**3rd Year Neurology Syllabus
Academic Year 2019 -2020
CC Approved: 01/22/2019**

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General Clerkship Information

Credit Hours: 4
Course Code: 844
Prerequisites: Must successfully pass pre-clerkship curriculum
Clerkship Length: 4 Weeks
Clerkship Website: Neurology
Oasis: Oasis Link

Clerkship Contacts

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Clerkship Co-Director Name: Douglas Franz, MD
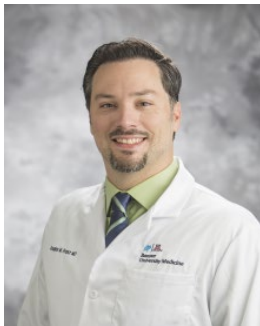
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Course Description

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

Rotation Details

- Two weeks in the in-patient setting
- Two weeks in an out-patient setting in one or more of the following specialties, the student's individual experiences may vary, assignments will be made by the Neurology Clerkship Office:
    - Cognitive Disorders
    - Epilepsy
    - General Neurology
    - Headache
    - Movement Disorder
    - Neuroimmunology
    - Neuromuscular
    - Neuro-Oncology
    - Stroke
    - Traumatic Brain Injury

Clinical Site Requirements

Rounds: Site-Specific Grand Rounds/Case Conferences
On-Call requirement: Students are required to complete 2 weekday short calls.
Short Call:
- The student will page the resident on-call to arrange a meeting time and location once their regular duties are complete.
- The call assignment is to be completed by 8:00PM.
- Page the on-call resident or attending.

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 Neurology 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 a complete and reliable neurologic history and examination.
2. Perform a focused neurologic examination.

3. Assess a patient's level of consciousness and then perform a neurologic examination appropriate to the patient's level of consciousness.
4. Distinguish normal from abnormal findings on a neurologic examination.
5. Demonstrate an awareness of the use and interpretation of common tests used in diagnosing neurologic disease.
6. Formulate a differential diagnosis based on lesion localization, time course, and relevant history and demographic features.
7. Recognize and manage potential neurologic emergencies.
8. Recognize symptoms that may signify neurologic disease (including disturbances of consciousness, cognition, language, vision, hearing, equilibrium, motor function, somatic sensation, and autonomic function).
9. Demonstrate management strategies for patients with common neurologic diseases.
10. Localize the likely site or sites in the nervous system where a lesion could produce a patient's symptoms and signs.
11. Deliver and prepare a clear, concise and thorough oral and written presentation of a patient's history and examination.

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.

Required/Suggested Reading

Required:
1. Introduction to Clinical Neurology, 5th Edition, 2016, Douglas J. Gelb, MD, PhD. (ISBN: 0190467193/ 978-0190467197)

Suggested:
1. Neurology For The Non-Neurologist, 6th Ed., 2004, Weiner, Goetz, Lippincott Williams and Wilkins (ISBN: 1605472395/978-1605472393)
2. Neurology Survival Guide: The Washington Manual Survival Guide Series, 2004, Rengachary, Lin (ISBN: 0781743621 / 978-0781743624)

Websites:
1. American Academy of Neurology Curriculum:
2. https://www.aan.com/residents-and-fellows/fellowship-resources/core-curricula/
3. New England Journal of Medicine – Lumbar Puncture Procedure Video:
   http://www.nejm.org/doi/full/10.1056/NEJMvcm054952

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.

The student will participate in weekly interactive lectures or learning modules for the following topics or conditions:
1. Neuro Exam: Conscious & Unconscious
2. Neuromuscular Disorders
3. Multiple Sclerosis
4. Movement Disorders
5. Headache/Migraine
6. Epilepsy
7. TIA/Stroke

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.

Required Procedures	Clinical Setting (Inpatient, Outpatient, or Both)	Level of Responsibility	Alternative Experience	Associated Theme
Lumbar Puncture (Must watch video)	Inpatient	Observe and discuss	View video - New England Journal of Medicine / Lumbar Puncture Procedure Video: http://www.nejm.org/doi/full/10.1056/NEJMvcm054952	Evidence-based medicine
Medical History & Neurological Exam	Complete Passport Card	Actively participate in care	N/A	Precision medicine

Required Diagnosis	Clinical Setting (Inpatient, Outpatient, or Both)	Level of Responsibility	Alternative Experience	Associated Theme
Abnormal cognition, dementia, delirium, encephalopathy	Both	Observe and discuss	Alternate experience determined by Clerkship Director	Gerontology/ Geriatrics
Ischemic Stroke or TIA	Inpatient	Actively participate in care	Alternate experience determined by Clerkship Director	Interprofessional Education and Practice
Neuroinfectious Disease (meningitis, encephalitis, CJD, cerebral abscess, herpes zoster)	Inpatient	Observe and discuss	Alternate experience determined by Clerkship Director	Cultural Competency
Focal or generalized pain syndrome (headache, back or neck pain, painful neuropathy)	Both	Observe and discuss	Alternate experience determined by Clerkship Director	Precision medicine
Movement disorder (Parkinson's disease, essential tremor, Dystonia, Huntington Disease)	Clinic or Inpatient	Observe and discuss	Alternate experience determined by Clerkship Director	Behavioral and Social Sciences
Seizure	Inpatient	Actively participate in care	Alternate experience determined by Clerkship Director	Public Health, Prevention and Health Promotion
Weakness or a sensory disturbance stemming from CNS or PNS. (MS, or peripheral neuropathies, MG, etc.)	Both	Observe and discuss	Alternate experience determined by Clerkship Director	Interprofessional Education and Practice

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 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.
3. 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 Assessments

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.

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.

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.

Who can fill out an end of rotation assessment:
 In the Neurology Clerkship, a single end-of-rotation form will be completed by the Clerkship Director or designee based on a compilation of verbal and written feedback from residents, faculty, and/or associated members of the healthcare team. Students are required to request and submit a minimum of two (2) PRIME+ forms and a maximum of (4) four, which serve as ongoing formative feedback from attendings. Additional forms filled out by residents are encouraged. The Clerkship Director and Site Directors will review the PRIME+ forms and will discuss student progress with clinical faculty, residents and/or associated members of the healthcare team that have worked with the student. This will allow for a comprehensive, summative assessment of each student's performance in the clerkship. In some cases, formative comments may be used as summative comments, if they are felt to represent the student's overall performance.

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. Significant Interaction on Neurology is defined as at least two half days of clinic or inpatient. 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. Where only a single faculty member has been assigned to work with a student, this faculty member will provide the assessment for the student.

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)

Activity			Potential Value
Case Presentation	History and Exam	4	10 Points
	Differential Diagnosis	3	
	Treatment-Evidence Based	3	
Simulation			5 Points
Passport			3 Points
Mid-Clerkship Evaluation: H and P			2 Points

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.

CLINICAL (50%)		OTHER (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Qualifies for		Score	NBME score	Score	Qualifies for	
2.6 - 3.0	Honors	Pass>60%	≥83 (≥ 75%)	Honors	>88	Honors	Honors *IF* also meets Clinical Honors cutoff
2.3-2.59	High Pass		≥78 – 82 (50-74.9%)	High Pass	>82-87	High Pass	High Pass *IF* also meets Clinical High Pass cutoff
2.0 - 2.29	Pass		≥62 – 77 (5-49.9%)	Pass	>63-81	Pass	Pass *IF* also meets Clinical Pass cutoff
< 2.00	Fail	Fail <60%	<62 (<5%)	Fail	<63	Fail	

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 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. 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 will make the student ineligible for a grade higher than pass.

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.

Additional Resources

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 Exposure to Potentially Infectious Agents and/or Hazardous Materials 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 Reporting Mistreatment or Harassment of Medical Students Policy, the Anti-Harassment and Nondiscrimination Policy and the Professionalism Policy for additional information. In addition, professional attributes are expected of all students. These attributes are within the Teacher Learner Compact Policy.

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	Rosemarie Christofolo
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