate exposure to the students work so as to fairly assess the student’s clinical performance, students should choose based on a minimum of 5 consecutive days that they have worked with an attending on inpatient, or 5 sessions in clinic over the course of the outpatient rotation. The goal would be to present a minimum of 10 patients to the attending. It is the student’s responsibility to be carrying 1-3 patients at all times on inpatient, and seeing 2-4 patients per session in clinic.

What to do if the attending is not listed in One45
Contact UA coordinator, Jeremi Smith (jeremismith@email.arizona.edu). Jeremi will confirm the faculty attending information with the site and then have them added to the UA database.

How is the attending notified of the need to do an assessment for a student? See below for responsibilities for communication.
Student responsibility
1. **Select an assessor** in One45 for the current sub-block by the 4th Tuesday of the rotation by noon. This is required to be completed by week 4, 8 and 12. *Students may not delete or add additional assessors once the deadline is passed.* Note: students may only select a maximum of 2 assessors per sub-block. Clerkship Director/or designee reserves the right to open any further assessments that may be needed to assess the student’s performance.

2. **Hand out the green sheet** “going green” (an internal Medicine form given to students at orientation), that alerts the faculty that they will be receiving an email from One45 and what to do if they do not receive that email on how to contact UA.

3. **Schedule a meeting** with your attending (assessor) to go over your evaluation verbally prior to the end of your rotation.

**Attending responsibility**
1. **Meet with the student** prior to the end of the rotation.
2. Contact UA if an assessment from One45 has not been received. (Contact Information on green sheet)
3. **Fill out the assessment online** within 2 weeks of receiving the One45 email.

**UA Clerkship director and coordinator responsibility**
1. **Assign an assessor** for the student if one is not already been assigned by week 4 of the rotation. For all sites, the site director will have an assessment sent to them as the person who will oversee the entire faculty who have worked with the student, and will be responsible for filling out the assessment if insufficient information is obtained from the primary person doing the assessment.
2. **Run a report** on week 4, 8 and 12 to ensure all students have a minimum of 1 assessment per sub-block opened.
3. **Track** the timely completion of assessments and notify the site coordinators/directors if an assessment is past due for assistance in completion of this task.

**Number of Assessments Needed to Calculate Clinical Score**
A minimum of 3 and a maximum of 6 assessments will be used to calculate the clinical score. Students will be required to open one, and maximum of two assessments in One45 for each sub-block. If a student does not choose one assessor by the designated time frame, the student will forfeit the right to identify an assessor and one will be chosen for them by the clerkship director/site director or their designee. This communication process which informs the College of Medicine and the attending that will be doing the assessment is part of the student’s professionalism and communicate grade. Please see the grading section for specific “other” points.

**Calculation of Clinical Score**
The Clerkship Director, prior to calculating the clinical score, will ensure that the minimum number of required assessments are available to calculate the clinical score. Once grades are submitted by the 6 week LCME deadline, no further information will be sought nor will additional assessments be accepted.

**Assessment Process**
A mid-clerkship assessment for each student is required as per the Mid-Clerkship Formative Assessment policy. The mid-clerkship assessment will be completed by the Clerkship Director, site director or a
designated faculty member at the student’s primary clinical site using criteria included in the College of Medicine mid-clerkship assessment form. This form includes performance criteria as well as a portion for narrative comments.

The student’s mid-clerkship performance must be reviewed in a face-to-face meeting with a clinical teacher, and the student and clinical teacher must sign the mid-clerkship assessment form as an acknowledgement of the assessment. The timing of the mid-clerkship assessment is during a specific window of dates as specified by policy and LCME. Students are required to pro-actively plan on timely completion of the meeting in discussion with the faculty member who will be completing the review. If there are identified challenges to meeting during the specified window of time, the clerkship director must be notified as soon as possible.

Additionally, throughout the clerkship, faculty 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, etc.) that may be communicated in writing or verbally. The purpose of this feedback is to identify strengths and opportunities for improvement. Any significant deficiencies or concern should be communicated to the clerkship and/or site director with written documentation that the feedback has been provided to the student. In the event that deficiencies are noted late in the clerkship, timely feedback will be given.

A minimum of one clinical end-of-rotation assessment per clerkship or rotation within a clerkship, will be submitted for the student’s clinical score by the site director or their appointee. It should be noted that faculty at COM-P who are family members of the student or have a personal relationship with the student may not be involved in the academic assessment or promotion of the medical student as described in the Conflict of Interest-Assessment and Evaluation Policy.

Where applicable, multiple end-of-rotation assessments will be considered in the clinical score calculation (see below under “grading”) providing each assessor has had significant interaction with the student. In the instance that only one end-of-rotation assessment is submitted, it will be a collaborative assessment from the preceptors who had significant interaction (as defined by the Clerkship Director) with the student. Where only a single faculty member has been assigned to work with a student, this faculty member will provide an assessment for the student.

All end-of-rotation assessment forms and the clerkship final grade form will be available to be viewed by students by six (6) weeks after the end of the clerkship according to the Reporting Timeline for Final Grades policy in One45.

**Internal Medicine Clerkship Mid Assessment Form**
Posted in One45

**Internal Medicine Clerkship End of Rotation Assessment Form**
Posted in One45
Standardized Grading Process

The final clerkship grade will be determined by the clerkship director using the composite score (comprised 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 included in the Grading and Progression for Clerkships Policy. Below is a listing of the components of the composite score:

I. **Clinical Score:** The clinical score accounts for 50% of the composite score. The clinical score is calculated through assessment of student performance within each individual (Educational Program Objective) EPO. The final EPO score is determined by averaging scores on the end of rotation assessment for each EPO. The clinical score is the average of all final EPO Scores.

II. **Exam Score:** The NBME shelf exam score accounts for 30% of the composite score. A student, who fails the shelf examination and is successful in the retake of the examination, cannot be awarded any grade higher than a “Pass” for the clerkship. (See Clerkship Grading after Examination Failure Policy for additional details)

III. **“Other”:** The “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 60% of these points in order to pass the clerkship.

**Internal Medicine Observable Learning Activities**

<table>
<thead>
<tr>
<th>Academic Participation</th>
<th>Criteria</th>
<th>Item(s)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>All clerkship activities are mandatory. Academic half days on Tuesday afternoons are mandatory. If a student has an excused absence during clinical or academic half days, 4 SIMPLE cases are to be completed by the next academic half day or the end of the clerkship whichever comes first. Only excused absences will be given the opportunity for makeup work. Unexcused absences or no call, or no show, will result in forfeiting the 2% points. If all 12 sessions are attended/remediated, this is equal to 2%. <strong>No partial credit.</strong></td>
<td>12 sessions</td>
<td>2%</td>
</tr>
<tr>
<td>H &amp; P</td>
<td><strong>Due at week 4, 8 and 12</strong> at the beginning of class on Tuesday afternoon. See didactic lecture schedule for specific dates. This must be a de-identified copy of the students work. <strong>The student must have met with his/her attending for written feedback/corrections with the H&amp;P grading form.</strong> Three H&amp;P’s are required for the clerkship, all three must be submitted to receive credit. The highest score of the three H&amp;P’s will be used for the grade calculation. See Admission/New Patient Note Grading Rubric above for the</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Academic Participation</td>
<td>Criteria</td>
<td>Item(s)</td>
<td>Total</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>scoring rubric. RHPP students see modified schedule. <strong>The document must be turned in on time to receive any credit.</strong></td>
<td>1 each sub-block, 1% point each.</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>
| **Clinical Evaluation Exercise (CEX)** | **Due at week 4, 8 and 12 at the beginning of class on the last Tuesday of each sub-block. See didactic lecture schedule for specific dates. Each student will complete a total of three observed clinical examinations (CEX). **This must be done by faculty** and not by residents. A sample of this form is available on One45. It is the student’s responsibility to approach the faculty member and complete this exercise. The student is responsible for turning in the CEX evaluations to the Clerkship Director and not leaving them with the attending or a coordinator. This is a meets/does not meet expectations activity. If a student is not meeting expectations, a meeting with the clerkship director will take place to discuss a plan for remediation, such as repeating the exercise within 1 -2 weeks.  
*RHPP students- 2 CEX’s during the first 6 weeks, 1 during the second 6 weeks. Due on Tuesday at week 4,8,12. When at the rural site assignment due via email. No credit for late forms.* | 1 each sub-block, 1% point each. | 3%    |
| **Oral Presentation Skill (OPS)** | **Due Tuesday Week 4, 8 and 12** must be done by an attending and turned in on time to receive any credit.                                                                                                                                                                                                                                              | 1 each sub-block, 1% point each. | 3%    |
| **In class Presentation** | **Sign-up** for topic by mid clerkship meeting, See Clinical Question Case Conference Presentation Guidelines and Rubric posted on One45.                                                                                                                                                                                                                  | 1 presentation | 2%    |
| **Assessment Communication** | Open assessment in One45 by noon on the last Tuesday of each sub-block. **Week 4, 8, 12 (minimum 1, max 2 assessments per sub-block). RHPP use same due dates.**  
**Clerkship Director/or designee reserves the right to open any further assessments that may be needed to assess the student’s performance.**                                                                                                                                                             | 1 each sub-block, 1% each | 3%    |
| **Additional Feedback Form (Optional)** | Turn in Additional Feedback Form at weeks 4, 8 and 12. Can be completed by anyone who has supervised the student including interns, residents, fellows and attendings.                                                                                                                                                                                                                                               | N/A     | N/A   |
| **Quizzes** | There will be weekly **open book** quizzes over the assigned reading materials. All quizzes must be completed to receive credit. No partial credit.                                                                                                                                                                                                                  | See didactic schedule | 2%    |
| **Timeliness** | You will receive 1 point Tuesday, Week 5 for the completion of the following: (due at noon)  
• 50% PX/DX  
• 100% Duty Hours Logged  
You will receive 1 point Tuesday, Week 12 for the completion of the following: (due at noon) pxdx log, duty hours log | pxdx log, duty hours log | 2%    |
### Academic Participation

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Item(s)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% PX/DX Duty Hours Logged.</td>
<td>1 meeting 10-15 minutes</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Mid-Clerkship Assessment

Meeting with the Clerkship/Site director during week 6 to assess and give formative mid clerkship feedback on clerkship performance. The following things will be reviewed with the student: attendance, remediation for missed activities, H and P, CEX#1, any end of rotation assessments that have been completed, duty hours, pxdx and quizzes. Sign up times will be posted.

### Hospice

Participation required, missed sessions will result in an incomplete for the outpatient sub-block and thus an incomplete of the clerkship. Remediation for excused absences (extreme hardship) will be done on a case by case basis to reschedule this activity. Due to complex scheduling this may result in an incomplete for the clerkship if unable to be rescheduled prior to the end of the clerkship. To receive credit for these sessions, the student will be required fill out the survey form at the end of this experience. *RHP and Rural IM students see modified schedule with the rural sites.

### RHPP

RHP - *See modified schedule for assignments based on two 6 week rotations. Total number of assignments and due dates are the same.

### Calculating the Final Grade

The Clerkship Director is responsible for determination of each student’s final grade based on the clerkship specific thresholds included in the table below. The final grade is determined by the composite score and the additional requirements listed below the table.

<table>
<thead>
<tr>
<th>CLINICAL (50%)</th>
<th>OTHER (20%)</th>
<th>EXAMINATION (30%)</th>
<th>COMPOSITE</th>
<th>FINAL GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>Grade</td>
<td>Score</td>
<td>Qualifies for</td>
<td>Score</td>
</tr>
<tr>
<td>2.6 - 3.0</td>
<td>Honors</td>
<td>≥81</td>
<td>Honors</td>
<td>≥87</td>
</tr>
<tr>
<td>2.3 – 2.59</td>
<td>High Pass</td>
<td>≥75 – 80</td>
<td>High Pass</td>
<td>≥85</td>
</tr>
<tr>
<td>2.0 - 2.29</td>
<td>Pass</td>
<td>≥57 – 74</td>
<td>Pass</td>
<td>≥62</td>
</tr>
<tr>
<td>&lt; 2.00</td>
<td>Fail</td>
<td>&lt;57</td>
<td>Fail</td>
<td>&lt;62</td>
</tr>
</tbody>
</table>

See criteria below
The student fails the clerkship if any of the following occur:
1. The clinical score is <2.0, OR
2. Achievement of a level 1 for two or more EPOs, OR
3. Failure of the shelf exam as well as the retake, OR
4. Achievement of a score of less than 60% from the “OTHER” requirements, OR
5. Achievement of a total composite score of Fail

The following requirements must be completed by the defined deadlines:
1. Duty hour logging (within 3 days of the end of the clerkship). See the Duty Hours Policy for specifics regarding documentation of hours and a description of a violation.
2. Logging of required clinical encounters (“Procedure logging”) (within 3 days of the end of the clerkship)
3. Completion of the Mid-clerkship Feedback form (see the Mid-Clerkship Formative Assessment Policy for additional detail)
4. Completion of all assigned didactic, site, faculty and end of the clerkship evaluations (see the Course and Faculty Evaluation by Student Policy for additional detail)

If the requirements are not completed by the deadline, the medical student will receive a grade of Incomplete until these assignments are complete. Once completed late, a student will receive a grade no higher than Pass.

**Additional Grading Criteria**

1. The student can only receive a final grade of Honors if they achieve Honors on the clinical score and if the exam score meets the minimum threshold for Honors.
2. The student can only receive a final grade of High Pass if the exam score meets the minimum threshold for High Pass and the composite is greater than 85%.
3. The student, who fails the shelf examination and is successful in a retake of the shelf examination, cannot be awarded any grade higher than a Pass for the clerkship. See the Clerkship Grading after Examination Policy for more detail.
4. Receiving a Level 1 on one EPO will make the student ineligible for a grade higher than pass

A level 1, 2, or 3 is generated for each EPO based on the scale below as described in detail in the Competency Assessment Policy.

<table>
<thead>
<tr>
<th>Level</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>1.00-1.99</td>
</tr>
<tr>
<td>Level 2</td>
<td>2.00–2.59</td>
</tr>
<tr>
<td>Level 3</td>
<td>2.60-3.00</td>
</tr>
</tbody>
</table>

A level 1 can be generated for an EPO based on the following ways:

a) Final EPO score <2.0

b) Two or more separate faculty raters assign a rating of <2.0 on the same individual EPO, this will result in a Level 1 even if the final EPO score is >2.0.

c) Assigned by clerkship director based on prolonged demonstration of performance not meeting expectations, a substantial incident, extreme behavior or other events that warrant the level 1 as determined by the clerkship director.
Examples of how levels are assigned:

<table>
<thead>
<tr>
<th>EPO</th>
<th>End of rotation #1</th>
<th>End of rotation #2</th>
<th>End of rotation #3</th>
<th>End of rotation #4</th>
<th>Final EPO Score</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate H&amp;P</td>
<td>2</td>
<td>2.5</td>
<td>2.5</td>
<td>3</td>
<td>2.5</td>
<td>Level 2</td>
</tr>
<tr>
<td>Explain and interpret diagnostic tests</td>
<td>1.5</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
<td>2.25</td>
<td>Level 2</td>
</tr>
<tr>
<td>Create a management plan</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
<td>Level 1</td>
</tr>
<tr>
<td>Collaborate with team members</td>
<td>1.5</td>
<td>1.5</td>
<td>3</td>
<td>2.5</td>
<td>2.1</td>
<td>Level 1</td>
</tr>
</tbody>
</table>

Feedback to the student by an assessor (site director, attending, Clerkship Director or resident) regarding any problematic behavior in order to offer the student the opportunity to improve should have occurred prior to assigning a score of <2.0 on an EPO. In the event that a critical incident occurs late in the clerkship, timely feedback will be provided.

Receiving a Level 1 on one EPO will make the student ineligible for a grade higher than pass.

If a student achieves a level 1 for two or more EPOs, they fail the clerkship. The failure will result in the assignment of 2 summative level 1s. The [Level 1 Competency Appeal Policy](#) describes a student’s option to appeal a level 1.

Please review the [Promotion Policy](#) and the [Student Progress Policy](#) for information regarding student progression.

**Narrative Feedback**

The Clerkship Final Grade Form will be completed by the Clerkship Director. The Clerkship final grade form includes two separate areas which include narrative feedback. The first area includes formative comments from the End of Rotation forms, the second includes formalized summative comments which will be included in the Dean’s Letter (MSPE). 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 right 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 pick 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 or Associate Dean of Student Affairs.

**Required Student Evaluation**

Student evaluation of the clerkship, sites, and assigned didactics is required. The student must complete the 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 evaluations within one week after the mid or end of the clerkship, the student 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 the Level 1 rating for the EPO targeting giving and receiving constructive feedback, will be automatically assigned resulting in a final grade of no higher than Pass.

For more information, see the Course and Faculty Evaluation by Student Policy.

The Clerkship Grading Calculator is posted in One45 for assistance calculating the Final Clerkship grade.
Internal Medicine Clerkship Specific Information

**General expectations**
Be actively involved in the care of your patients to the greatest extent possible. Go the extra mile for your patients. Find out what your residents and attendings expect of you. Meet and try to exceed their expectations. Follow through on every assigned task. Make sure you are involved in the care and presentation of patients to your team each day.

Feedback on clinical work is an integral part of building clinical skills. Forms for specific skill sets such as writing an H and P, Oral presentation skills (OPS) and observed clinical exercise (CEX) will be housed on One45.

Each site has a process for onboarding and site specific orientation instructions. If you have questions regarding your site, be sure to bring this up to your coordinator/site director.
<table>
<thead>
<tr>
<th>Honor Health</th>
<th>Hospice of the Valley</th>
<th>Maricopa Integrated Health Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Misty Evans, MD</strong>&lt;br&gt;Honor Health/Thompson Peak Inpatient Site Director&lt;br&gt;<a href="mailto:mevans@ahplc.com">mevans@ahplc.com</a></td>
<td><strong>Gilliand Hamilton, MD, PhD</strong>&lt;br&gt;Clinical Site Director Hospice of the Valley&lt;br&gt;<a href="mailto:ghanilton@hov.org">ghanilton@hov.org</a></td>
<td><strong>Tina Younger, MD</strong>&lt;br&gt;MIHS Site Director Inpatient, Outpatient&lt;br&gt;<a href="mailto:Tina.Younger@dmgaz.org">Tina.Younger@dmgaz.org</a></td>
</tr>
<tr>
<td><strong>Linda Makdesi, MD</strong>&lt;br&gt;Honor Health/Thompson Peak Outpatient Site Director&lt;br&gt;<a href="mailto:Linda.Makdesi@honorhealth.com">Linda.Makdesi@honorhealth.com</a></td>
<td><strong>Danielle Jackson Smith, Education Data Coordinator</strong>&lt;br&gt;<a href="mailto:djacksonsmith@hov.org">djacksonsmith@hov.org</a></td>
<td><strong>Ginger Reeves, Clerkship Coordinator, Internal Medicine</strong>&lt;br&gt;<a href="mailto:Ginger.Reeves@mihs.org">Ginger.Reeves@mihs.org</a></td>
</tr>
<tr>
<td><strong>Laura Jones</strong>&lt;br&gt;Internal Medicine Residency Program Coordinator&lt;br&gt;480-324-7215 o&lt;br&gt;<a href="mailto:Laura.Jones@honorhealth.com">Laura.Jones@honorhealth.com</a></td>
<td></td>
<td><strong>602-344-5768 o&lt;br&gt;602-344-1488 f</strong>&lt;br&gt;<a href="mailto:Ginger.Reeves@mihs.org">Ginger.Reeves@mihs.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| St. Joseph’s Hospital Medical Center  
350 West Thomas Road, Phoenix AZ 85013 | Veteran’s Administration Medical Center  
650 East Indian School Road, Phoenix AZ 85012 |
|---|---|
| Sai Sridhar Boddupalli, MD  
Site Director  
Inpatient | Mark Zubriski, MD  
Site Director  
Inpatient  
Mark.zubriski@va.gov |
| Sonal Haerter, MD  
Director  
Outpatient | Nacchal Nachiappan, MD  
Site Director  
Outpatient  
Nacchal.Nachiappan@va.gov |
| Lisa Hatch, Coordinator  
602-406-7714 | Stephanie Velarde, Coordinator  
602-277-5551, ext. 7387  
Stephanie.Velarde@va.gov |
| Sai-sridhar.boddupalli@dignityhealth.org  
Sonal.haerter2@dignityhealth.org  
Lisa.Hatch@DignityHealth.org | Nacchal.Nachiappan@va.gov  
Sharon LaRocque, Administrative Assistant ACS  
602-277-5551, ext 7093  
Sharon.LaRocque@va.gov |
Rural Health Professions Program

Students completing a rural rotation are encouraged to attend the Rural Rotation Orientation scheduled during Transitions.

Housing is offered by the Rural Health Professions Program (RHPP) and funded by Arizona Area Health Education Centers (AzAHEC). The student is responsible for damages and incidental charges. Housing is booked on availability and within budget, often housing is with host family or shared living situation. Student must notify us with specific accommodations outside of single occupancy during Rural Rotation Orientation. The student will be notified of housing accommodations offered by university, 8 weeks before rotation, student must either confirm or deny accommodations. If student opts out of offered housing it will then be the student’s responsibility to arrange all housing accommodations and the student will be responsible for payment. The student will then receive a reimbursement determined by the RHPP.

After successful completion of the rotation student will be reimbursed for one round trip mileage and stipend. Money is reimbursed through student’s bursar’s account and is subject to change based on funding period.

The student must complete all required Rural Rotation paperwork through the Student Portal prior to the start of the rotation.

Contact Information:

Jonathan Cartsonis, MD
Director, RHPP
jcartsonis@email.arizona.edu
Cell: 602-684-0598

Sara Hillman, MBA
Assistant Director, RHPP
shillman@email.arizona.edu

Hanna LoGrasso
Program Coordinator
hmlogras@email.arizona.edu
Integrated Courses

During the academic year the student will be required to attend these integrated courses.

Longitudinal Patient Care

The Longitudinal Patient Care Course (LPC) provides students the opportunity to work in interprofessional teams with a community health mentor throughout a two year course in Years 3 and 4 of the medical curriculum. The community health mentor is an adult in the community with a chronic medical condition that is willing to share their experience as a patient with a team of interprofessional students. The students will meet with their community health mentor as a group once per clerkship block to learn about the community health mentor’s medical condition, barriers to care, effective communication strategies, and interprofessional collaboration. Activities and objectives are designed to prepare students for interprofessional patient centered care to improve healthcare quality and collaboration.

<table>
<thead>
<tr>
<th>Contact information:</th>
<th>Mary Blair, Assistant Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Director – TBA</td>
<td>Phone/Email: 602-827-2241</td>
</tr>
<tr>
<td>email – TBA</td>
<td><a href="mailto:maryblair@email.arizona.edu">maryblair@email.arizona.edu</a></td>
</tr>
<tr>
<td>Office Hours and Location – TBA</td>
<td>Office Location: HSEB BC503C</td>
</tr>
</tbody>
</table>

Required Assignments and Dates are included within one45.
All LPC sessions are mandatory

- In the event a student is ill the day of a scheduled LPC session, the student must first contact their community health mentor and members of their team. They must then notify Mary Blair, LPC Assistant Director (maryblair@email.arizona.edu). Students will be provided an alternate assignment to complete in the setting of an excused absence.
- In the event of a missed session at the behest of the community health mentor, the student must notify Mary Blair, LPC Assistant Director (maryblair@email.arizona.edu). The team will receive an alternative assignment to complete in person with their interprofessional team during the originally scheduled time. The students are not to reschedule the community health mentor session.

Student Responsibilities:

- Attend scheduled sessions with community health mentor once during each six-week clerkship block at the assigned date and time.
• Students are excused from their clerkship responsibilities from 1-5 PM on that day, providing students the time to travel to the meeting location, participate in the module with the community health mentor, and begin to work on the written assignment.
• Students may not be on call the night before a community health mentor visit and may not violate duty hour requirements.
  ▪ If a student is scheduled on call the night prior to the visit, the student must work with the site director and clerkship director at the beginning of the rotation to reschedule the call night.
• Complete all written assignments by the assigned due date.
• Log attendance at all community health mentor sessions.
• Adhere to the Longitudinal Patient Care Course Student Procedures and the Information Protection Protocol.
• Wear professional dress and adhere to professional behaviors.
• Students are not engaging in a doctor-patient relationship with the community health mentor. The student may not provide medical advice to the community health mentor. The student may not comment on the health care provided by the community health mentor’s physicians or other healthcare professionals.
• If the student at any point feels unsafe, the student must immediately seek safety and contact emergency personnel (911) as appropriate. The student must contact the Course Director so that alternative arrangements can be made.
• In the event of an emergency, the student must immediately contact 911. The student must contact the Course Director so that alternative arrangements can be made.

For additional information, please see the Longitudinal Patient Care Course syllabus.

Intersession Course – Year Three Advanced Clinical Skills

The year three Intersession Course is an opportunity for students to return to campus to learn new skills and revisit basic sciences after being actively involved in patient care. It is a time to FOCUS on personal and professional goals, and come together as a class for collaborative and reflective time as they continue to progress in their journey of becoming physician.

The Year 3 Advanced Clinical Skills course is a Pass/Fail course with attendance and participation the most important keys to success.

Content includes the following:
• Themes: Ethics, Biomedical Informatics, Behavioral Science, Healthcare Transformation and Public Health, Prevention, Population Health, Cultural Competency, Gerontology/Geriatrics, Individualized Prevention and Care, Interprofessional Education & Practice
• Revisit Basic Science curriculum in the context of the clinical years
  o Clinical Radiology
  o Clinical Pathology
  o Clinical Pharmacology/Toxicology

Contact information:
<table>
<thead>
<tr>
<th>Jayne Peterson, MD, Course Director</th>
<th>Lisa Yanez, MBA, Assistant Director</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:jmpeterson@email.arizona.edu">jmpeterson@email.arizona.edu</a></td>
<td><a href="mailto:lyanez@email.arizona.edu">lyanez@email.arizona.edu</a></td>
</tr>
</tbody>
</table>

For additional information, please see the Intersession Course syllabus.
National Board of Medical Examiners (NBME) Shelf Exam

NBME subject exams are achievement tests in a broad sense, requiring medical students to solve scientific and clinical problems. Although students’ performance on the exams will reflect the learning specific to their course and clerkship experiences, their test scores will also reflect educational development resulting from their overall medical school experiences. These exams are constructed to be appropriate for a broad range of curricular approaches.

All shelf exams are administered on the last day of the rotation. Students will be sent a reminder notice that will include the date, time and location of the exam. The time allotted for the exam is 2 hours and 30 minutes.

Accommodations

As per the Examination Day Policy and Course, Clerkship & OSCE Exam Absence Policy, permission must be obtained for an exception to sitting for the exam at the scheduled time/date and will only be granted due to illness or a serious unforeseen circumstance.

Special accommodations must be approved through the Student Affairs. Permission must be obtained for an exception to sitting for the exam at the scheduled time/date and will only be granted due to illness or a serious unforeseen circumstance. If a student has a documented disability on file with the Disability Resource Center, and would like to utilize testing accommodations, the student should notify Stephanie Smith, Director of Student Development slsmith1@email.arizona.edu within five business days prior to the exam to ensure the proper accommodation can be made on the student’s behalf.

Exam Retake

A student, who fails a clerkship or clerkship examination and is successful in the retake of the clerkship and/or examination, cannot be awarded any grade higher than a “Pass” for the clerkship. Specifically, no grade of “high pass” or “honors” can be awarded for the clerkship, regardless of the student score on the retake examination or the clinical assessment score.

See Exam Retake policy for additional details.
Data Management

One45 is the curricular management system used to manage assessments about students, and to access learning materials and schedules. One45 is accessed at the web address: comphx.one45.com

For Faculty and Site Coordinators

If your role requires you to review clerkship rotation schedules, you will be able to view these schedules, as organized by the Clerkships Office, within One45. These schedules include rosters of students scheduled to rotate to your site for specific dates. Unless special arrangements have been made for your particular site, hourly clinical schedules are not stored in One45, and should be communicated directly to students.

Assessments are collected via One45, and automatic emails are sent to assessing attendings with instructions and reminders to complete. A list of pending and completed assessments can be reviewed in One45, if applicable.

General information about the clerkship rotations, such as syllabi, site information, maps, links, etc. will be attached as handouts to each clerkship “course” under Handouts and Links.

Students will also use One45 to log observed procedures and diagnoses at clinical sites. Please note that students are able to use their smartphones to make log entries on-the-go, if allowed by site policy.

For Students

One45 will continue as your curricular clerkship management system. One45 will still be used to complete evaluations and access learning materials. It will also house the schedule, objectives, and materials for your clerkship didactic sessions, similar to how your blocks were organized in the MS2 year.

Clerkship rotation scheduling will look different in One45, as you will all be on separate clerkship rotations. This rotation schedule will appear to you as a week-by-week lineup of clerkship rotations, rather than “hour by hour”, because the actual hours you spend at your clerkship site will be determined and managed by the clinical site coordinators. Those hourly schedules will not appear ahead of time in One45, so you
should keep track your daily schedule on your own. However, you will be asked to record your “duty hours” (hours spent on rotation at the sites) after-the-fact in One45, to maintain compliance with ACGME standards.

One45 will also continue to be the location where you log procedures and diagnoses (as you did in CCE), for all of the clerkships. With the increased frequency of Px/Dx logging in the clerkships, remember that the One45 procedure logging page is mobile-web compatible, for easy logging during your rotations.

General information about the clerkship rotations, such as syllabi, site information, maps, links, etc. will be attached as handouts to each clerkship “course” under Handouts and Links.
Professional Resource Office

The Professional Resource Office (the Office) provides guidance, support and information to students on professionalism issues. The Office supports medical 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 Clerkship Director or included in the student evaluation of the clerkship.
- The Professionalism Conduct Comment Form is an additional mechanism for students to report any concerns, including those about supervision, and it exists across the four-year curriculum. This mechanism ensures anonymity and is collected directly by the Professional Resource Office. This form may be submitted either online or in hard copy to the comment box located on the main floor of the Health Sciences Education Building.

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 Mistreatment 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.

Frequently Asked Questions

What is the Professional Resource Office? The Professional Resource Office at the University of Arizona College of Medicine – Phoenix (College of Medicine) provides education, information and support to students and faculty on professionalism issues. The Office’s activities focus in three areas:

- Outreach and education. The Office provides outreach and education to identify and increase understanding of professional practices and effective communication.
- Support and resources. The Office supports students and faculty seeking to address a particular concern by providing information on policies, procedures, resources, and options. This can include support in handling an issue independently, serving as a neutral in resolving an issue, shuttle diplomacy or facilitating access to other resources.
• **Tracking and feedback.** The Office works with College of Medicine leadership to identify and recognize instances of strong professionalism and to address areas of potential concern or improvement.

**How can I contact the Office?**

Beth Schermer and Rosemarie Christofolo are the liaisons for the Professional Resource Office. Their office is in HSEB A451. They can reach them by telephone, text or email.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth Schermer</td>
<td>602-549-9847</td>
<td><a href="mailto:schermer@email.arizona.edu">schermer@email.arizona.edu</a></td>
</tr>
<tr>
<td>Rosemarie Christofolo</td>
<td>480-862-4963</td>
<td><a href="mailto:rchristofolo@email.arizona.edu">rchristofolo@email.arizona.edu</a></td>
</tr>
</tbody>
</table>

You can also provide information through the feedback box located in the student lounge or through the online Professionalism Conduct Comment form at: [http://phoenixmed.arizona.edu/about/college-glance/leadership/deans-office/professional-resource-office/professionalism-conduct](http://phoenixmed.arizona.edu/about/college-glance/leadership/deans-office/professional-resource-office/professionalism-conduct)

**Are discussions confidential?** The Office will maintain confidentiality concerning matter brought to it to the extent permitted by law and University of Arizona policy unless there appears to be an imminent threat of serious harm or unless given permission from the student to do otherwise. The Office will take all reasonable steps to protect records and files pertaining to confidential discussions, to the extent permitted by law and University of Arizona policy.

**Is the Office the only place to raise professionalism issues?** No. The College of Medicine provides a wide range of resources to its students to address professionalism issues, including the Office of Student Affairs, student mentor programs, wellness programs and professionalism studies integrated into curriculum components. The Office is another portal for students to gain information on professional practices that is independent of student evaluations and review.