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**General Selective Information**

Credit Hours: 4  
Course Code: 846-847  
Prerequisites: All students must successfully pass all clerkship curricular elements in order to progress to the fourth year.  
Selective Length: 4 Weeks  
Selective Website: [Critical Care](#)  
Oasis: [Oasis Scheduling System](#)

**Selective Contacts**

Selective Director: Robert Raschke, MD

![Photo of Robert Raschke, MD](#)

Email: raschkebob@gmail.com  
Office Location: HSEB B-578

**Course Description**

The Critical Care Selective 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 Cardon Children’s Medical Center  
- Banner Desert Medical Center  
- Banner-University Medicine Center Phoenix  
- Chandler Regional Medical Center  
- HonorHealth John C. Lincoln Medical Center  
- Maricopa Integrated Health System  
- Phoenix Children’s Hospital  
- St. Joseph’s Hospital and Medical Center  
- Veteran’s Administration Medical Center
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.

Critical Care Learning Objectives

Each Critical Care Selective Learning 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. Work effectively in a team with physicians, nurses and other healthcare professionals to optimize survival and minimize patient suffering in the ICU.
2. Perform a complete pertinent history and physical exam on the critically ill patient, synthesizing clinical data to provide a reasonable assessment and treatment plan.
3. Present a service of critically ill patients effectively at rounds, interpreting clinical data in the context of the patient’s illness and demonstrating an understanding of the most important priorities for the patient’s survival.
4. Recognize a patient requiring emergent care and initiate appropriate evaluation and management.
5. Demonstrate ability to prevent common complications of critical care including iatrogenic infections, ventilator complications, adverse drug events, and delirium.
6. Use a basic knowledge of shock to guide resuscitation of a critically-ill patient. This includes knowledge of how clinical tests can assist in the classification of shock, determination of the adequacy of oxygen delivery and choice of resuscitative measures.
7. Treat a life-threatening infection using a time-sensitive sepsis bundle and appropriate source control measures.
8. Order simple mechanical ventilator settings appropriately including continuous positive airway pressure, volume control and pressure support. Know when to use low-tidal volume ventilation and know when the patient is ready for extubation.
9. Order drugs effectively and safely in the ICU taking into account the increased risk for adverse drug effects in critically-ill patients.
10. Demonstrate knowledge of when a patient should be transfused with blood products in urgent and non-urgent situations with adequate knowledge of transfusion complications to assist a patient in informed consent.
12. Demonstrate empathy for ICU patients by understanding their particular vulnerability and aspects of suffering inherent in their experience in the ICU.
13. Develop rapport with a patient’s family with consideration of their cultural and spiritual needs.
adequate to facilitate a difficult discussion such as required to determine code status or withdraw life support.


15. Critically appraise a journal article regarding the efficacy of an ICU therapy. Develop an appreciation of the level of evidence for common ICU practices to inform clinical decision-making.

16. Present a topic in Critical Care Medicine incorporating a patient case history and entailing an effective review and critical appraisal of the literature.

17. Identify the signs of burn-out in yourself or a colleague, and enlist appropriate assistance.

Selective Requirements

Attendance Requirements

All selective 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 Selective Director and are not to exceed 0.5 days per week on average. Exceptions to this may be considered in consultation with the Selective 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.

Students are generally required to work a 20 shifts per 4-week rotation. A shift is defined as a normal workday on the clinical service on which a student is rotating with a minimum of 8 hours and a maximum of 24 hours (as long as Duty Hours Policy is followed). Orientation and the academic half-days on the first Thursday also count as a whole shift. On subsequent academic half-days, a shift would consist of morning clinical duties plus the afternoon academic half-day. It is the student’s responsibility to make up any clinical shifts they may miss (for instance, on account of interviews) and to notify the fourth year Program Coordinator immediately if their schedule will not allow them to complete the required minimum of 20 shifts. Remember that clinical duty hours, orientation and academic half-days are combined when determining overall duty hours, which cannot exceed an average of 80 hours per week. Contact the Critical Care Director immediately if compliance with this requirement is in jeopardy.

Orientation and Academic Half-Days: Attendance is mandatory unless the student has been excused after discussion with the Selective Director or Program Coordinator a minimum of 48 hours ahead of time. Absences from orientation or academic half-days must be made up. Call the Program Coordinator for make-up information.
• Orientation: First Thursday of rotation, 8:00 a.m.-12:00 p.m.
• Academic Half-Day: All Thursdays of the rotation, 1:00 p.m.-5:00 p.m.

Some sites require overnight call, but in-house call should not exceed 24 hours, plus four hours for hand-off of patient care.

Suggested Reading


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 1:

1. Case-based Introduction to Critical Care Medicine (Goals of ICU care, vulnerability/suffering of the ICU patient and family, ICU complications, family communication, teamwork and burn-out).
2. Case-based Instruction: ICU Pharmacology (sedation drugs, vasopressors, life-threatening adverse drug events).
6. Hands-on Workshop: Mechanical Ventilation (how a ventilator works, terminology describing
ventilator modes, evidence-base related to the selection of ventilator modes). This session
utilizes the Draeger Evita® V500 online ventilator simulator.

Week 2:
1. Critical appraisal of literature in the ICU (understand the level of evidence for common ICU
practices and use of the JAMA User’s Guides to the Medical Literature).
2. Simulation: On-call emergencies – (individual medical students will deal with a series of
bedside emergencies).
3. Simulation: Transfusion/life-threatening hemorrhage (when to transfuse PRBC, platelets and
FFP, role of hemoglobin in oxygen delivery, platelets, FFP, complications of transfusing blood
products, principles of treating life-threatening hemorrhage, the massive transfusion
protocol).
4. Simulation: Intracranial hypertension (cerebral perfusion pressure and cerebral
autoregulation, intracranial pseudo-compliance, ventriculostomy, causes of acute intracranial
hypertension, treatment of intracranial hypertension).

Week 3:
1. Debriefing - dealing with psychological stress in the ICU.
2. Case-based Instruction: Ethics (autonomy of the compromised patient, futility, surrogacy, the
doctor’s right to non-maleficence, cultural values).
3. Simulation: Pancreatitis/ Multi-system organ failure. Dealing with issues including delirium,
shock and difficult mechanical ventilation management.
4. Simulation: Family Care and Communication in the ICU (DNR discussion and withdrawal of
support, cultural aspects of rapport and communication, spiritual care, ethical consideration
of surrogate end-of-life decisions, futility, patient suffering, communication, compassion,
empathy).

Week 4:
1. Clinical topic presentations by students.
2. Feedback on the rotation.

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 selective, 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.

**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 each Px

Current Longitudinal Curricular Themes include Behavioral and Social Sciences, Ethics, Public Health, Prevention and Health Promotion, Health Care Transformation, Cultural Competency, Evidence-Based Medicine, Precision Medicine, Interpersonal Education and Practice, and Gerontology. Learning Objectives for each Theme can be accessed at [Longitudinal Curricular Themes (LCT)](http://example.com).

**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 Dx in the same manner as noted above

Please review the [Faculty Supervision of Medical Students in Clinical Learning Situations Policy](http://example.com) and the [Faculty Supervision of Sensitive Physical Examination Policy](http://example.com). The procedures and clinical conditions will be recorded in the student’s “Procedure Logs” and reviewed with the site or Selective Director at the mid-selective 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>Observe &amp; Discuss</td>
<td>ABG Interpretation</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Arterial line placement</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>NEJM Videos in Clinical Medicine - Arterial Line Placement</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Assessment of coagulopathy</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Hemostasis</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Central venous line placement</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>NEJM Videos in Clinical Medicine - Central Venous Access</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Chest x-ray interpretation</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Complete tutorial: Here</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>ECG interpretation</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Complete tutorial: Here</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Endotracheal intubation</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>NEJM Videos in Clinical Medicine - Endotracheal Intubation</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Management of arrhythmias</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Review &gt;5 videos on arrhythmias on Khan Academy: Here</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Management of elevated intracranial pressure</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Participate in the neurological ICU simulation.</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Management of mechanical ventilation</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Clinical cases in mechanical ventilation online: mechanical ventilation</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Obtain informed consent</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>UpToDate: Informed Consent</td>
<td>Behavioral and Social Sciences</td>
</tr>
<tr>
<td>Thoracentesis/thoracostomy</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>NEJM Videos in Clinical Medicine- Thoracentesis</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Transfusion of blood products</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Participate in the transfusion simulation.</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>Acute kidney injury</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Acute kidney injury</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Cardiopulmonary interactions (how mechanical ventilation may alter cardiovascular performance)</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Read: Stigall. WL, Willis BC. Mechanical Ventilation, Cardiopulmonary Interactions, and Pulmonary Issues in Children with Critical Cardiac Disease, in E.M. da Cruz et al. (eds.), Pediatric and Congenital Cardiology, Cardiac Surgery and Intensive Care, Springer-Verlag London</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Electrolyte derangements</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Review ILM by Dr. Brigham Willis (posted to course website).</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>End-of-life planning</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Participate in the ethics discussion session.</td>
<td>Ethics</td>
</tr>
<tr>
<td>Ethical dilemmas in the ICU</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Participate in the ethics discussion session.</td>
<td>Ethics</td>
</tr>
<tr>
<td>Good communication and professional rapport with a patient/family of a different cultural background than your own</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Participate in the family communication simulation.</td>
<td>Cultural Competency</td>
</tr>
<tr>
<td>Nursing care of ICU patients</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>There is no reason the student should not be able to have a significant interaction with the nurses during the course of this rotation, during a nursing-day or another equivalent experience.</td>
<td>Interpersonal Education and Practice</td>
</tr>
<tr>
<td>Prevention of healthcare associated infection</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Read: “Infections and antimicrobial resistance in the intensive care unit: Epidemiology and prevention” in Up-to-Date online</td>
<td>Public Health, Prevention and Health Promotion</td>
</tr>
<tr>
<td>Respiratory failure</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Respiratory Failure (watch all parts of the video)</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Sepsis</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Participate in the septic shock simulation.</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Shock</td>
<td>Inpatient</td>
<td>Observe &amp; Discuss</td>
<td>Participate in the case-based learning session on shock, and the simulation on septic shock.</td>
<td>Evidence-Based Medicine</td>
</tr>
</tbody>
</table>
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 Selective Director or designee a minimum of seven days prior to the end of the selective.
2. The Selective 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 Critical Care Requirements

Required Online Modules:
Virtual Critical Care Rounds are provided through the Society for Critical Care Medicine (SCCM) website. Students are expected to complete all modules in either the VCCR Adult I or VCCR Pediatric II series. Each student will be provided with a login and password for both series. The ICU Orientation (found in the VCCR Adult series) should be completed prior to the rotation by all students.

Reflective Writing Assignment:
Students will complete a reflective writing assignment related to their experiences on the rotation. The reflections should address an ethical, emotional or cultural difficulty that the student encountered. These will serve to inform the discussion and allow students to thoughtfully reflect on their experiences prior to the third week session on ethics. A single page is sufficient. Submit by e-mail the program coordinator prior to Tuesday of the third week of the rotation. Please also print them out or bring an e-copy to the session.

Final Presentation:
Each student will research and present a 20-30-minute presentation on a relevant critical care topic during the final academic session of the rotation. The presentation should be focused, well organized and utilize optimal presentation skills. Content should include a case discussion, pertinent physiology and evidence-based practice. See Presentation Grading Rubric for more details.

Nursing Day:
Students should take responsibility to schedule themselves to spend one day of clinical rotation at their rotation site shadowing an ICU nurse. The purpose of this experience is to better understand the patient’s experience from a nursing standpoint and to build collaboration in bedside patient care.
Assessment and Evaluation Process

Formative Assessments

Throughout the selective, 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 Selective 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 selective, timely feedback will be given by an assessor (Site Director, attending, Selective 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 selective.

How is the attending notified of the need to do an assessment for a student

Assessment forms will be sent out to the Site Directors through One45. If the Site Director has not completed the assessment form by 2 weeks after the rotation has ended they will receive a notification to be completed. If the assessment form has not been complete after 4 weeks after the rotation has ended then the Selective Director will contact them.

Summative Assessment

End of Rotation Assessment Form

A minimum of one clinical end-of-rotation assessment per selective or, if applicable, rotation within a selective, 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

There is a single assessment to be filled out by the Site Director. The Site Director may incorporate comments from other attendings and residents who have worked with the student. We encourage the medical students to work with site director to provide information on which attendings they have worked with.
The Selective Director will add additional comments to the final grade based on performance in simulation and didactic sessions.

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 Selective Director) with the student. Significant Interaction on Critical Care is defined as above. 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.

Selective 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 selective final grade form will be available to be viewed by students in One45 six (6) weeks after the end of the selective according to the Final Grades Reporting Timeline Policy in accordance with the LCME.

Standardized Grading Process

The final selective grade will be determined by the Selective 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 selective grade will be divided into five categories: Honors, High Pass, Pass, Incomplete, or Fail (H, HP, P, I, F). Details regarding grading in the selectives are included in the Grading and Progression for Clerkships Policy. Below is a listing of the components of the composite score:

Clinical Score:
The clinical score is calculated through assessment of student performance within each individual (Educational Program Objective) EPO. The clinical score is the average of all individual EPO Scores (no rounding) using the following rubric:

- 2.7-3.0 = Honors
- 2.4-2.69 = High Pass
- 2.0-2.39 = Pass
- <2.0 = Fail
Non-Clinical Score (100 points):
The Selective Grading Calculator is posted in One45 for assistance calculating the Final grade.

Observable Learning Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Potential Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Group Sessions: If assessment is satisfactory (all responses are “yes” or “not applicable” on the Small Group Facilitator form) 4 points are earned for each of 13 sessions.</td>
<td>52 points</td>
</tr>
<tr>
<td>On-line modules through Virtual Critical Care Rounds (21 Adult or 20 Pediatric modules)</td>
<td>23 points (100% completion), 15 points (80%-99% completion), 0 points (&lt;80% completion)</td>
</tr>
<tr>
<td>Final Presentation (see grading rubric)</td>
<td>25 points</td>
</tr>
</tbody>
</table>

Final Presentation Grading Rubric:

<table>
<thead>
<tr>
<th>Categories</th>
<th>Standard</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content</td>
<td>Interesting topic covered in appropriate depth, evidence-based.</td>
<td>0-5</td>
</tr>
<tr>
<td>Organization</td>
<td>Structure and timing of talk is logical and easy to follow.</td>
<td>0-5</td>
</tr>
<tr>
<td>Patient case</td>
<td>Concise but including all pertinent features, clear that student understands the care the patient received.</td>
<td>0-5</td>
</tr>
<tr>
<td>Presentation</td>
<td>No technical glitches due to lack of preparation. Slides are simple and clear. Speaker interacts with audience and keeps them interested.</td>
<td>0-5</td>
</tr>
<tr>
<td>Questions</td>
<td>Mastery of topic and clinical case is apparent.</td>
<td>0-5</td>
</tr>
</tbody>
</table>

For the final non-clinical grade, a percentage will be calculated based on the student’s total points achieved, divided by the total possible (100). The following rubric will be used:

- 90-100% = Honors
- 80-89% = High Pass
- 70-79% = Pass
- <70% = Fail
Calculating the Final Grade

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

<table>
<thead>
<tr>
<th>CLINICAL GRADE</th>
<th>NON-CLINICAL GRADE</th>
<th>FINAL GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>Honors</td>
<td>Honors</td>
</tr>
<tr>
<td>Honors</td>
<td>High Pass</td>
<td>High Pass</td>
</tr>
<tr>
<td>Honors</td>
<td>Pass</td>
<td>High Pass</td>
</tr>
<tr>
<td>High Pass</td>
<td>Honors</td>
<td>High Pass</td>
</tr>
<tr>
<td>High Pass</td>
<td>High Pass</td>
<td>High Pass</td>
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<tr>
<td>High Pass</td>
<td>Pass</td>
<td>High Pass</td>
</tr>
<tr>
<td>High Pass</td>
<td>Honors</td>
<td>High Pass</td>
</tr>
<tr>
<td>Pass</td>
<td>High Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Fail</td>
<td>(Any Grade)</td>
<td>Fail</td>
</tr>
<tr>
<td>(Any Grade)</td>
<td></td>
<td>Fail</td>
</tr>
</tbody>
</table>

The student fails the selective 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*, OR
3. Achievement of a score of less than 60 % from the “OTHER” requirements, OR
4. 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 Selective Grading Calculator is posted in One45 for assistance calculating the Final Selective 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 assigned site, faculty and end of the selective evaluations (see the Assessment and Evaluation of Students, Faculty and Curriculum Policy).
5. Online SCCM modules.
6. Reflective writing assignment,
7. Participation in all on-campus sessions, or completion of approved make-up activities.
8. Final presentation.
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 Selective 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. 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 Selective Director may make a holistic competency based assessment and not assign the level 1.
• Assigned by Selective 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 Selective Director.

Feedback

Narrative Feedback

The selective Final Grade Form will be completed by the Selective Director. The Selective 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 Selective Director. The Selective
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 selective. 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 Selective Director or Associate Dean of Student Affairs. (See the
Student Progress Policy for more information.)

Required Student Evaluation

Student evaluation of the selective, 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
selective, 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 selective.

- Once the student has successfully submitted their evaluation in narrative form within the
  second week after the selective 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 selective 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 Selective 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.

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