Emergency Medicine Clerkship Syllabus
Academic Year 2025-2026

Section A – Emergency Medicine Clerkship Curriculum

Clerkship Information

General Clerkship Information and Contacts

Credit Hours	4
Course Code	844
Clerkship Length	4 weeks
Clerkship Website and Contacts	Emergency Medicine Clerkship Website and Contacts
Clerkship-Specific Resources	Emergency Medicine Clerkship Resources, SAEM, OASIS, one45, Rosh Review
Clinical Sites	For a list and description of clerkship sites, please see: Clerkship Resources
Prerequisites	All students must successfully pass all pre-clerkship courses* to progress to the fourth year or receive approval from the Clerkship Director.. Link to Policy: Enrollment, Sequencing and Grading for Pre-Clerkships Policy
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Clerkship Coordinator: Josh Granberry	**Office Phone:** 602-827-2648 **UArizona Email:** jgranberry@arizona.edu **Office Location:** Health Sciences Education Building (HSEB), 512F 435 N 5th St. Phoenix, AZ 85004

Course* = Any component of the curriculum where a grade is earned.

Clerkship Description

The Emergency Medicine Clerkship utilizes a variety of 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.

Clerkship Learning Objectives

Each Emergency Medicine Clerkship objective listed below has been mapped with relevant competencies, i.e., patient care, medical knowledge, clinical appraisal and quality improvements, interpersonal and communication skills, professionalism and societal awareness and responsiveness and is available within one45.

1. Recognize immediate life-threatening illnesses, initiate resuscitation and stabilization before a conclusive diagnosis is made.
2. Provide initial evaluation and assessment of an undifferentiated patient.
3. Obtain a history that is accurate and focused on key pertinent problems.
4. Perform a focused and accurate physical examination with use of pertinent ancillary techniques.
5. Develop a differential diagnosis and interpret the results of common diagnostic tests.
6. Develop a problem list and a management plan for the evaluation of the patient in the emergency department.
7. Collaborate with others in a health care team in a mature and collegial manner.
8. Use information technology to solve patient care problems, improve knowledge base and develop case presentations.
9. Communicate with patients and/or family members showing compassion and understanding.
10. Deliver case presentations in a complete, concise, and orderly manner.
11. Document a medical record that is accurate, well organized, and appropriate for the level of care provided.
12. Identify appropriate diagnostic procedures, perform those commonly used, and correctly interpret the results.
13. Demonstrate sensitivity and responsiveness to the needs of the patient.
14. Exhibit honesty and integrity in all aspects of their medical care.
15. Recognize ethical issues involved in the ED care and articulate alternative approaches to decision making.
16. Recognize the role of emergency medicine in the community at large including access to care and its impact on patient care.
17. Demonstrate knowledge of the impact of medication and treatment costs.
18. Advocate for quality patient care and assist the patient in dealing with the complexities of their care.
19. Recognize altered structure and function (pathology & pathophysiology) of the body/organs in disease.
20. Identify the role of substance use disorder, mental health, and social determinants of health.
21. Apply the principles of emergency medicine to a broad and diverse patient population, identify and understand how these factors may present disparities and barriers to the delivery of quality 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 use Formsite. All absences will be remediated as deemed appropriate by the clerkship director. Please see section B for College of Medicine- Phoenix (COM-P) attendance policies.

Rural Sites (Cobra Valley, etc): Are not required to attend the weekly Valleywise resident conference. The Friday didactics are strongly suggested but not mandatory for rural site students. The on-campus high-stakes simulation is still required for rural site students.

Scheduling will vary by location. There are a total of 14 shifts to be completed; shift length may vary depending on site from 8 (eight) - 12 hours. Also depending on the site some clinical shifts can be substituted by either point of care ultrasound shifts or pediatric emergency shifts. Some sites will incorporate additional procedural opportunities, educational opportunities, and shift lengths will vary so it is not expected that clinical contact hours will be equal. Duty Hours requirements will be maintained. Given 24-hour availability of emergency care, scheduling will occur at all hours of the day

including overnight and weekend shifts. Please discuss any concerns immediately with the site director and/or clerkship co-directors.

Required Reading and Resources
The Clerkship Co-Directors of Emergency Medicine (CDEM) created an online textbook that covers the core content of emergency medicine. Students are expected to review all 11 core modules of the "approach to" curriculum.
1. Cardiovascular/Chest Pain
2. Endocrine/Electrolyte
3. Environmental
4. Gastrointestinal/Abdominal Pain
5. Genito-urinary/Pelvic Pain
6. Neurologic/AMS
7. Pulmonary/SOB/Respiratory Distress
8. Psychiatric
9. Sepsis/Infection
10. Shock/Resuscitation/Cardiac Arrest
11. Trauma

Online modules are available at SAEM.ORG

Ultrasound Resources:
1. https://books.apple.com/us/book/introduction-to-bedside-ultrasound-volume-1/id554196012
2. https://books.apple.com/us/book/introduction-to-bedside-ultrasound-volume-2/id647356692

Didactic/Interactive Learning/Simulation Sessions (Schedule)
During the four-week rotation, five didactics sessions will be held that include lectures on core topics, an airway/procedure lab, emergency ultrasound, and simulation. In addition, participation in the Valleywise EM conference held Wednesday mornings is required.
Session 1
● Orientation/Overview of Rotation
● Unique Aspects of EM
● Fundamentals of EM
● Approach to Undifferentiated Patient
Session 2
● Legal and Ethical Aspects of EM
● Airway/Lifesaving Skills & Procedures & Cases
Session 3
● Focus on Point of Care Ultrasound
Session 4
● High Stakes Simulation Cases
Session 5
● Final Presentations and Topics - The student is required to complete the final presentation in PICO format at the end of the rotation. The purpose of this presentation is to demonstrate a student's ability to use evidence-based medicine to answer a clinical question.

Please note: Each site may require additional local didactics that are determined by the site. Additional topics and special opportunities may be added to the schedule to maximize the educational experience.
Please note: Didactics are mandatory and will require alternative experiences or rescheduling if the student is unable to make them, such as in the case of residency interviews.

Required Clinical Experiences: Procedures and Diagnoses (Px/Dx) Log

Below is a list of Px and Dx commonly encountered on the Emergency Medicine Clerkship, as well as an associated theme to reflect upon. If not yet encountered in a previous clerkship, each item from the list below must be completed by the end of the Emergency Medicine Clerkship. All highlighted Px/Dx are required to be completed during the Emergency Medicine Clerkship, even if encountered on previous clerkships. This means a student will be required to confirm encounters for the highlighted Px or Dx items, indicating that it was seen during the Emergency Medicine Clerkship timeframe.

Required Procedures	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
Airway Management	Outpatient	Observe and Discuss	Simulation	Interprofessional Education
Interpret Cardiac Monitor	Outpatient	Perform Procedure	Simulation	Evidence-Based Medicine
IV Start or Venipuncture x3	Outpatient	Perform Procedure	Simulation	Evidence-Based Medicine
Obtain 12-Lead EKG	Outpatient	Perform Procedure	Simulation	Evidence-Based Medicine
Place Patient on Monitor	Outpatient	Perform Procedure	Simulation	Evidence-Based Medicine
Perform Bed Side Ultrasound	Outpatient	Perform Procedure	Simulation	Evidence-Based Medicine

Required Diagnosis	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
Abdominal Pain	Outpatient	Actively Participate in Care	CDEM abdominal pain module	Evidence-Based Medicine
Altered Mental Status	Outpatient	Actively Participate in Care	CDEM altered mental status module	Behavioral and Social Sciences
Chest Pain	Outpatient	Actively Participate in Care	CDEM chest pain module	Evidence-Based Medicine
Sepsis	Outpatient	Actively Participate in Care	CDEM sepsis module	Evidence-Based Medicine
Shortness of Breath/Dyspnea	Outpatient	Actively Participate in Care	CDEM Shortness of Breath module	Evidence-Based Medicine

Px/Dx Alternative Experiences

If the student does not encounter all the required clinical experiences as listed within the Px and Dx table above, completed by the end of the Emergency Medicine Clerkship, the student will remedy the deficiency by completing the alternative experience utilizing the process below:

1. The student is responsible for monitoring their Px/Dx log and communicating their progress and learning goals with supervising faculty throughout each clerkship. This will allow for proactive attainment of these required

encounters. If an alternative experience is needed for a procedure or diagnosis, 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, the student will log this in OASIS by selecting the type of *Patient Encounter* in the drop-down menu.

Please see section B for information related to Px/Dx compliance.

Observable Learning Activities/Other Requirements

Academic Participation	Criteria	Total
Didactics/ simulation	Student's attendance and participation in required didactics (High Stakes Simulation) determined by session leaders.	Up to 5 points
Case presentation	The students will create an EBM presentation in PICO format based on a clinical question of interest to the student related to emergency medicine and present a 5-minute summary and recommendation.	Up to 5 points with 1 point each for EM application, presentation quality, understanding of topic, understanding of literature, assessment of literature quality.
Supplemental quizzes	Students are given use of the Rosh Review online question bank as part of their learning experiences. One (.5 points) point will be awarded for every 50 questions completed.	Up to 5 points
Point of care ultrasound	The student is required to perform Point of care ultrasound, this can be completed as part of patient care or as simulation. The student will be awarded 1 point per 5 scans completed on their rotation.	Up to 5 points (Total of 25 scans)

Clerkship Specific Assessment Process

Mid-Clerkship Formative Assessment
Throughout the clerkship, faculty (including nurse practitioners and physician assistants with faculty title), 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, Formative Daily form, NCAT, etc.) that may be communicated by writing or verbally. The purpose of this feedback is to identify strengths and opportunities for improvement.

During the Emergency Medicine Clerkship, the student will request end-of-shift evaluations from each attending via myTIPreport. This will serve as an ongoing mid-clerkship formative assessment. Additionally, the clerkship director will meet with each student at a mid-point of the clerkship to check in, discuss the formative feedback, Px/Dx logging, duty hours, and any other questions or concerns the student or director may have.

Summative Clinical Assessment
Significant interaction in the Emergency Medicine Clerkship is defined as a single shift with an attending physician. This attending physician (with faculty title) will complete a daily assessment form via myTIPreport. In the instance that only one EOR assessment is submitted, it will need to be a collaborative assessment from the preceptors who had significant interaction with the student. When only a single faculty member has been assigned to work with a student, this faculty member must provide the assessment for the student.

The summative clinical assessment is assigned by the clerkship co-directors via the EOR assessment form distributed in one45. The clinical score is the aggregate of the daily shift assessments completed in myTIPreport. A minimum total of five

assessments must be submitted in order to qualify for Honors. In addition to the clinical scores from the daily shift assessments, there is a collaborative assessment by preceptors, nursing, resident, and the site director where applicable.

NBME Shelf Exam
The NBME shelf exam will be offered twice at the end of the clerkship, the afternoon of the last Friday or Sunday immediately following the clerkship allowing for personalization and flexibility. See Section B of syllabus for more details. The Friday morning of the last week of the clerkship will be a dedicated study day.

Calculating the Final Grade
The clerkship grading calculator is posted in one45 to provide assistance in calculating the final clerkship grade. The grading calculator is meant to be used as a tool. Final determinations will be made using the table below:

Component Score Calculations:

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		NOTES
Score	Component Score		Score	Component Score	Score	Qualifies for	
$\geq$2.6 – 3.0	Honors ($\geq$5 assessments required)		$\geq$82	Honors	$\geq$87.90-100	Honors	Honors IF composite score is within Honors range, clinical category grade is honors, and qualifying shelf score meets at least the High Pass cutoff
$\geq$2.3 – 2.59	High Pass		$\geq$77	High Pass	$\geq$77.40-87.89	High Pass	High Pass IF composite score is within High Pass range and clinical score is at least within High Pass range
$\geq$2.0 – 2.29	Pass	Pass $\geq$ 12 points ($\geq$60%)	$\geq$62	Pass	$\geq$64.20-77.39	Pass	Pass IF composite score is within Pass range and clinical score is at least within Pass range
<2.00	Fail	Fail < 12 points (<60%)	<62	Fail	<64.20	Fail	

Final Grade:
The non-failing final grade (honors, high pass, pass) is determined in the following manner:
1) qualification of the corresponding composite score
2) then ensuring that the clinical component score is at least in the qualifying grade range
3) then ensuring that the exam component score is in the qualifying grade range or within one grade range below.

As an example, a student with a composite score in the honors range must also have a clinical component score in the honors range and an exam component score in the honors or high pass range in order to receive a final grade of honors. If that student's clinical component was in the high pass range, then the highest grade they would be eligible for would be

high pass, even if the composite score fell in the honors range. Similarly, if the student's exam component score was in the pass range, then the highest grade the student would be eligible for would be high pass, regardless of their overall composite score.

This is summarized in the table below:

Final Grade	Composite Score (50% clinical + 30% exam + 20% other)	Clinical Component Score	Exam Component Score
Honors	Honors	Honors	Honors or High Pass
High Pass	High Pass	High Pass or Honors	Honors, High Pass, or Pass
Pass	Pass	Honors, High Pass, or Pass	Honors, High Pass, or Pass
Fail: See list below			

The student fails the clerkship if any of the following occur:

1. The clinical score is < 2.0
2. Receive a final Level 1 on two or more different EPOs*
3. Failure of the shelf exam on both initial** and one retake attempt
4. Achievement of a score of less that 60% form the "REQUIRED ACTIVITIES/OTHER"
5. Achievement of a total composite score of Fail

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

**A student who retakes the shelf examination due to failing on the first attempt is not eligible for a final clerkship grade of Honors or High Pass as outlined in the Grading and Progression in Clerkships and Selectives Policy.

Additional Clerkship Information

Helpful Tips
Please ensure availability of PPE assigned through COM-P. If additional needs occur during shifts, please discuss immediately with your attending physician, clerkship director or available resident physician.

Resilience in Emergency Medicine
Emergency medicine is a high stakes/high stress specialty. Students may encounter challenging ethical situations or emotionally stressful experiences. It can be easy to feel overwhelmed. These feelings are a normal part of the practice of emergency medicine. Based on the needs of a student cohort, time will be devoted to debriefing and processing these experiences. These sessions will not be part of the graded experience. Students may reach out to faculty, site directors, clerkship directors or COM-P Counseling and Wellness Resources.

Section B – Clerkship Policy and Resources

General Information
Prerequisites: All students must successfully pass all pre-clerkship courses* to progress to the third year and must have taken USMLE Step 1. Link to policies:
Enrollment, Sequencing and Grading for Pre-Clerkships Policy
United States Medical Licensing Examination (USMLE) Timing and Failure Policy

Students are responsible for their own transportation to and from, and parking fees at clinical sites as indicated in the Clinical Site Placement and Transportation Policy.

Learning Environment Office
The Learning Environment Office (LEO) provides guidance, support, and information to students on professionalism issues and challenges they may face in the learning environment. The LEO 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 course* director, the LEO liaisons or in the student evaluations of the clerkship, site, and faculty, which links to the LEO form.
- The Learning Environment Feedback Form is an online mechanism for students to report any concerns, including those about supervision, across the four-year curriculum. This mechanism ensures confidentiality and is collected directly by the LEO and allows the student to track their report through the process to action.
- A professionalism lanyard card with a LEO QR code for direct, real-time reporting of exemplary examples of professionalism or concerning professionalism/mistreatment behaviors has been distributed to each student.

The University of Arizona College of Medicine – Phoenix (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.

Website and contact information for the Learning Environment Office can be located here.

Educational Program Objectives
The Educational Program Objectives (EPO) are competencies and measurable objectives by which attainment of each can be assessed. The full text of COM-P EPO's can be accessed in the Educational Program Objectives Policy and requires dissemination as noted in the Orientation to EPOs and Curricular Unit Objectives Policy.

In addition to EPOs, the clerkship objectives are closely tied to student learning outcomes. COM-P measures these outcomes both quantitatively (via National Board of Medical Examiners [NBME] shelf exams) and qualitatively (via behavioral competency assessments).

Attendance Requirements
All clerkship experiences are mandatory, and any absence must be recorded via the absence tracking system. To submit an absence request please use Formsite.

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 dean, student affairs/or designee. Please see link to the following policies:

- Years 3 and 4 Attendance and Absence Policy
- Leave of Absence Policy

Required Clinical Experiences: Procedures and Diagnosis (Px/Dx) Additional Information

COM-P, in accordance with the Core Clinical Skills Observation Policy, monitors and tracks the types of patients and clinical conditions that medical students must encounter, so as to remedy any identified gaps in patients, Px or Dx across clinical sites. Details of supervision expectations for student clinical encounters can be reviewed in the Faculty Supervision of Medical Students in Clinical Learning Situations Policy and the Faculty Supervision of Sensitive Physical Examination Policy. Procedures and clinical conditions will be recorded in the student's Px/Dx attestation. Students should monitor their Px/Dx progress for each clerkship to be reviewed with the site or clerkship director at the mid-clerkship and end of clerkship review.

All highlighted Px/Dx on the global Px/Dx list, and demarcated on each individual clerkship's syllabus, must be encountered on the designated clerkship, even if also encountered on previous clerkships.

Across the third year, students must encounter the assigned clinical conditions, diagnoses, and procedures at the indicated level of student responsibility. The standardized levels of student responsibility include the following:

1. **Observe and discuss:** observing the key elements of care (e.g., physical exam, procedure, etc.) as they are performed by another member of the team and discussing the case, condition, and relevant clinical aspects with the team.
2. **Actively participate in care:** observing and discussing, but also indicates increased 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:** actively participate in care and is additionally defined as the student performing the procedure with supervision.

To best prepare you for the NBME shelf exams and your future career in medicine, the following scaffolding outlines the minimum understanding of each Px and each Dx. 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. THEME: 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. THEME: Reflect upon the assigned theme objective related to each Dx

Assessment Process

Formative Assessments
Any significant deficiencies or concerns should be communicated by the faculty to the clerkship and/or site director with written documentation that the feedback has been provided to the student. If deficiencies or problematic issues are noted late in the clerkship, timely feedback will be given by an assessor to offer the student the opportunity to improve. Ideally this should have occurred prior to assigning a score of <2.0 on an EPO. The clerkship director maintains the ability to assign a summative Level 1 for an egregious action even late in a clerkship.

Mid-Clerkship Formative Assessment
A mid-clerkship formative assessment for each student is required as per the Competency Assessment Policy. The mid-clerkship formative assessment will be completed by the clerkship director, site director, or a designated faculty member at the student's primary clinical site using COM-P mid-clerkship formative assessment form. The mid-clerkship formative assessment form is distributed through myTIPreport. The PRIME+ form will serve as the mid-clerkship formative assessment. The student's mid-clerkship performance will be reviewed by the clerkship director, and a one-on-one meeting will occur between the student and the clerkship director to review mid-clerkship feedback.

Summative Assessment
COM-P has internal deadlines for the summative assessment forms to ensure the LCME 6-week requirement is met. The end-of-rotation (EOR) form is to be completed by the faculty within two weeks of the rotation ending. This will allow clerkship directors to complete the final grades as close to the four-week mark as possible. All EOR assessment forms and the clerkship final grade form can be viewed by students in one45 six weeks after the end of the clerkship according to the Final Grades Reporting Timeline Policy in accordance with the LCME.

What to do if an assessor is not listed in one45 or myTIPreport
Contact the COM-P coordinator (PBC-Evaluation@arizona.edu) and the clerkship director.

Conflict of Interest
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/have been 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 and the Conflict of Interest - Physician-Student Health Services Relationship Policy.

Standardized Grading Process
The final clerkship grade will be determined by the clerkship director using the composite score (consisting of clinical score, exam score, "other" score) and additional criteria for grading approved by the Curriculum Committee (explained further in the "Calculating the Final Grade" section below). The final clerkship grade will be divided into four categories: Honors, High Pass, Pass, or Fail (H, HP, P, F). Details regarding grading in the clerkships are included in the Grading and Progression for Clerkships and Selectives 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 EPO. When more than one EOR form is submitted for a student, the final EPO score is determined by averaging the scores on the EOR 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. After 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 is given the opportunity to complete a one-time retake examination (see Grading and Progression for Clerkships and Selectives Policy for additional details.) If successful on the shelf retake, a final grade no higher than "Pass" can be earned for the clerkship**.**

3. Required Activities/"Other": the required activities/"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 to pass the clerkship.

Each component of the grade, including the composite score, will be rounded to the hundredths place except for the NBME shelf exam, which is a round number.

Calculating the Final Grade
See the clerkship-specific (section A) of the syllabus.

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 and a shelf exam score of at least High Pass.
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. Failure of the shelf exam on both initial and one retake attempt results in Failure of the clerkship and necessitates repeat of clerkship in its entirety.

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/dean, student affairs/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

*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.

A final summative Level 1 can be generated for an EPO based on the following ways:
a) If two or more separate faculty raters assign a rating of Level 1 on the same individual EPO on an EOR form, this will result in a Level 1 regardless of the average score.
b) Assigned by the 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.

Narrative Feedback
The clerkship final grade form has two separate areas which include narrative feedback. The first area includes formative comments from the EOR forms (these are not included in the Dean's Letter/Medical Student Performance Evaluation [MSPE]). The second area includes formalized summative comments which will be included in the Dean's Letter. 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 discretion 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 select 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, dean, clinical curriculum/or designee or dean, student affairs/or designee (see the Student Progress Committee Procedures and Process for Dismissal Policy for more information).

Required Student Evaluation

Assigned student evaluation of the clerkship, sites, faculty, and didactics is required. The student must complete evaluations in one45 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 assigned evaluations within one week after the end of the clerkship, the student will be assigned a formative Level 1 for the EPO targeting Professionalism "Show integrity, accountability, responsiveness, and balance of self-care" 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 Professionalism "Show integrity, accountability, responsiveness, and balance of self-care" will be assigned. The Office of Assessment and Evaluation will track this and report to the Office of Student Affairs.

For more information, see the Assessment and Evaluation of Students, Faculty and Curriculum Policy.

Deadline Compliance

The following must be completed as part of the clerkship requirements.

1. Duty hour logging is due at the end of the rotation by **Sunday at 11:59pm.** See the Duty Hours Policy for specifics regarding duty hour limits, documentation of hours, and a FAQ section.
2. Required Px/Dx logging is due at the end of the rotation by **Sunday at 11:59pm**.

    NOTE
    - **A formative Level 1** will be given if the duty hour or Px/Dx log requirement is not completed by the end of the rotation **Sunday at 11:59pm**. The student will have until Tuesday at 11:59pm following the conclusion of the clerkship to remediate the duty hour or Px/Dx logging requirement. All logs must be completed accurately.
    - **A summative Level 1** will be given for any failure to properly complete the duty hour or Px/Dx log requirement by **Tuesday at 11:59pm** following the completion of the clerkship. **A grade of Incomplete** will be given until requirements are met.
    - The Level 1 will be on a single professionalism EPO related to accountability. Compliance with these deadlines will be determined by the clinical and competency based education (CCBE) team and reported to the Office of Assessment and Evaluation.
    - A summative Level 1 will be taken into account as part of a comprehensive assessment and final grade. All summative, or "final" Level 1 ratings are tracked by the Office of Assessment and Evaluation in collaboration with the Office of Student Affairs. Cumulative Level ratings are retained throughout the student's enrollment. See Competency Assessment Policy.

3. Completion of the mid-clerkship feedback forms (PRIME+) (see the Competency Assessment Policy).
4. Completion of assigned site, faculty, and end of the clerkship evaluations (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. At times, housing options 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 are 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@arizona.edu, Phone: 602-684-0598

Urgent/Emergent Health Care Services

On-Campus and in the Immediate Phoenix Area
Students can access the list of local healthcare services on the COM-P website. Students are given a rectangular card that contains a list of emergency contact numbers and local healthcare service addresses and phone numbers. This card is placed in their identification holder along with their COM-P identification to allow easy access to healthcare information while at instructional sites. All information is accessible on the wellness website at
https://phoenixmed.arizona.edu/wellness.

For a list of emergency contact numbers please visit the COM-P website at the following link: Security - Emergency Numbers

Off-Campus Outside of the Metro Phoenix Area
Students who are in need of urgent/emergent healthcare services, or other healthcare services, while on a remote/rural rotation can find healthcare resources on the site description website: Clerkship Resources

Students may also contact the dean, student affairs or dean, clinical curriculum/or designees.

All sites are assessed for student safety. Details of this assessment are included in the Training Site Safety Policy.
Faculty shall not provide health services for students if they are directly involved in the assessment of the students; however, in the event of an emergency, faculty should perform services to stabilize a student until the appropriate transfer of care can occur. Please see the Conflict of Interest - Physician-Student Health Services Relationship Policy.

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 needle stick, inhalation, mucus membrane or skin exposure, or percutaneously, students must follow the required procedures as indicated in the Student Exposure to Potentially Infectious Agents and/or Hazardous Materials Policy, with steps also outlined on the student occupational exposure procedure card that each student receives at the beginning of their clerkship year.

Expectations for Mobile Communication
The student must always be reachable during usual extended work hours and on-call hours, and if in a 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*. This may be reflected in the student's overall assessment (grade). Students who are unable or unwilling to utilize their personal mobile device while in their clinical rotation should reach out to the dean of student affairs/or designee to discuss alternatives.

Accessibility and Accommodations
The University of Arizona strives to make learning experiences as accessible as possible. If there is anticipation or experience of barriers based on disability or pregnancy, please contact the disability resource center (520-621-3268, https://drc.arizona.edu/) to establish reasonable accommodations.

one45: Curriculum Management System
one45 is the curricular management system used to manage evaluations, EOR assessments, final grade forms, and may be used to access learning materials and schedules. In clerkships using only one45 for learning materials, general information about the clerkship rotations, such as syllabi, site information, learning objectives, materials for didactic sessions, links, etc. will be attached as handouts to each clerkship "course" under handouts and links within one45. one45 can be accessed at the web address: one45.

Clerkships additionally using D2L may house this information through the D2L clerkship page. D2L can be accessed at the web address: D2L

Assessments are collected via one45, and automatic emails are sent to the attendings with instructions and reminders to complete. A list of pending and completed assessments can be reviewed in one45, if applicable. Students will use OASIS to log observed Px/Dx at clinical sites and duty hours. Students can use their smartphones to make log entries on-the-go, if allowed by site policy where the student is rotating.

OASIS: Course Schedule
COM-P uses a web-based scheduling system, OASIS. OASIS maintains site information, student schedules, course catalog, and various other details that are pertinent to the clinical rotations. OASIS has detailed, up to the minute course information and allows students to request schedule changes. All students will use this resource for any scheduling purpose throughout their 3rd and 4th year of clinical rotations. OASIS can be accessed on the web address: OASIS

Course Catalog
The Course Catalog provides course descriptions, location, first day reporting, and contact information for site directors and site coordinators. Students should utilize this resource at least two weeks prior to the start of a rotation for site instructions and expectation. The Course Catalog can be accessed on the web address: Course Catalog

myTIPreport Formative Assessment Application
myTIPreport is an application (app) used by COM-P to collect formative assessments and EOR student self-assessment/reflection for the clerkship rotations. myTIPreport can be accessed via the app and at the web address: myTIPreport

Formative assessments are collected via myTIPreport, and automatic emails are sent to faculty, fellows, or residents with instructions and reminders to complete. A list of pending and completed assessments can be reviewed in myTIPreport.

Student Use of University Sponsored Educational Material
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. These materials may not be distributed or reproduced 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. Violations of the instructors' copyright may result in course sanctions and violate the Code of Academic Integrity.

Student Code of Conduct
Medical students are required to follow the policies and codes of conduct governing all students at the University of Arizona. In addition, medical students are also bound by the COM-P Code of Conduct and Procedures for the Honor Code Committee which can be found at: http://phoenixmed.arizona.edu/policy/honor-code-policy

COM-P recognizes the existence of generative artificial intelligence (AI) tools (e.g., ChatGPT & Grammarly) and the educational benefits they can provide when used ethically. It is imperative any use of generative AI is appropriately disclosed and referenced (e.g., APA, Chicago, MLA). Use of generative AI without citation is considered a form of plagiarism and therefore a breach of Academic Integrity. Students are advised to review assignment instructions for specific guidelines concerning the use of generative AI.

COM-P requires medical students to abide by the professional standards required of physicians under Arizona law students must also abide by A.R.S 32-1401, et.seq. which can be accessed at: http://www.azleg.gov/arsDetail/?title=32