Internal Medicine Syllabus

Academic Year 2018-2019

Approved by the Curriculum Committee 3-23-18

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General Clerkship Information

Course Code: MIDP 835  
Credit Hours: 12  
Prerequisites: All students must successfully pass all pre-clerkship curricular elements in order to progress to the third year  
Clerkship Length: 12 weeks  
Clerkship Website: [http://phoenixmed.arizona.edu/education(md-admissions/md-program/curriculum/year-3-curriculum/clerkships/](http://phoenixmed.arizona.edu/education/md-admissions/md-program/curriculum/year-3-curriculum/clerkships/internal-med)  
Clerkship Resource: [https://sites.google.com/a/email.arizona.edu/clerkship-resources/medicine](https://sites.google.com/a/email.arizona.edu/clerkship-resources/medicine)  

Clerkship Contacts

Clerkship Director: Tina Younger, MD  

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Email: Tina_Younger@dmgaz.org  
Office location: 2601 E. Roosevelt St., 0-D-10, Phoenix, AZ 85008

Course Description

The Internal Medicine clerkship is a 12-week experience that encompasses both the inpatient and ambulatory settings. The twelve weeks is divided equally into 3 4-week sub-blocks. 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 care with subspecialist, and interdisciplinary allied health professionals. While in the ambulatory care setting, students will focus on primary care to include prevention and chronic illness management and be exposed to subspecialty clinics and a hospice experience.

For students who are participating in the rural health program professional certificate of distinction, 6-8 weeks of their clerkship will be in a rural community.

Clinical site information is located on the Clerkship Resources website:  
[https://sites.google.com/a/email.arizona.edu/clerkship-resources/medicine](https://sites.google.com/a/email.arizona.edu/clerkship-resources/medicine)
Educational Program Objectives

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 Educational Program Objectives and require dissemination as noted in the Orientation to EPOs and Course Objectives Policy.

Clerkship Specific Learning Objectives

Each Internal Medicine Clerkship objective listed below has been mapped with relevant Competencies, i.e., Patient Care, Medical Knowledge, Clinical Appraisal and Quality Improvement, Interpersonal and Communication Skills, Professionalism and Societal Awareness and Responsiveness and is available within One45.

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. (Provide care for a patient who is different racially and ethnically from me.)

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.


22. Address preventive health care issues with patients and encourage them to share responsibility for their health and wellness through appropriate patient education.

23. Demonstrate commitment to carrying out professional responsibilities, adhering to ethical principles and demonstrating sensitivity and compassion to diverse patient populations.

24. Demonstrate altruism, honesty, and respect for patients’ privacy and for the dignity of patients as persons.

25. Show integrity and accountability in all interactions with patients, their families and professional colleagues.

26. Demonstrate responsiveness to the needs of patients that supersede self-interest while balancing the need for self-care.

27. Work collaboratively with the health care team, and acknowledge and respect the roles of other health professionals.

28. Maintain a teachable attitude, including giving and receiving constructive feedback, being present and accountable, prepared and engaged.

29. Advocate for improving access to care for everyone. (Coordinate care for a patient who has lack of access to routine medical care.)

30. 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.

31. 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.

32. 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.

33. THM - Generate strategies for effectively management of affectively charged patient interactions.

34. THM - Demonstrate appreciation of, and respect for, the unique contribution of all members of the inter-professional team. Identify techniques to enhance respectful communication between all team members.

35. Demonstrate understanding of the physician role for prescribed substances of abuse (prescription monitoring program).
 Attendance Requirements

All clerkship experiences are mandatory, and any absence must be recorded. Excused absences will be remediated 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 Associate Dean for Student Affairs. Please see the Attendance and Absence Years 3 and 4 Policy, the Leave of Absence Policy and the Attendance Expectations and Absence Reporting Requirements Policy.

 Required/Suggested Reading

Required:
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

Suggested:
1. Step up to Medicine. Steven Agabegi. 2015, Lippincott, Williams & Wilkins, Baltimore, MD
2. First aid for Internal Medicine boards
3. Kaplan review for Internal medicine and Step

 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 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: 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 Diagnosis</th>
<th>Clinical Setting (Inpatient, Outpatient, or Both)</th>
<th>Level of Student Responsibility (observe, actively participate, perform)</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>Diversity</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>Discuss with clerkship director</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>Up-to-date - General principles of infection</td>
</tr>
<tr>
<td>Required Diagnosis</td>
<td>Clinical Setting (Inpatient, Outpatient, or Both)</td>
<td>Level of Student Responsibility (observe, actively participate, perform)</td>
<td>Alternative Experience</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------</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>Up-to-date - Overview of smoking cessation</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>SIMPLE Case 26</td>
</tr>
<tr>
<td>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 Procedure</th>
<th>Clinical Setting (Inpatient, Outpatient, or Both)</th>
<th>Level of Student Responsibility (observe, actively participate, perform)</th>
<th>Alternative Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABG Interpretation</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>Up-to-date: Simple and mixed acid-base Disorders</td>
</tr>
<tr>
<td>ECG Interpretation</td>
<td>Either</td>
<td>perform procedure</td>
<td>Attendance at ECG didactic sessions is required.</td>
</tr>
<tr>
<td>Heart Sound Interpretation</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>Complete systolic and diastolic sections on: <a href="http://www.wilkes.med.ucla.edu">www.wilkes.med.ucla.edu</a></td>
</tr>
<tr>
<td>History and Physical Exam</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>This is a required activity. Speak with Clerkship Director.</td>
</tr>
<tr>
<td>Obtain informed consent</td>
<td>Either</td>
<td>observe and discuss</td>
<td>Up-to-date: Informed Consent</td>
</tr>
<tr>
<td>Paracentesis</td>
<td>Inpatient</td>
<td>Simulation</td>
<td>NEJM Videos in Clinical Medicine - Paracentesis</td>
</tr>
<tr>
<td>Thoracentesis</td>
<td>Inpatient</td>
<td>Simulation</td>
<td>NEJM Videos in Clinical Medicine - Thoracentesis</td>
</tr>
<tr>
<td>Urinalysis interpretation</td>
<td>Either</td>
<td>Actively participate in care</td>
<td>Up-to-date: Urinalysis in the diagnosis of renal disease</td>
</tr>
</tbody>
</table>

* NEJM = New England Journal of Medicine (Free access through library www.ahsl.arizona.edu)
SIMPLE: [www.med-u.org/simple](http://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 or designee that an alternative experience is needed for a procedure or diagnoses seven days 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/Simulations Sessions

Each learning experience listed below is aligned with one or more EPO for the Internal Medicine Clerkship.

Acute Coronary Syndrome / Acute Myocardial Infarction
Acute Renal failure
Altered Mental status
Adrenal disorders
Anemia
Cancer
Chronic Obstructive Pulmonary Disease
Chronic Kidney Failure
Common infections
Communication
Diabetes
Depression
Dyspnea
Ethics
Electrocardiogram
Evidence Based Medicine
Fever Evaluation
Gastrointestinal Bleeding
Geriatrics
History and Physical
Heart Failure
Human Immunodeficiency Virus
Hypertension / Hyperlipidemia
Liver and biliary Disease
Obesity
Pneumonia
Rheumatologic / Autoimmune disease
Radiology
Simulation (Arthrocentesis, Harvey Heart Sounds, Paracentesis, Thoracentesis)
SOAP Note
Syncope
Thyroid disorders
Unintentional weight loss
Venous thromboembolism
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 Affairs 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. In the event of any exposure to blood/bodily fluids through mucous membranes or the skin, see the following Student Occupational Exposure Policy.

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 not to provide their cell phone numbers. In that case, the students will be provided a COM-P pager. The student also has the option to give 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.

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 at 520-621-3268 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 DRC 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 classrooms 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 520-621-3268.
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 Director or designee, 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.
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.

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.
Internal Medicine Process for Assessments

Who does the Mid-clerkship assessment?

Meeting with the clerkship director at week six in person or over telemedicine, 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, (PBC-Evaluation@email.arizona.edu). The coordinator 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?

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 has 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. *The clerkship director reserves the right to obtain any further assessments that may be needed to assess the students’ performance.* 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 communication grade. Please see the grading section for specific “other” points.
# 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 <strong>excused</strong> 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 at the beginning of class on academic half day.</strong> 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 posted on One45 for the scoring rubric.</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Clinical Evaluation Exercise (CEX)</td>
<td><strong>Due at week 4, 8 and 12 at the beginning of class on academic half day.</strong> See didactic lecture schedule for specific dates. Each student will complete a total of <strong>three observed clinical examinations (CEX). This must be done by faculty</strong> 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.</td>
<td>1 each sub-block, 1% point each.</td>
<td>3%</td>
</tr>
<tr>
<td>Oral Presentation Skill (OPS)</td>
<td><strong>Due Tuesday Week 4, 8 and 12 at the beginning of class, must be done by an attending and turned in on time to receive any credit.</strong></td>
<td>1 each sub-block, 1% point each.</td>
<td>3%</td>
</tr>
<tr>
<td>Assessment Communication</td>
<td><strong>Due Tuesday Week 4, 8, 12 - Open assessment in One45 (minimum 1, max 2 assessments per sub-block)</strong> Clerkship Director/or designee reserves the right to open any further assessments that may be needed to assess the student’s performance.</td>
<td>1 each sub-block, 1% each</td>
<td>3%</td>
</tr>
<tr>
<td>In class Presentation</td>
<td>Sign-up for topic by mid clerkship meeting, See Clinical Question Case Conference Presentation Guidelines and Rubric posted on One45.</td>
<td>1 presentation</td>
<td>2%</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>Additional Feedback Form (Optional)</td>
<td>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.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Quizzes</td>
<td>There will be weekly <strong>open book</strong> quizzes over the assigned reading materials. All quizzes must be completed to receive credit. No partial credit.</td>
<td>See didactic schedule</td>
<td>2%</td>
</tr>
</tbody>
</table>
| Timeliness                                   | You will receive 1 point Tuesday, Week 5 for the completion of the following px/dx must have 50% logged, and duty hours 100% logged  
• 50% PX/DX  
• 100% Duty Hours Logged  
You will receive 1 point Tuesday, Week 12 for the completion of the following: (due at noon)  
• 100% PX/DX  
• Duty Hours Logged. | px/dx log, duty hours log | 2%    |
| 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, px/dx and quizzes. Sign up times will be posted. | 1 meeting 10-15 minutes | NA    |
| 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. | Survey form | NA    |
| Rural students                               | **For students who are in a rural site**, class attendance will be via Zoom. For unforeseen situations with internet connection, students are to complete the online course work provided on the schedule in lieu of class attendance. All students have the same due dates for assignments. Rural students are to email their work to the Internal Medicine coordinator. | NA | NA |
| Total points                                 |                                                                          |         | 20%   |
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>Qualifies for</td>
<td>Score</td>
<td>Qualifies for</td>
<td>Score</td>
</tr>
<tr>
<td>2.6 - 3.0</td>
<td>Honors</td>
<td>&gt;81</td>
<td>Honors</td>
<td>&gt;87</td>
</tr>
<tr>
<td>2.3 – 2.59</td>
<td>High Pass</td>
<td>≥75</td>
<td>High Pass</td>
<td>≥85</td>
</tr>
<tr>
<td>2.0 - 2.29</td>
<td>Pass</td>
<td>≥59</td>
<td>Pass</td>
<td>≥64</td>
</tr>
<tr>
<td>&lt; 2.00</td>
<td>Fail</td>
<td>&lt;59</td>
<td>Fail</td>
<td>&lt;64</td>
</tr>
</tbody>
</table>

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 Clerkship Grading Calculator is posted in One45 for assistance calculating the Final Clerkship grade.

The following requirements must be completed by 8am Tuesday after the end of the rotation.
1. Duty hour logging: 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”- PX/DX)
3. Completion of the Mid-clerkship Feedback form (see the Mid-Clerkship Formative Assessment Policy for additional detail)
4. Completion of assigned 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. Compliance with these deadlines will be determined by the Office of Assessment and Evaluation and reported to the Clerkship Director.
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.

- Level 1 = 1.00-1.99
- Level 2 = 2.00–2.59
- Level 3 = 2.60-3.00

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.

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.

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 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.
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 request specific accommodations outside of single occupancy during Rural Rotation Orientation. The student will be notified of housing accommodations offered by university, eight 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 the student will be reimbursed for one round trip mileage, stipend and housing if applicable. 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 prior to the start of the rotation.

Contact Information:

Director, RHPP - Jonathan Cartsonis, MD
Email - jcartsonis@email.arizona.edu
Phone - 602-684-0598
One45: Curriculum Management System

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

For Faculty and Site Coordinators: If your role requires you to review clerkship rotation schedules, you can 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. 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 and 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.
Professionalism Resource

The Professional Resource Office (PRO) provides guidance, support and information to students on professionalism issues. The PRO 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 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.

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.

Beth Schermer  
602-549-9847  
schermer@email.arizona.edu

Rosemarie Christofolo  
480-862-4963  
rchristofolo@email.arizona.edu