Internal Medicine Clerkship Syllabus
Academic Year 2019 -2020
CC Approved 02/19/2019

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General Clerkship Information

Course Code: MIDP 835  
Credit Hours: 8  
Prerequisites: Must successfully pass pre-clerkship curriculum  
Clerkship Length: 8  
Clerkship Website: Internal Medicine  
Clerkship Resources: D2L Link  
Oasis: Oasis Link

Clerkship Contacts

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Maricopa Integrated Health System, MIHS- LL0D-10

Course Description

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

The Internal Medicine clerkship is an 8-week experience encompassing two different inpatient settings. The clerkship is divided into 2 sub-blocks, each four weeks to allow for an increase in the diversity of patients due to the different hospital systems that range from private, public and community based. While on the inpatient wards, students will be exposed to patients with acute and chronic illnesses and will have the opportunity to work as part of the primary team while coordinating care with subspecialist, and interdisciplinary allied health professionals.

For students who are participating in the rural health program professional certificate of distinction, 4 weeks of their clerkship will be in a rural community.

Clinical Sites

Please see clerkship website
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 in the Educational Program Objectives Policy and require dissemination as noted in the Orientation to EPOs and Curricular Unit 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. (diversity)
5. Effectively analyze, evaluate, and synthesize information to provide effective, evidence-based patient care. (EBM)
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. (EBM)
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. (EBM)
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. (IPE)
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. (Behavioral)
16. Demonstrate medical knowledge with sensitivity to biological differences and needs in patients (Diversity)
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 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. (Ethics)
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. (IPE)
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. (Coordinate care for a patient who has lack of access to routine medical care.)
31. Demonstrate understanding of the physician role for prescribed substances of abuse (prescription monitoring program).
Linking Theme Based Learning Objectives related to Internal Medicine

1. THM – Behavioral-Discuss the implication of “self-inflicted illness (e.g., smoking) on patients
   sense of self. Appreciate the implications and potential resultant barriers to care. (e.g.
   substance abuse)
2. THM – Behavioral-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. (e.g.
   cancer).
3. THM –Behavioral- Generate strategies for effectively management of affectively charged patient
   interactions.
4. THM-Precision Medicine Choosing to order or learning to interpret a genetic test (whether risk
   like BRCA, pharmacogenomics i.e., DNA sequencing, or oncologic cancer subtype/receptor
   testing)
5. THM- Inter-professional Objective: (IPE)-Review a consultation note from another discipline or
   profession.
6. THM- Inter-professional-In a HIPPA compliant manner, discuss the case with another profession.
7. THM-Evidenced Based Medicine (EBM) In consultation with an attending physician or resident
   identify a relevant primary journal article or use a point of care decision tool (e.g., Dynamed) to
   aid in the diagnosis and/or treatment of a specific patient condition.
8. THM-. Ethics: Discuss indications, complications and contraindications to a procedure with the
   patient in layman’s terms so as to enhance the patients understanding of what is being
   proposed for their care.
9. THM-. Diversity: Identification of personal biases that may be present when providing care for
   an individual that has a different race, ethnicity, gender, sexual orientation, socio-economic
   status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. Appreciate
   the role of personal biases and how attitude (either subtle or overt) can impact the doctor-
   patient relationship.
10. THM-Health Care Transformation, quality improvement and transitions of care: (HCT) to ensure
   appropriate transitions of care both to improve outcomes and to improve quality of care;
   example-Venous Thromboembolism: Understand the pros and cons of different types of
   anticoagulants and the potential impact on patient outcomes.
11. THM-Geriatrics: Identify symptoms of depression in the aged population and how they
    interface with physical diagnoses;
12. THM- Geriatrics-Consider at least 2 ways in which drugs may be metabolized differently in the
    elderly than in younger adults.
Clerkship Requirements

Attendance Requirements

All clerkship experiences are mandatory, and any absence must be recorded via the absence tracking system. To submit an absence request please link to Two45.

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,
- Leave of Absence Policy
- Attendance Expectations and Absence Reporting Requirements Policy.

Internal Medicine Specifics for Attendance/Remediation

Remediation- For each half day missed, students will complete an assignment as designated by the Clerkship Director. Example assignments: Online simulated case work on aquifer (SIMPLE cases), 2 cases per half day missed or, making up the missed time by coming in on a previously scheduled day off.

Night float –This entails a shift and will not occur the night before the shelf examination. For the week of the shelf examination, last shift is Wednesday evening, until Thursday morning. Thursday is off for those who have been on a night shift week.

Rural sites- Students at rural sites will have the day prior to the examination as a travel day. Work ends at 5pm the Wednesday prior to the examination to allow for Thursday for travel back to Phoenix.

Required/Suggested Reading

Suggested:

Didactic/Interactive Learning/Simulations Sessions

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

See schedule posted on One45/ See Clerkship website: D2L Link

**Required Clinical Experience Logs (PX/DX)**

UA COM-P, in accordance with the Core Clinical Skills Observation Policy, monitors and tracks the types of patients or clinical conditions that medical students must encounter, so as to remedy any identified gaps in patients, procedures or diagnoses across clinical sites. 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 includes Observing and Discussing, but also 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 category includes Actively Participate in Care and is additionally defined as the student performing the procedure with supervision.

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

**List for each Px:**

1. Explain the anatomy and pathophysiology related to the Px
2. Define relevant pharmacology to the Px
3. Summarize the informed consent process including risks, benefits, indications and alternatives) for the Px
4. Compare associated imaging modalities for the Px
5. Analyze potential complications and prevention or management strategies for the Px
6. Understand post procedural care, patient education and anticipatory guidance for the Px
7. WILDCARD: Reflect upon the assigned theme objective related to Px
List for each Dx:
1. Define the key epidemiological characteristics of Dx
2. List the risk factors for acquiring Dx
3. Describe the pathophysiology of Dx
4. Create a differential diagnosis algorithm for Dx
5. Develop and initiate an effective treatment plan for Dx
6. Obtain a relevant history and physical examination for Dx
7. WILDCARD: Reflect upon the assigned theme objective related to each Dx

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 Procedures</th>
<th>Clinical Setting</th>
<th>Level of Responsibility</th>
<th>Alternative Experience</th>
<th>Associated Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABG Interpretation</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>Up-to-date: Simple and Mixed Acid-Base</td>
<td>Evidence Based Medicine</td>
</tr>
<tr>
<td>Chest X-Ray Interpretation</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>Clinical experience on the wards, visit radiology department</td>
<td>Interprofessional Education and Practice</td>
</tr>
<tr>
<td>ECG Interpretation</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>Attendance at ECG Didactic Sessions</td>
<td>Interprofessional Education and Practice</td>
</tr>
<tr>
<td>Heart Sound Interpretation</td>
<td>Inpatient</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>
<td>Interprofessional Education and Practice</td>
</tr>
<tr>
<td>History and Physical Exam</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>Required, Speak to Director</td>
<td>Interprofessional Education and Practice</td>
</tr>
<tr>
<td>Obtain Informed Consent</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>Up-to-date: Informed Consent</td>
<td>Ethics</td>
</tr>
<tr>
<td>Urinalysis Interpretation</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>Up-to-date: Urinalysis in the Diagnosis of Renal Disease</td>
<td>Evidence Based Medicine</td>
</tr>
<tr>
<td>Required Diagnosis</td>
<td>Clinical Setting</td>
<td>Level of Responsibility</td>
<td>Alternative Experience</td>
<td>Associated Theme</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------------------</td>
<td>-------------------------</td>
<td>------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Cases 9,10, or 12</td>
<td>Evidence Based Medicine</td>
</tr>
<tr>
<td>Altered Mental Status</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Cases 18, 25, 26, or 33</td>
<td>Behavioral and Social Sciences</td>
</tr>
<tr>
<td>Anemia</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 19</td>
<td>Ethics, Jehovah’s Witness</td>
</tr>
<tr>
<td>Back Pain</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 34</td>
<td>Behavioral and Social Sciences</td>
</tr>
<tr>
<td>Cancer</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 27</td>
<td>Precision Medicine</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Cases 1 or 2</td>
<td>Interprofessional Education and Practice</td>
</tr>
<tr>
<td>COPD</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 28</td>
<td>Behavioral and Social Sciences</td>
</tr>
<tr>
<td>Cough</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Cases 15 or 22</td>
<td>Evidence Based Medicine</td>
</tr>
<tr>
<td>Depression</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 5</td>
<td>Gerontology/ Geriatrics</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Cases 7 or 8</td>
<td>Evidence Based Medicine</td>
</tr>
<tr>
<td>Diversity</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>Discuss with Clerkship Director</td>
<td>Diversity</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 16</td>
<td>Evidence Based Medicine</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 28</td>
<td>Interprofessional Education and Practice</td>
</tr>
<tr>
<td>Fever</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Cases 29 or 35</td>
<td>Evidence Based Medicine</td>
</tr>
<tr>
<td>Fluid/ Electrolyte/ Acid Base Disorder</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 25</td>
<td>Evidence Based Medicine</td>
</tr>
<tr>
<td>Gastrointestinal Bleeding – Upper or Lower</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 10</td>
<td>Evidence Based Medicine</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 4</td>
<td>Health Care Transformation</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 6</td>
<td>Evidence Based Medicine</td>
</tr>
<tr>
<td>Immunosuppressed</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Case 20</td>
<td>Precision Medicine</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>SIMPLE Cases 11 or 36</td>
<td>Interprofessional Education and Practice</td>
</tr>
<tr>
<td>Nosocomial Infection</td>
<td>Inpatient</td>
<td>Actively Participate in Care</td>
<td>Up-to-Date General Principles</td>
<td>Evidence Based Medicine</td>
</tr>
</tbody>
</table>
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 is responsible for monitoring their PXDX log. If an alternative experience is needed for a procedure or diagnoses, the student must notify the Clerkship Director or designee a minimum of seven days prior to the end of the clerkship.
2. The Clerkship Director will assign an alternative experience/requirement to be completed.

Once the alternative experience/requirement is completed, it is logged in one45 by selecting the appropriate radio button under Setting and Patient Encounter.
Additional Clerkship Requirements

Assessment and Evaluation Process

Formative Assessment

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 or problematic issues are noted late in the clerkship, timely feedback will be given by an assessor (Site Director, attending, Clerkship Director or resident) to offer the student the opportunity to improve, and ideally should have occurred prior to assigning a score of <2.0 on an EPO. Clerkship/Selective Director maintains the ability to assign a summative level 1 for an egregious action even late in clerkship.

Attending feedback- Students on the Internal Medicine clerkship will request weekly feedback from their supervising attending. This feedback is in the form of a graded history and physical (H and P), observed clinical experience (CEX) and oral presentation (OPS).

Resident feedback- students can request feedback on their clinical performance via PRIME forms (optional), and their research on their patients’ clinical conditions that they share in rounds, i.e. evidence-based format with PICO question (required.)

Mid-Clerkship Formative Assessment

A mid-clerkship assessment for each student is required as per the Competency 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 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 one-on-one meeting with a Clinical Site Director or designee, and the student and Clinical Site Director or designee 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 proactively 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.
This is a formative assessment to review how the student is doing on the clerkship by the midpoint. A meeting with the clerkship director by week 4, in person or over telemedicine, to go over all formative feedback activities (H and P, OPS, CEX), prime forms, duty hours, PxDx, quizzes, any end of rotation assessments that have been completed. If the clerkship director is unavailable to do this assessment, then this responsibility will default to the site director(s).

**Clerkship Mid Assessment Form**
Posted in One45

**Summative Assessment**

**End of Rotation Assessment Form**

A minimum of one clinical end-of-rotation assessment per clerkship or, if applicable, 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, have a personal relationship with the student or are health service providers of the student, may not be involved in the academic assessment or promotion of the medical student as described in the [Conflict of Interest-Physician - Student Personal Relationship Policy](#).

On Internal Medicine, only an attending physician can fill out the End of rotation 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 criteria explained under the supervision section below. Students may request up to 2 assessments per 4-week sub-block. Students must select the assessor by the last Tuesday of the sub-block, to allow adequate time to meet with their attending prior to the end of the rotation. If the student does not select the assessor by the last Tuesday of the sub-block, the student forfeits their choice for an assessor, and the Clerkship director or designee will confirm with the site director, an assessor for the student. Additionally, the IM clerkship director reserves the right to obtain any further assessments that may be needed to assess the students’ performance.

**Amount of supervision from an attending to be able to select them as an assessor for End of rotation assessments**

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. It is the student’s responsibility to be carrying 1-3 patients at all times while on the inpatient ward service, with a goal of presenting 10 patients to the supervising attending.
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 and 8. *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. *Give attending reminder form that has their name on it and a due date* – students are given this form on internal Medicine at orientation. This will help alert 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 is on the reminder form)
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, and 8 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.

**How will the assessments be used to calculate your clinical score?**

A minimum of 1 end of rotation assessment per sub-block, and a minimum of 2 end of rotation assessments per clerkship, will be required to calculate the clinical score. All end of rotation assessments will be averaged regardless of number of assessments obtained. Once the minimum amount of assessments is received, the clinical score will be calculated. A maximum of 4 end of rotation assessments can be requested, and if received prior to the LCME deadline for grades may be included. Once grades are submitted, no additional information will be sought nor will additional assessments be accepted.

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 (as defined by the Clerkship Director) with the student. **On Internal Medicine, significant Interaction is defined as 5 clinical days with a preceptor.** 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 with the student. Resident feedback via comments will be used to support the clinical grade which will provide additional information to the Clerkship Director for the cumulative summary i.e. final grade narrative.

**Clerkship End of Rotation Assessment Form**

*Posted in One45*

**What to do if an assessor 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.

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

**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 five categories: Honors, High Pass, Pass, Incomplete, or Fail (H, HP, P, I, 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:

1. **Clinical Score:** The clinical score accounts for 50% of the composite score and serves as the qualifier for the overall grade. The clinical score is calculated through assessment of student performance within each individual Educational Program Objective (EPO). When more than one End of Rotation form is submitted for a student, the final EPO score is determined by averaging scores on the end of rotation assessment for each EPO. The Clerkship Director will ensure that an adequate amount of information is available prior to calculating the clinical score, which may include incorporating feedback from narrative formative feedback tools, preceptor feedback, and/or additional requested comments from faculty. Once grades are submitted, no further information will be sought nor will additional assessments be accepted.

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

3. **“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 a minimum 60% of these points in order to pass the clerkship.
### Observable Learning Activities (Other Score)

<table>
<thead>
<tr>
<th>Academic Participation</th>
<th>Other 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, make up work will be assigned. Only excused absences will be given the opportunity for makeup work. Unexcused absences or no call, no show, will result in forfeiting the 2% points. If all 8 sessions are attended/remediated, this is equal to 2%.</td>
<td>8 sessions</td>
<td>2%</td>
</tr>
<tr>
<td>Formative feedback</td>
<td>(H and P, CEX, OPS, PICO), are due Tuesday week 4 and 8 at the beginning of academic half day. All forms are located in your clerkship folder sent to you electronically and on One45. See below for descriptions of each activity.</td>
<td>See below</td>
<td>Below</td>
</tr>
<tr>
<td>H and P</td>
<td>The student must have met with <strong>faculty</strong> for written feedback/corrections on the actual H and P note and use the H&amp;P grading rubric. Work must be de-identified and turned in to the Clerkship director.</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Clinical Evaluation Exercise (CEX)</td>
<td>Each student will complete two observed clinical examinations (CEX). <strong>This must be done by faculty</strong> and not by residents. It is the student’s responsibility to approach the faculty member and complete this exercise.</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Oral Presentation Skill (OPS)</td>
<td>Students will request feedback on their oral presentation, from <strong>faculty</strong> prior to rounds.</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>PICO</td>
<td>Students will prepare a 5-minute Evidence based medicine, presentation related to patient care, for their team once per rotation. This is the skill set is intended to be noticed by the faculty but <strong>graded by the resident</strong>. See One45 for details.</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Assessment Communication</td>
<td>Due Tuesday Week 4, 8, Open assessment in One45 (minimum 1, max 2 assessments 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.</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>PRIME Form (Optional)</td>
<td>Additional feedback form. 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>
</tbody>
</table>
| Timeliness              | You will receive 1-point Tuesday, Week 4 for the completion of the following, PxDx must have 50% logged, and duty hours 100% logged (due at noon) You will receive 1-point Tuesday, Week 8 for the completion of the following: (due at noon)  
  - 100% PX/DX  
  - Duty Hours Logged. | PxDx log, duty hours log | 2% |
| 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.

<table>
<thead>
<tr>
<th>CLINICAL (50%)</th>
<th>OTHER (20%)</th>
<th>EXAMINATION (30%)</th>
<th>COMPOSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>Qualifies</td>
<td>Score</td>
<td>NBME score</td>
</tr>
<tr>
<td>2.6 - 3.0</td>
<td>Honors</td>
<td>≥80 *(≥ 75%)</td>
<td>Honors</td>
</tr>
<tr>
<td>2.3-2.59</td>
<td>High Pass</td>
<td>≥74 – 79 *(50-74.9%)</td>
<td>High Pass</td>
</tr>
<tr>
<td>2.0 - 2.29</td>
<td>Pass</td>
<td>≥57 – 73 *(5-49.9%)</td>
<td>Pass</td>
</tr>
<tr>
<td>&lt; 2.00</td>
<td>Fail</td>
<td>&lt;57 *(&lt;5%)</td>
<td>Fail</td>
</tr>
</tbody>
</table>

* Percentiles are based on the National NBME percentiles for students.

The student fails the clerkship if any of the following occur:
1. The clinical score is <2.0, OR
2. Receive a final level 1 on two or more different EPOs*
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

*For the purpose of assessment in the clinical years, an individual EPO rating of level 1.5 will not be considered a level 1 as defined in the Competency Assessment Policy.

The Clerkship Grading Calculator is posted in One45 for assistance calculating the Final Clerkship grade.
1. The following requirements must be completed by 8am Tuesday after the end of the rotation:
2. Duty hour logging: See the Duty Hours Policy for specifics regarding documentation of hours and a description of a violation.
3. Logging of required clinical encounters (“Procedure logging”- PX/DX)
4. Completion of the Mid-clerkship Feedback form (see the Competency Assessment Policy).
5. Completion of assigned site, faculty and end of the clerkship evaluations (see the Assessment and Evaluation of Students, Faculty and Curriculum Policy).

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 level 1 on a single professionalism EPO related to accountability. The level 1 will be taken into account as part of a holistic assessment of final grade. After receiving a level 1, the student will be referred to student affairs and the career and professional advisor for coaching. Compliance with these deadlines will be determined by the Office of Assessment and Evaluation and reported to the Clerkship Director.

Additional Grading Criteria

1. To obtain a final grade of honors a student must achieve a clinical score of honors in addition to a composite score of honors.
2. To obtain a final grade of high pass a student must achieve a composite score that meets the cut off for high pass and at a minimum a clinical score of high pass.
3. 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 Failure Policy for more detail.
4. Receiving a Level 1 on one EPO may make the student ineligible for a grade higher than pass as part of holistic grading process.

A level 1, 1.5, 2, 2.5 or 3 is generated for each EPO based on the scale below as described in detail in the Competency Assessment Policy.

**Level 1** - Failure to meet even minimal expectations; the only grade that is appealable and the only grade that is tracked via advisor/ SA dean/ student progress committee

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

**Level 2** - Meeting expectations

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

**Level 3** - Exceeding expectations

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

- If two or more separate faculty raters assign a rating of level 1 on the same individual EPO on a final assessment form, this will result in a Level 1 regardless of what the average score is, unless the student has demonstrated significant improvement over the course of the rotation in which case the Clerkship Director may make a holistic competency based assessment and not assign the level 1.
- Assigned by Clerkship Director based on prolonged demonstration of performance not meeting expectations, a substantial incident, extreme behavior or other events that warrant the summative level 1 as determined by the Clerkship Director.
Feedback

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. (See the Student Progress Policy for more information.)

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 assigned a formative level 1 for the EPO targeting giving and receiving constructive feedback and will be required to submit the missing evaluation data in narrative form within the second week after the clerkship.

- Once the student has successfully submitted their evaluation in narrative form within the second week after the clerkship the student will have successfully demonstrated meeting expectations in Professionalism.
- If the student has not successfully submitted their evaluation in narrative form within the second week after the clerkship the student will be considered as having not met expectations and a Summative Level 1 rating for the EPO targeting giving and receiving constructive feedback, will be automatically assigned resulting in a final grade of no higher than Pass. Office of Assessments and Evaluation will track this and report to Clerkship Director.

For more information, see the Assessment and Evaluation of Students, Faculty and Curriculum Policy
Helpful Tips and Additional Resources

See clerkship website for onboarding information for each clinical site, general orientation information for each site, and copies of all clerkship forms.

Rural Health Professions Program

Students scheduled for rural rotations must complete required documents and attend a rural rotation orientation.

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

Contact Information: Director, RHPP - Jonathan Cartsonis, MD

Email - jcartsonis@email.arizona.edu, Phone - 602-684-0598

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 Conflict of Interest Physician-Student Health Services Relationship

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 always be reachable during usual extended work hours and on-call hours, and if in clinical setting, the student should respond within 15 minutes. Most students opt to provide their mobile number for texts; however, the pager and/or voice capability of the cell phone must be functional and available i.e., on the student’s person for calls/pages daily. Not responding to calls or pages will be viewed as a deficit in Interpersonal Skills and Communication, as well as Professionalism. For those students who opt to not provide cell phone numbers, can request a pager from the Director of Student Affairs at least three weeks prior to starting clerkships. A pager will be assigned to the student and must be returned prior to their commencement from the College.

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.

To establish reasonable accommodations, the student must contact the DRC at DRC-Info@email.arizona.edu or 520-621-3268. Please review the Disability Resource Policy for additional detail. The student is welcome to contact the Associate Dean of Student Affairs at 602-827-9997 to discuss options.

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