



Surgery Clerkship Syllabus
Academic Year 2019 -2020
CC Approved 05/14/2019

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General Clerkship Information

Course Code: SRGP 835

Credit Hours: 8

Prerequisites: Must successfully pass pre-clerkship curriculum

Clerkship Length: 8 weeks

Clerkship Website: [Surgery](#)

Clerkship Resources: [Surgery Resources](#)

Oasis: [Oasis Link](#)

Clerkship Contacts

Clerkship Director: Natasha Keric, MD



Office phone: 602-521-5976

Email: Natasha.keric@bannerhealth.com

Office location: 1441 N. 12th St., 1st Floor, Phoenix, AZ 85006

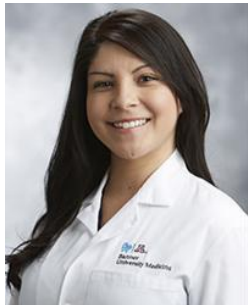
Banner Surgical Clerkship Coordinator: Jason Taylor

Office phone: 602-521-5976

Email: Jason.Taylor@bannerhealth.com

Office location: 1441 N. 12th St., 1st Floor, Phoenix, AZ 85006

Associate Clerkship Director: Christine Lovato, MD



Office phone: 602-521-3050

Email: Christine.Lovato2@bannerhealth.com

Office location: 1441 N. 12th St., 2nd Floor, Phoenix, AZ 85006



Course Description

The Surgery 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.

Clinical Sites

Banner – University Medical Center Phoenix

Campus

General Surgery
Trauma and Emergency General Surgery
Hepatopancreaticobiliary Surgery
Transplant Surgery
Cardiothoracic Surgery
Endocrine Surgery
Vascular Surgery
Bariatric Surgery

Phoenix Children’s Hospital

Pediatric Surgery

Veteran Affairs Medical Center

General Surgery

Maricopa Integrated Health System

General Surgery
Burns Surgery

Banner Cardon Children’s Medical Center

Pediatric Surgery

Banner Del E. Webb Medical Center

General Surgery

Banner Desert Medical Center

General Surgery

Rural Sites for General Surgery:

Valued Medical Care LLC (Deming)
Banner Payson Medical Center
Banner Casa Grande Medical Center

Banner Thunderbird Medical Center

Trauma and Emergency General Surgery

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 Surgery 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.



THE UNIVERSITY OF ARIZONA

College of Medicine

Phoenix

1. Obtain an accurate surgical history.
2. Perform a complete and organ specific physical examination.
3. Interpret the diagnostic and imaging modalities necessary for the care of surgery and trauma patients.
4. Perform diagnostic and therapeutic procedures commonly utilized in surgical patients.
5. Identify screening techniques involved in preventing surgical illness and strategies to prevent traumatic and thermal injury.
6. Appreciate surgical decision-making with regard to current practice, data and medical knowledge.
7. Construct a rationale for both operative and non-operative management of surgical patients.
8. Construct management strategies for a preoperative and postoperative patient.
9. Present a case in conference that demonstrates knowledge of the patient, diagnostic workup, disease process, intervention and outcome.
10. Function as integral member of the surgical team on rounds.
11. Collaborate with the operative team and recognize operating room safety.
12. Demonstrate the ability to present patients at handoff conference in a systematic and thorough manner.
13. Function as an effective member of the trauma team in the resuscitation of a trauma patient.
14. Recognize the anatomical and physiological differences associated with the surgical care of men and women.
15. Appraise the physiologic response to surgery and trauma in the extremes of age.
16. Identify the principles and application of surgical informed consent.
17. Recognize the ethical implications of trauma and burn patients and the social factors that predispose them to injury.
18. Recognize the ethical issues associated with organ transplantation.
19. Consider the ethical, legal and clinical principles of brain death and end of life issues in the surgical patient.
20. Identify the principles of surgical quality.
21. Discuss how to communicate bad news to surgical patients and families.
22. Write a thorough and concise surgical note.
23. Present patient data in a thorough and concise manner on surgery rounds.
24. Employ appropriate operating room etiquette including sterile technique and appropriate conduct.
25. Consider the cost of certain procedures, equipment and materials used in surgical care.
26. Recognize how patients gain or are denied access to surgical care.



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. <https://www.facs.org/education/program/core-curriculum>
2. ACS/ASE Medical Student Simulation Based Surgical Skills Curriculum-Reading will be available as a PDF in One45

Suggested Readings:

1. Surgery: A Competency-Based Companion, Mann, B.D., 1st Ed., Philadelphia, PA: Saunders Elsevier, 2009.
* Available electronically at <https://studentconsult.inkling.com/read/surgery-a-competency-based-companion-mann-1st/surgery-a-competency-based/cover>. Login: Jason.Taylor@bannerhealth.com; Password: surgclerk. *Note: Log in before clicking this link.*
2. General Surgery Review, Makary, M.A., 3rd Ed., Washington, DC: Ladner-Drysdale, 2008.
3. [TEAM Trauma Evaluation and Management, 3rd Ed., Chicago, IL: ACS, 2009.](#)
4. A Case Based Clinical Review. Dr Virgilio, C., Grigorian, A., & Frank, P.N. 2015 Ed., New York: Springer
5. Dr. Pestana's Surgery Notes: Top 180 Vignettes for the Surgical Wards, Pestana, C, 3rd Ed., New York, NY: Kaplan Publishing, 2017.

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.

Week	Week Day	Start Time	End Time	Topic
1	Monday	8:00 am	10:00 am	Orientation
	Wednesday	10:00 am	10:45 am	Suturing/ Knot Tying/ Stapling
		10:45 am	11:30 am	Nasogastric Tube Placement
		11:30 am	12:15 pm	Surgical Drains
		12:15 pm	1:00 pm	Foley Catheter Placement
2	Wednesday	10:00 am	11:00 am	Lecture 1- Trauma Care
		11:00 am	12:00 pm	Trauma Simulation 1- Skills Stations 1 & 2
		12:00 pm	1:00 pm	Trauma Simulation 2
3	Wednesday	10:00 am	11:00 am	Lecture 2- Nutrition in Surgical Patients
		11:00 am	1:00 pm	Ultrasound Simulation
4	Wednesday	10:00 am	11:00 am	Lecture 3- Acute Abdomen/ Post
		11:00 am	12:00 pm	Inpatient Simulation 1
		12:00 pm	1:00 pm	Inpatient Simulation 2
5	Wednesday	10:00 am	11:30 am	Lecture 4- Gallbladder Disease
		11:30 am	1:00 pm	Lecture 5- Hepatopancreaticobiliary Disease
6	Wednesday	10:00 am	11:30 am	Lecture 6- Upper GI Disease
		11:30 am	1:00 pm	Lecture 7- Hernia Disease
7	Wednesday	10:00 am	11:30 am	Lecture 8- Vascular Disease
		11:30 am	1:00 pm	Lecture 9- Breast Disease
8	Tuesday	8:45 am	12:00 pm	OSCE
		12:00 pm	1:00 pm	Value Based Care
	Wednesday	10:00 am	11:30 am	Lecture 10- Lower GI Disease
		11:30 am	1:00 pm	Lecture 11- Endocrine Disease

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	Level of Responsibility	Alternative Experience	Associated Theme
Airway Management	Inpatient/ Simulation	Actively Participates	Additional clinical experience	Interprofessional Education and Practice
Basic Suturing/ Knot Tying/ Stapling	Inpatient/ Simulation	Actively Participates	Additional clinical experience	Evidence Based Medicine
Chest Tube Insertion/ Management	Inpatient/ Simulation	Actively Participates	Additional clinical experience	Evidence Based Medicine
Communication During Team Management of Patients	Inpatient/ Simulation	Actively Participates	Additional clinical experience	Ethics
Foley Bladder Catheterization	Inpatient/ Simulation	Actively Participates	Additional clinical experience	Gerontology/ Geriatrics
History & Physical Exam	Inpatient/ Outpatient/ OSCE	Actively Participates	Additional clinical experience	Cultural Competency
Intraosseous IV Insertion	Inpatient/ Simulation	Actively Participates	Additional clinical experience	Interprofessional Education and Practice
Nasogastric Tubes	Inpatient/ Simulation	Actively Participates	Additional clinical experience	Gerontology/ Geriatrics
Surgical Drains Care and Removal	Inpatient/ Simulation	Actively Participates	Additional clinical experience	Evidence Based Medicine
Ultrasound	Inpatient/ Simulation	Actively Participates	Additional clinical experience	Interprofessional Education and Practice

Required Diagnosis	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
Abdominal Pain	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Gerontology/Geriatrics
Abdominal Wall and Groin Masses	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Gerontology/Geriatrics
Acid-Base Imbalance	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Precision Medicine
Biliary Disease/ Jaundice	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Evidence Based Medicine
Breast Disease	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Behavioral and Social Sciences
Cardiothoracic Disease	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Gerontology/Geriatrics
Endocrine Disease	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Precision Medicine
Fluid and Electrolyte Disorders	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Precision Medicine



Required Diagnosis Cont.	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
Hematologic Disease	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Precision Medicine
Intra-Abdominal and Retroperitoneal Masses	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Ethics
Liver and Pancreatic Disease	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Behavioral and Social Sciences
Lower Gastrointestinal Disease/ Gastrointestinal Hemorrhage	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Gerontology/Geriatrics
Multisystem Trauma Evaluation and Management of Shock	Inpatient/Simulation	Actively Participates	Additional clinical experience	Cultural Competency
Perioperative Care	Inpatient/Outpatient/Simulation	Actively Participates	Additional clinical experience	Cultural Competency
Postoperative Care	Inpatient/Outpatient/Simulation	Actively Participates	Additional clinical experience	Cultural Competency
Wound Evaluation/ Skin and Soft Tissue Lesions	Inpatient/Outpatient	Actively Participates	Additional clinical experience	Cultural Competency

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 PDX log. If an alternative experience is needed for a procedure or diagnoses, the student must notify the Clerkship Director or designee by week 6 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

OSCE

Objective Structured Clinical Examination completed during week 8 of the clerkship. Worth 10 points of the Observable Learning Activities or “other score”. The student will be assessed on the following categories:

- History
- Physical Examination
- Oral Presentation
- Physician – Patient Communication
- Physician – Preceptor Communication

Surgery Clerkship Skills and Procedure Competency Form

Student will select a minimum of four of the eight skills for check-off for a total of four points. There is only one point for each procedure/skill. Assessment of competency must be completed by a medical provider with the exception of the foley and nasogastric skills which may be completed by an RN.

Please submit this checklist to the surgery program coordinator by 1pm on Wednesday of Week 8. You may take a picture as soon as you receive a check-off and e-mail as an attachment to the surgery program coordinator.

The form is posted on one45.

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.

How is the attending notified of the need to do an assessment for a student See below for responsibilities for communication

On the Surgical Clerkship, only the Clerkship Director and/or the Associate Clerkship Director can complete the Mid-Clerkship Assessment which occurs week 5.

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 on the Surgery Clerkship

End of Rotation Assessment will be completed by the Site Director as a compilation of all feedback from the faculty and residents who worked with the student.

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 the Surgery Clerkship is defined as a minimum of one day. 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. All Resident feedback is evaluated by the Site Director before submission.

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.



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		≥78 (≥ 75%)	Honors	≥86	Honors	Honors IF also meets Clinical Honors cutoff
2.3-2.59	High Pass	Pass>60%	≥73 –77 (50-74.9%)	High Pass	≥80-85	High Pass	High Pass IF also meets Clinical High Pass cutoff
2.0 - 2.29	Pass		≥57 – 72 (5-49.9%)	Pass	≥62-79	Pass	Pass IF also meets Clinical Pass cutoff
< 2.00	Fail	Fail <60%	<57 (<5%)	Fail	<62	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

To obtain a final grade of honors a student must achieve a clinical score of honors in addition to a composite score of honors.

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.
5. Students must take 2 trauma call shifts to receive a final grade of Honors.
6. If a student fails the OSCE they will have to remediate the exam and will not be eligible for Honors.

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

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

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