Longitudinal Integrated Clerkship (LIC) Syllabus
Academic Year 2025-2026

Section A – Longitudinal Integrated Clerkship Curriculum

Longitudinal Integrated Clerkship Information

General LIC Information and Contacts

Credit Hours	Varies by LIC Site
Course Code	MEDP 835
LIC Length	Varies by LIC Site, in addition to the table below, please see site specific requirements in the appendix
Clerkship Website	Clerkships Website
LIC-Specific Resources	Clerkship Contacts one45, myTIPreport, OASIS and Requirements Checklist, D2L
Clinical Sites	For a list of clerkship sites and addresses, please see: Course Catalog
Prerequisites	All students must successfully pass all pre-clerkship courses* to progress to the third year. Additionally, the clerkship-specific Personal Professional Development (PPD) curricular elements listed below must be completed as a prerequisite for the Longitudinal Integrated Clerkship: 1. Family, Community and Preventive Medicine Clerkship 2. Internal Medicine Clerkship 3. Obstetrics and Gynecology Clerkship 4. Pediatric Clerkship 5. Psychiatry Clerkship 6. Surgery Clerkship Please note the specific clerkships associated with your LIC site in the appendix *Link to Policy: Enrollment, Progression and Grading for Pre-Clerkships (Foundational) Policy
LIC Director(s): Jonathan Cartsonis, M.D. 	Office Phone: (602) 827-2406 Email: jcartsonis@arizona.edu Office Location: Health Sciences Education Building (HSEB), B570
LIC Coordinator(s): Jessica Mowan 	Office Phone: (520) 621-0137 Email: jlmowan@arizona.edu Office Location: Health Sciences Education Building (HSEB), B552

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

LIC Curriculum and Credit Hours:

Curriculum included in LIC site curriculumAC	Flagstaff	Gila River Hu Hu Kam	Page	Payson	Safford	San Luis
Ambulatory Medicine Selective	X	X	X	X	X	X
Emergency Medicine	-	X	X	X	X	-
Family, Community, and Preventative Medicine	X	X	X	X	X	X
General/Specialty Surgery	-	-	-	X	X	-
Internal Medicine	-	X	X	X	X	X
Obstetrics and Gynecology	-	X	-	X	X	X
Pediatrics	X	X	X	X	-	X
Psychiatry	X	-	-	X	-	-
Longitudinal Patient Care	-	-	-	XB	-	-
Experiential Mapping Questions	-	-	-	X	-	-
LIC Term 1	8 Credits	8 Credits	12 Credits	12 Credits	8 Credits	12 Credits
LIC Term 2	8 Credits	10 Credits	12 Credits	12 Credits	12 Credits	12 Credits
LIC Term 3	-	10 Credits	-	8 Credits	12 Credits	-
LIC Term 4	-	-	-	9 CreditsB	-	-
Total Credit Hours	**16 Credits**	**28 Credits**	**24 Credits**	**41 Credits**	**32 Credits**	**24 Credits**

ACurricular units not indicated are required to be completed outside of the formal LIC structure and site.
BLongitudinal Patient Care (LPC) - one (1) credit included within the Payson LIC site.
COn an as-needed basis, the LIC director, in collaboration with the specialty clerkship director(s), may adjust an individual student's site assignments to allow for adequate clinical experience exposure.

LIC students are enrolled in sequential LIC Terms. Specialty experiences are integrated into the LIC terms as noted in the table above. Urban burst experiences may be required depending on availability of a given LIC's resources at any particular time. Please see LIC site appendix for further details.

Participants in the LIC will complete the same overall number of clinical training weeks in their Year 3 curriculum as their traditional curriculum counterparts (54 weeks). Traditional block rotations will be required for all LIC students and will vary based on LIC site. Students will work with the Clinical Curriculum scheduling team to determine which clerkships and/or electives will be scheduled outside of the LIC curriculum.

Acts of nature, illness, and other circumstances may require last-minute changes to the LIC curriculum and credits and may necessitate the use of urban sites in order to provide adequate clinical exposure. These modifications would occur only

after careful discussion and approval by the LIC director, dean of Community Engagement, dean of Clinical Curriculum and dean, student affairs, or respective designees in collaboration with the site.

Longitudinal Integrated Clerkship Description
The Longitudinal Integrated 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.

The LIC enables students in a rural healthcare setting to acquire clinical skills and medical knowledge in the context of continuity with patients, medical staff, and the community.

The structure provides simultaneous clinical experiences in multiple medical specialties, facilitating the rapid acquisition of core medical competencies across a broad range of content. Clinically applied medical knowledge is reinforced as students care for their assigned cohort of 20-40 patients over the duration of the course.

The LIC offers clerkship clinical experiences that are continuous and threaded over a several-month placement in a rural community. This contrasts with the sequenced specialty blocks in the traditional block clerkships. Participating students receive grades for their performance in each specialty area noted for their site in the table above. Students will also receive a separate grade in each term of the LIC curriculum.

Clinical Sites
For a list and description of the LIC sites, please see the appendix and the following site: Clerkship Resources.

The Arizona Area Health Education Centers (AzAHEC) program provides annual grant funding to The University of Arizona College of Medicine - Phoenix (COM-P) to support student expenses associated with rural clinical placements. These funds will be used to provide a stipend for housing, transportation, and general living expenses for the students in the parallel curriculum.

Longitudinal Integrated Clerkship Learning Objectives
Each Longitudinal Integrated 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. Assume the role of patient advocate for a cohort of patients whom students will get to know over a several months period.
2. Provide holistic, patient-centered care that accounts for patient preferences and the resources available in a rural community.
3. Recognize the dimensions of diversity in a rural community.
4. Provide comprehensive care for acute and chronic conditions; provide wellness care and disease prevention; perform a variety of procedures; and manage care through collaboration with other rural health professionals.
5. Formulate plans of care that account for the unique attributes of rural patients and communities.
6. Contribute to effective models of care coordination, including the chronic care model, by working in rural interprofessional and interdisciplinary teams.
7. Employ advanced communication skills in the area of telemedicine by learning to engage patients in shared decision making and maintain effective and humanistic interpersonal skills while utilizing telehealth tools.
8. Engage in scholarly inquiry or work related to the needs of rural communities.

Student Outcomes
Students will:

1. Demonstrate competency in the fundamental content of the core clerkships as evidenced by passing the NBME shelf exam and maintain at least satisfactory clinical performance for each of the specialties represented in the LIC.

2. Maintain longitudinal progression across the healthcare spectrum of key procedures and diagnoses as logged through Px/Dx.
3. Progressively improve their clinical performance of the thirteen core Entrustable Professional Activities (EPAs).
4. Demonstrate satisfactory performance and maintenance of the Educational Program Objectives (EPOs).
5. Integrate into the rural community demonstrating professional relationships with patients, colleagues, faculty, and community.

Longitudinal Integrated Clerkship Requirements

Attendance Requirements
1. All clerkship experiences are mandatory, and any absence must be recorded via the absence tracking system. To submit an absence request, please use Formsite.
2. All absences will be remediated as deemed appropriate by the LIC director in collaboration with the site director. Please see section B for College of Medicine - Phoenix (COM-P) attendance policies.
3. For their daily clinical assignments, each LIC student will be given their unique site assignments and scheduling requirements by their respective site director and/or site coordinator. Attendance at all assigned clinical shifts is expected.
4. Attendance at scheduled Self Assessment Formative Feedback sessions with the LIC director or designee is required. In the event that conflict arises, students must inform the LIC director or staff in advance and arrange a make-up meeting.

Required/Recommended Reading and Resources
Students are encouraged to use the clerkship-specific resources in one45 and/or D2L (varies by specialty) as they prepare for shelf exams and specialty-specific clinical experiences.

Required for the LIC: Site-specific required activities in the first two (2) weeks of the LIC. Students will be asked to review readings/multimedia to help orient them to site-specific historical, cultural, and/or linguistic considerations as they provide health care within the community. A conversation with a member of the community may be required within the first week of Term 1 of the LIC to emphasize important points made in the materials and to answer questions.

Interactive Learning/Simulation Sessions
Year 3 clerkships conduct weekly interactive learning experiences in a variety of instructional formats including interprofessional small group sessions.

The LIC site director uses the core clerkship content and local clinical experiences to guide the topics of the weekly rural interactive learning sessions and to ensure equivalent comprehensive experience.

LIC students will progress together through the rural interactive learning sessions that are often interprofessional (including students in nurse practitioner, physician assistant, pharmD, physical therapy programs). LIC director or designee will advise students of any specialty clerkship sessions that may be required in addition to the weekly rural sessions as noted in the specialty specific observable learning activities/other requirements.

Required Clinical Experiences: Procedures and Diagnoses (Px/Dx) Log
Students are required to complete the Px/Dx list and record **all** activities, including documenting the same activity each time they complete it, through myTIPreport. Students will complete all Px/Dx items for the specialty or specialties that they have declared for a given term. All Px/Dx in the declared specialties must be completed by the end of the term. See below for additional clerkship specialty grade requirements.

Px/Dx Alternative Experiences
Students are responsible for monitoring their Px/Dx log and communicating their progress and learning goals with supervising faculty throughout each term, thereby avoiding experiential deficits. Students must:

1. **Log ALL Px/Dx experiences in myTIPreport, including duplicate diagnoses and procedures at a rate of at least 30 entries per week.** All clinical experiences and procedures listed on the Global Px/Dx list must be encountered and logged before advancing to fourth year.
2. Declare the specialty grade(s) they will pursue in each LIC term and log every Px/Dx item listed under the specialty by the end of that term.
3. When Px/Dx experiences are not encountered, alternative experiences may be arranged with advance notice at least 14 days prior to the end of the LIC term. Additional time may be granted at the end of the first term. These decisions will be made by the site director in consultation with the student. Exceptions must be approved by the LIC director.
4. Alternative experiences are logged in myTIPreport by selecting the appropriate radio button under "Setting" and "Patient Encounter."

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

LIC Term Grade Requirements and Rubric

Academic Participation	Criteria	Item(s)	Total
Rural Health Activities Score (see below rubric for scoring)[1]	Eight LIC Learning Objectives	Each LIC term, select two of the eight learning objectives from the list and write a reflection that describes both clinical and non-clinical experiences that fulfilled each objective. (In subsequent terms, students should select an additional two learning objectives not previously addressed.)	0-5 points
Longitudinal Patient Continuity Score	LIC Learning Objectives	Each LIC term, a Longitudinal Patient Continuity Score is derived from a narrative that documents the following three elements: a. Longitudinal patient summaries of at least five individuals or families that will include their medical conditions and related social determinants of health. b. A brief reflection on the significance of the longitudinal interactions on patient care. c. A reflection on the effect of longitudinal care on the student-patient therapeutic relationship.	1 point for each completed entry. 5 points maximum
Clinical Evaluation Score	Clinical assessments of EPA/EPO achievement documented in myTIPreport after review and approval by LIC director or designee.	a. Preceptor assessments are reviewed by the LIC director (or designee) for satisfactory EPO performance. b. By the end of each LIC term, two myTIPreport EPA assessments should be assigned to local faculty in each of the 13 EPA categories.	5 Points: $\geq$2 EPAs assigned per each of the 13 categories (averaged over the term) 0 Points: <2 EPAs assigned per each of the 13 categories (averaged over the term)

Rural Health Activities Score Grading Rubric[1]

Objective Coverage (1 Point)	0 Points: No objectives are mentioned or described.	0.5 Point: Only one LIC objective is identified and described.	1 Point: Two LIC objectives are clearly identified and described.
Depth of Reflection (2 Points)	0 Points: No reflection or insight shared regarding clinical or non-clinical experiences.	1 Point: Superficial reflection on either clinical or non-clinical experiences.	2 Points: In-depth reflection demonstrating a clear understanding of meaning/learning gained from both clinical and non-clinical experiences.
Integration and Application (2 Point)	0 Points: No evidence of connecting LIC experiences to LIC objectives.	1 Point: Limited demonstration of ability to connect LIC experiences to learning objectives.	2 Point: Strong demonstration of ability to connect LIC experiences to learning objectives.

Cumulative LIC Term Grade*	
Honors	15 points
High Pass	≥ 12points
Pass	≥ 10
Fail	< 10 or failure on any individual metric or failure to attend any interactive learning or formative feedback session without proper approval.

For every 2 no-call no shows to Self Assessment Formative Feedback sessions with LIC director, 1 point will be deducted AND student will be ineligible for honors for that term.

Longitudinal Integrated Clerkship Specific Assessment Process

Formative Assessment
For the duration of the LIC, faculty, including nurse practitioners, physician assistants, and allied health professionals with faculty title, and resident physicians provide formative feedback via the myTIPreport app. myTIPreport is the tool where formative EPO and EPA* assessments are completed. Application data feeds into a dashboard that allows rapid review of clinical skills progress via EPA assessments, Px/Dx experiences, and narrative comments of faculty.

In addition, students receive formative feedback (Dashboard Review) via myTIPreport every 2-4 weeks during a meeting with the LIC director or designee.

During clinical burst experiences away from the LIC site (this is site dependent, see appendix for your LIC site details), students will be evaluated using the PRIME+ formative assessment tool instead of the EPA assessments.
* EPA stands for Entrustable Professional Activities, but it might be easier to think of EPAs as "Everyday Physician Activities." EPAs are clinical skills in which all students are expected to be competent before starting residency. To learn more, visit the AAMC site for the tool kit describing the 13 EPAs: Entrustable Professional Activities.

Summative Clinical Assessment
Students receive summative assessment feedback in the applicable competency areas for all curricular units. Final grades will be available within six weeks of the completion of the LIC terms.

Curriculum grading: Each LIC term, students are awarded a grade of Honors, High Pass, Pass or Fail, based on the LIC grading rubric described above. Students also earn specialty grades each term in the manner outlined below.

Final grades are determined by the LIC director via the cumulative LIC grading rubric.

Calculating the Final Grade
1. **LIC Term Grade**
   Students are assigned an LIC grade at the completion of each LIC term, referencing the LIC grading rubric outlined above. The final LIC grade will be determined by the LIC clerkship director using a rubric based on a 5-point scale/metric approved by the Curriculum Committee, the details of which are described under the "Summative Assessment" section. The final LIC grade will be divided into five categories: Honors, High Pass, Pass, Incomplete, or Fail (H, HP, P, I, F). Grading in the LIC is additionally governed by the Grading and Progression for Clerkships and Selectives Policy.

2. **Specialty Grades**
   Students declare in Google Forms and to their site director two specialty grade requirements they will complete within the first two weeks of the LIC term. The requirements include 1) sitting for the specialty shelf exam in the selected specialties, 2) completing specialty "Other Grade" requirements in the selected specialties including all Px/Dxs categorized under the chosen specialty. Please see appendix for complete specialty details. In recognition of threaded specialty experiences and the need to assess clinical achievement at the end of the LIC, the clinical component of specialty grades will not be assessed until the last LIC term. For Payson this will be starting in LIC Term 3 through Term 4. For the other LIC sites, in the final term.

Interactive learning session attendance is mandatory to pass the LIC. Didactic session absences must be excused by the LIC site director or LIC clerkship director. Unexcused absences will affect the "other" score for interactive learning session's specialty, and ultimately may result in a lower or failing specialty grade. Below is a listing of the components of the composite score for LIC.

Clerkship Specialty Grades in the LIC
A Clinical Competency Committee (CCC) composed of the LIC site director, LIC clerkship director, and the specialty clerkship director determines the specialty grade. Specialty grades are determined by clinical performance utilizing myTIPreport assessments and dashboard information, completion of specialty-specific Px/Dx and "Other" requirements, and results of the NBME shelf exam. Please see the clerkship specialty specific requirements for details (summarized below). All elements of the final grade student assessments, including the end of rotation assessment, can be found in one45.

Students are encouraged to begin completing specialty requirements including NBME shelf examinations early in the term to avoid an excess of requirements accumulating at the end. The requirements for two specialties must be completed each term. Students must declare which two specialty clerkship requirements they will complete during the first two weeks of each LIC term. In this way, all the specialties included in the LIC will have been completed by the end of the last LIC term. As referenced above, specialty grades will be assigned in the final term of the LIC. Students MUST pass the required elements of the LIC *and* the chosen specialties to pass a given LIC term.

● Failure in a specialty clerkship will require repeating that specialty clerkship in its entirety in a traditional block rotation external of the LIC, and an LIC specialty grade of Incomplete will be posted for that term until the specialty clerkship is successfully remediated.

● Failure of a LIC term may require repeating the LIC term in its entirety or alternatively disenrolling from the LIC and integrating into the traditional block curriculum, including specialty requirements that did not meet expectations.

● Failure of a shelf exam for one specialty clerkship during an LIC term allows the student to progress to the next LIC term, however, the LIC term grade and specialty clerkship grade for that specialty will remain a grade of Incomplete until the student successfully passes the retake examination, in which case, the highest specialty grade the student can receive is a Pass. It is still possible for the student to receive a High Pass or Honors for their LIC term grade.

- Two Incomplete specialty grades will result in a pause in progress and the student may not begin a new curricular unit until incomplete requirements are completed.

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.

Clerkship Specialty Specific Requirements

Emergency Medicine Clerkship

Emergency Medicine Learning Objectives

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.

Emergency Medicine Grading Table

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors (>5 assessments required)		≥82	Honors	≥87.90-100	Honors	Honors IF composite score is within Honors range, and qualifying shelf score meets at least the High Pass cutoff
≥2.3 – 2.59	High Pass		≥77	High Pass	≥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
≥2.0 – 2.29	Pass	Pass > 12 points (>60%)	≥62	Pass	≥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	

Emergency Medicine Observable Learning Activities/Other Requirements:

Academic Participation	Criteria	Total
Didactics/Simulation	Student attendance and participation in required didactics (High Stakes Simulation) determined by session leaders. The simulation will occur in Phoenix.	Up to 10 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 10 points with 2 points each for EM application, presentation quality, understanding of topic, understanding of literature, assessment of literature quality

Students are given use of the Rosh Review online question bank as part of their learning experiences.

Family, Community, & Preventive Medicine Clerkship

Family, Community, & Preventive Medicine Clerkship Learning Objectives

1. Discuss the principles of family medicine care.
2. Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations.
3. Manage follow-up visits with patients having one or more common chronic diseases.
4. Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.
5. Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
6. Discuss the critical role of family physicians within any health care system.
7. Identify the importance of the office team in patient care and develop an understanding of integration and interprofessionalism in primary care.
8. Demonstrate an awareness of the role of social determinants of health in patient care.
9. Analyze the concept of health equity and the role of culture, implicit bias and systemic structural racism in clinical care.
10. Apply basic ethical principles to challenges encountered in a family medicine practice.
11. Understand and apply cost-effectiveness and cost-benefit concepts in family medicine.
12. Differentiate when to use community resources to assist in both the medical and social needs of the patient.
13. Demonstrate ability to identify and answer clinical research questions utilizing the PICO format and evidence-based techniques being cognizant of patient-oriented evidence (POEMS) versus disease-oriented (DOES) outcomes.
14. Demonstrate a basic understanding of the new opioid prescribing regulations and ability to access the controlled substances prescription monitoring database for common substances of abuse (opioids, benzodiazepines, stimulants).
15. Demonstrate awareness and respect for diverse populations, this includes but is not limited to: race, sex, ethnicity, culture, ability, disability, socioeconomic status, talents, language, religion, spiritual practices, sexual orientation, gender identity, biological differences, geographic region, age, country of origin and life experiences.

Family, Community, & Preventive Medicine Grading Table

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥82	Honors	≥91.00 - 100	Honors	Honors IF composite score is within Honors range, and qualifying shelf score meets at least the High Pass cutoff
≥2.3 – 2.59	High Pass		≥77	High Pass	≥88.00- 90.99	High Pass	High Pass IF composite score is within High Pass range and clinical score is at least within High Pass range
≥2.0 – 2.29	Pass	Pass > 12 points (>60%)	≥64	Pass	≥63.50- 87.99	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%)	<64	Fail	<63.50	Fail	

Family, Community, & Preventive Medicine Observable Learning Activities/ Other Requirements:

Academic Participation	Item(s)	Total
Interactive Learning Sessions attendance at their LIC site	-	10% (10 points)
PICO Presentation – additional information posted in One45- Completed with their peers in Phoenix	PICO Clinical Question and Powerpoint	5% (5 points)
Evidence Based Medicine OSCE (virtual)- additional information posted in One45	-	5% (5 points)

Internal Medicine Clerkship

Internal Medicine Learning Objectives

1. Perform an appropriately complete and focused history and physical examination for patients in both inpatient and outpatient IM settings.
2. Effectively and accurately present patient cases, through both focused oral presentations and complete written documentation, in a way that identifies and interprets key historical features, exam findings, and diagnostic/imaging tests.
3. Identify the differential diagnosis of commonly presenting signs and symptoms in IM and implement high-value diagnostic approaches individualized to specific patients.
4. Describe the pathophysiology, etiology, clinical features, and possible complications of diseases and clinical conditions commonly encountered in IM.
5. Construct appropriate evaluation (including screening, if applicable) and management strategies (including methods of monitoring response to treatment) for patients with diseases commonly encountered in IM.
6. Demonstrate skills in clinical reasoning, diagnostic decision-making, and the development of therapeutic approaches based on evidence-based medicine, high-value care, and patient-centered care.
7. Recognize and institute appropriate initial therapy for patients with urgent and/or emergent conditions in IM.
8. Identify contextual factors that impact patient care and clinical outcomes, such as social and structural determinants of health, implicit bias, and structural racism. Suggest potential methods to address these factors and promote health equity on both an individual patient level and on a larger scale through advocacy.
9. Communicate and collaborate effectively with patients, families, and the interprofessional medical team to provide patient focused care.
10. Demonstrate sensitivity, compassion, honesty, integrity, and accountability in all interactions with patients, their families, and interprofessional colleagues.
11. Demonstrate a commitment to self-directed learning by identifying knowledge gaps/skills limitations, dedicating learning efforts to these areas, and swiftly implementing feedback.
12. Maintain a teachable attitude, be prepared for and engaged in all learning opportunities, and actively solicit constructive feedback for the purpose of continuous improvement.
13. Apply the principles of patient safety, quality improvement, high-value care, and critical appraisal of medical literature to daily patient care within IM.
14. Demonstrate understanding of physicians' responsibility to adhere to regulations surrounding prescribing common substances of abuse (opioids, benzodiazepines, stimulants), and exhibit the ability to access the Controlled Substances Prescription Monitoring Program (PMP) database.
15. Demonstrate respect and value for diverse populations, including but not limited to diversity in race, sex, gender identity, age, ethnicity, culture, ability, disability, socioeconomic status, language, religion, spiritual practices, sexual orientation, biological differences, geographic region or country of origin, and life experiences.

Theme-based learning objectives within IM:
16. Identify ways serious illness (e.g., cancer) could affect a patient's state of mind and recognize, in turn, how patient attitude might impact communication with the provider. Generate strategies for effective management of emotionally charged or difficult patient interactions. (Behavioral & Social Sciences Theme)
17. Demonstrate effective use of the electronic medical record. (Biomedical Informatics Theme)
18. Define, describe, and apply basic ethical principles to challenges encountered in inpatient and outpatient IM settings. (Ethics Theme)
19. Identify a relevant primary journal article or use a point of care decision tool to aid in the diagnosis and/or treatment of a specific patient condition. (Evidence-Based Medicine Theme)
20. Identify symptoms of depression in the aged population and how they interface with physical diagnoses. (Geriatrics/Gerontology Theme)
21. Promote appropriate transitions of care from inpatient to outpatient settings, to improve both patient outcomes and quality of care. (Healthcare Transformation Theme)
22. Health Equity Theme – see #8 above.
23. In a HIPPA compliant manner, discuss a patient case with another profession, such as PT/OT/SLP, registered

dietician, case management/social work, etc. Acknowledge and respect the roles of other health professionals. (Interprofessional Education and Practice Theme)

24. Identify times in which it is appropriate to order a genetic test (whether to assess risk like BRCA, analyze pharmacogenomics i.e., DNA sequencing, or oncologic cancer subtype/receptor testing). (Precision Medicine Theme)

25. Outline preventive strategies for the promotion of health and prevention of disease and provide patient education and counseling for such issues relevant to IM. (Public Health, Prevention, and Health Promotion Theme).

Internal Medicine Grading Table

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥82	Honors	≥88.20-100	Honors	Honors IF composite score is within Honors range, and qualifying shelf score meets at least the High Pass cutoff
≥2.3 – 2.59	High Pass		≥76	High Pass	≥84.70-88.19	High Pass	High Pass IF composite score is within High Pass range and clinical score is at least within High Pass range
≥2.0 – 2.29	Pass	Pass > 12 points (>60%)	≥59	Pass	≥63.00-84.69	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%)	<59	Fail	<63	Fail	

Internal Medicine Observable Learning Activities/Other Requirements

Academic Participation	Criteria / Items	Total
Aquifer Internal Medicine Clinical Decision-Making Assessment	**Why**: a different form of assessment than the shelf exam; assesses clinical reasoning skills and key clinical decision making, rather than medical knowledge and recall. *EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter* *EPA 3: Recommend & Interpret Common Diagnostic and Screening Tests* *EPA 4: Enter & Discuss Orders and Prescriptions*	10% (Up to 10 points)
Ambulatory Aquifer Cases *EPAs 2, 3, & 4*	Completion of the Required Aquifer Cases focusing on Ambulatory Medicine topics (15 cases total): ● Case #'s: 5, 6, 8, 13, 14, 15, 16, 17, 18, 19, 23, 31, 32, 34, & 35 Due by Midnight the last Sunday of the clerkship. Successful completion of ≥14 cases = 5 points; 11-13 cases = 4 points; 8-10 cases = 3 points; 5-7 cases = 2 points; 1-4 cases = 1 point. **Why:** Augments clinical ambulatory learning and helps prepare for the shelf exam (40-50% ambulatory topics)	5% (Up to 5 points)

Evidenced-Based Medicine Presentation *EPA 7: Form Clinical Questions & Retrieve Evidence to Advance Patient Care*	**Give an Evidence-Based presentation to your clinical team on a Topic Relevant to Patient Care.** Can be in one of the following formats: • PICO presentation of a literature review performed to answer a clinical question related to one of the team's patients. • Powerpoint presentation reviewing a clinical topic, focusing on key aspects related to patient care and clinical reasoning. • "Chalk Talk" with handout reviewing a clinical topic, focusing on key aspects related to patient care and clinical reasoning. Scored by attending, with scoring form emailed to Clerkship Coordinator by Midnight the last Sunday of the clerkship.	3% (Up to 3 points)
Learning Session Attendance and Participation *EPA 9: Collaborate as a member of an interprofessional team*	Attendance and active participation in academic half day learning sessions on Tuesday afternoons. If a student has an excused absence during an academic half day, make-up work will be assigned. Only excused absences will be given the opportunity for makeup work. Unexcused absences or "no call, no show" for any learning session will result in forfeiting the points for that day.	2% (Up to 2 points)
Total Points Possible		20 points

Obstetrics and Gynecology (OBGYN) Clerkship

OBGYN Learning Objectives

1. Develop competence in the medical interview and physical examination of women*, and incorporate ethical, social, and diversity perspectives to provide culturally sensitive health care.
2. Apply recommended prevention strategies to women throughout the lifespan.
3. Recognize their role as a leader and advocate for women.
4. Demonstrate knowledge of preconception care, including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.
5. Explain the normal physiologic changes of pregnancy, including interpretation of common diagnostic studies.
6. Describe common problems in obstetrics.
7. Demonstrate knowledge of intrapartum care of the pregnant person and fetus.
8. Demonstrate knowledge of postpartum care.
9. Describe menstrual cycle physiology, discuss puberty and menopause, and explain normal and abnormal bleeding.
10. Describe the etiology and evaluation of infertility.
11. Develop a thorough understanding of contraception, including sterilization and abortion.
12. Demonstrate knowledge of common benign gynecological conditions.
13. Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.
14. Describe common breast conditions and outline the evaluation of breast complaints.
15. Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.
16. Describe gynecological malignancies, including risk factors, signs and symptoms and initial evaluation.
17. Provide a preliminary assessment of patients with concerns about sexuality and sexual health.

*Though the term *women* is utilized in the objectives above, students in the OBGYN Clerkship will also work with transgender, intersex, gender nonconforming, and nonbinary individuals, and the same learning objectives apply to these populations.

OBGYN Grading Table

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥83	Honors	≥84.90-100	Honors	Honors IF composite score is within Honors range, and qualifying shelf score meets at least the High Pass cutoff
≥2.3 – 2.59	High Pass		≥79	High Pass	≥75.80-84.89	High Pass	High Pass IF composite score is within High Pass range and clinical score is at least within High Pass range
≥2.0 – 2.29	Pass	Pass > 12 points (>60%)	≥64	Pass	≥64.50-75.79	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%)	<63	Fail	<64.50	Fail	

OBGYN Observable Learning Activities/Other Requirements

Academic Participation	Criteria	Total
Observed Structured Clinical Examination (OSCE)	The OSCE will occur in the Clinical Skills Suites on the UAz COM-P campus. In order to pass the OSCE, the student must: ● score at least 60% on the OSCE checklist ● complete the OSCE without the encounter needing to be aborted ● exhibit professionalism and preparedness Failure of the OSCE will result in remediation and repeat of the OSCE. ● The OSCE retake will be scheduled either during a scheduled academic break (July break or Winter Break) or may be scheduled during PPDA/3 or PPDB/4 Flex/Focus Time if coordination with the PPD course schedule is possible (not guaranteed). ● For most students, a retake of the OSCE will result in an Incomplete in the clerkship pending its completion. ● With a goal of facilitating a growth mindset for continued improvement in their clinical skills, students are still eligible for Honors following one retake of the OSCE. ● A second failed OSCE attempt will result in failure of the clerkship in order to provide sufficient opportunities to improve clinical skills and solidify medical knowledge. Additional information and preparatory materials can be found on D2L.	10%
Oral assessment of medical knowledge and critical thinking	Each student will participate in a 1:1 meeting with the OBGYN clerkship director or designee to complete an oral assessment of medical knowledge and critical thinking. Recognizing that a multiple-choice exam is not the best way for some students to demonstrate their skills in these areas, this oral assessment will provide an opportunity for students to demonstrate their knowledge and critical thinking skills in a standardized environment. Additional information can be found on D2L.	6%
Written documentation portfolio	Each student will submit one H&P (including their A&P) and one SOAP note (also including their A&P) 4 weeks prior to the end of the LIC Term. They must email the OBGYN clerkship director when this has been submitted to set up a time to discuss the assignment. More specific instructions about submission can be found on D2L.	2%
Obstetrical emergencies simulation preparation and participation	Assignments can be found on D2L and are designed to ensure that students are prepared to be successful in their fully immersive simulation event. Assignments will be graded, and points awarded for successful completion, and no late or make up assignments will be accepted.	2%

Students are provided a subscription to an OBGYN specific question bank through APGO called uWise. Students are encouraged to utilize this resource, though no completion is tracked or required for LIC students. Students are encouraged to complete them as a self-assessment for targeted study.

Pediatrics Clerkship

Pediatric Learning Objectives

1. Obtains a complete pediatric history and performs a physical examination adjusting to the child's age and developmental milestones.
    1. Learn the pertinent information for the different types of encounters and child's age
    2. Learn to perform a HEADSS interview in adolescents.
    3. Learn to interpret growth parameters and vital signs.
2. Prioritizes the clinical problems and generates a logical differential diagnosis.
3. Constructs a plan for a well-child and a sick encounter. When appropriate, addresses pediatric preventative care in a sick encounter.
4. Document accurate information in the electronic health care record (ex. physical examination findings) and modify the care plan in accordance to the most current information or best available evidence.
5. Concisely communicates with healthcare members (intern, resident, attending or subspecialists - including presentations during rounds and written documentation).
6. Interpret common laboratory and radiologic tests performed in pediatric patients.
7. Anticipate needs for patients and their families (ex. non-English speaking families and the use of an interpreter; need to refer to a subspecialist or therapist; discharge instructions and education).
8. Provide age and culturally appropriate health education, safety instruction, preventative care and anticipatory guidance for a child and their family based on their needs and reason for the encounter.
9. Show integrity and accountability in all interactions with patients, their families, professional colleagues and all the clerkship requirements.
10. Maintain a teachable attitude, including giving and receiving constructive feedback, being present and accountable, prepared and engaged for patient care duties and educational activities.

Pediatric Grading Table

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥84	Honors	≥90	Honors	Honors *IF* composite score is within Honors range, and qualifying shelf score meets at least the High Pass cutoff
≥2.3 – 2.59	High Pass		≥79	High Pass	≥85-89.99	High Pass	High Pass *IF* composite score is within High Pass range and clinical score is at least within High Pass range
≥2.0 – 2.29	Pass	Pass > 12 points (>60%)	≥63	Pass	≥64.00-84.99	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%)	<63	Fail	<64	Fail	

Pediatrics Observable Learning Activities/ Other Requirements

Other Points	Total
Topic presentation will be done on site with option in inpatient pediatrics	Up to 10 points

Teaching conference participation + completing clerkship requirements
Teaching conference participation + timely submission of direct observation cards, EHR self-assessment, duty hours and logging of procedure and diagnoses (Px/Dx): up to 10 points.
    ● Incomplete diagnoses list will be a point deduction in the "Other" category.
    ● Incomplete procedures will be a point deduction in the "Other" category.
    ● Incomplete time logs will be a point deduction in the "Other" category.
 	
Incomplete Direct Observation Card will be a point deduction in the "Other" category.
	Up to 10 points

Psychiatry Clerkship

Psychiatry Learning Objectives

1. Elicit and accurately document a complete psychiatric history and the mental status examination
2. Perform an appropriate physical exam on patients with presumed psychiatric disorders
3. Perform screening exams for common psychiatric disorders
4. Formulate a differential diagnosis and plan for assessment of common presenting signs and symptoms of psychiatric disorders
5. Perform cognitive assessments to evaluate new patients and monitor patients with suspected cognitive impairment
6. Discuss typical presentations of substance use disorders in general medical and psychiatric clinical settings
7. Compare and contrast the clinical features and course of common psychiatric disorders that present with associated psychotic features
8. Discuss the epidemiology of mental disorders and its effect on the healthcare system
9. Discuss the psychiatric clinical assessment and differential Psychiatric diagnosis for children and adolescents
10. Provide education about psychiatric illness and treatment options to designated patients
11. Discuss the common, currently available psychotropic medications
12. Discuss general features of common psychotherapies and recommend specific psychotherapy for designated patients in conjunction with or instead of other forms of treatment
13. Discuss the roles of relevant different physician sub-specialties and non-physician healthcare disciplines
14. Discuss the physician's role in advocacy for services for the mentally ill
15. Discuss the mental health and mental health care disparities experienced by racial and ethnic groups and the factors that contribute to them
16. Effectively analyze, evaluate, and synthesize information to provide effective, evidence-based patient care
17. Recognize own limitations, admit error, and improve behavior when provided with constructive feedback
18. Demonstrate an awareness of and practice ongoing reflection with legal, ethical and/or social issues related to the standards of medical practice including those unique to psychiatry
19. Demonstrate sensitivity and compassion with insight and understanding of human emotions
20. Demonstrate the ability to access databases for commonly prescribed abused medications during care of patients.

Psychiatry Grading Table

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors	>20 points	≥88	Honors	≥91-100	Honors	Honors IF composite score is within Honors range, and qualifying shelf score meets at least the High Pass cutoff
≥2.3 – 2.59	High Pass		≥83	High Pass	≥88-90.99	High Pass	High Pass IF composite score is within High Pass range and clinical score is at least within High Pass range
≥2.0 – 2.29	Pass	Pass > 12 points (>60%)	≥69	Pass	≥64.00-87.99	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%)	<69	Fail	<64	Fail	

Psychiatry Observable Learning Activities/Other Requirements

Academic Participation	Criteria	Item(s)	Total
Required	Outlined on Evaluation Form	Observed Clinical Interview	Up to 5 points
Required	Outlined on Evaluation Form	Case Presentation	Up to 5 points
Required	Outlined on Other Cover Sheet	Diagnostic Screening Tools (some are required, remainder optional)	1 point each to maximum of 9 points
Optional	Outlined on Other Cover Sheet	Topical Paper	Up to 5 points
Optional	Outlined on Evaluation Form	Journal Article Presentation	Up to 5 points

Surgery Clerkship

Surgery Learning Objectives

1. **Dedicated Patient Interaction:** Obtain accurate surgical history and write concise surgical notes.
2. **Preparedness:** Build a versatile fund of knowledge, skills, and attitude to learn from the expected and unexpected patient care experiences throughout the rotation. Present cases demonstrating comprehensive knowledge in various settings.
3. **Physical Exam Proficiency:** Perform detailed organ-specific physical examinations, emphasizing abdominal exams.
4. **Effective Communication:** Communicate professionally and effectively within the surgical team and across departments.
5. **Team Collaboration:** Function as an integral member of the surgical team.
6. **Diagnostic Competence:** Interpret diagnostic and imaging modalities for surgical and trauma patients.
7. **Decision-making Aptitude:** Explore surgical decision-making based on current practice, data, and medical knowledge.
8. **Management Strategies:** Construct rationales for operative and non-operative management of surgical patients.
9. **Pre/Postoperative Management:** Develop strategies for perioperative care.
10. **Procedural Competence:** Develop basic technical skills. Collaborate with the operative team, recognizing and ensuring patient safety.
11. **Counseling Skills:** Develop counseling abilities for preventing surgical illnesses.
12. **Ethical and Inclusive Practice:** Demonstrate awareness of ethical, legal, and clinical principles, considering patient diversity and social determinants of health.

Surgery Grading Table

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥80	Honors	≥87.00-100	Honors	Honors IF composite score is within Honors range, and qualifying shelf score meets at least the High Pass cutoff and Completes Trauma Call and Reflective Writing Assignment Requirements below
≥2.3 – 2.59	High Pass		≥75	High Pass	≥82.20-86.99	High Pass	High Pass IF composite score is within High Pass range and clinical score is at least within High Pass range
≥2.0 – 2.29	Pass	Pass > 12 points (>60%)	≥59	Pass	≥63.00-82.19	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%)	<59	Fail	<63	Fail	

Surgery Observable Learning Activities/Other Requirements

Academic Participation	Criteria	Item(s)	Total
Case Presentation	Site Director, teaching faculty, or chief resident will lead and grade the case presentations. Each of the following are worth a total of two (2) points each and added to give a final score: ● H&P ● Differential ● Knowledge of Patient ● Knowledge of Disease ● Presentation and Communication	Case Presentation.pdf Upload completed checklist on OASIS Due 11:59 PM Sunday by the end of chosen LIC Term Failure to upload by deadline will forfeit all points	10 Points
Competency Checklist	The following list is separate from the Px/Dx list and can only be performed in an inpatient or outpatient setting. A faculty member, site director, or resident can sign off on any of the components of this checklist. Each of the following items are worth one (1) point each for a maximum of 10 points: ● Foley insertion ● Nasogastric tube insertion ● Surgical Drain Insertion or Removal ● Suturing & Knot Tying ● Staple Insertion or Removal ● Intravenous (IV) Catheter Insertion ● Airway management ● FAST Exam or Ultrasound Guided Imaging +/- Procedure ● History and Physical Note ● Post-Operative Note ● Admission Orders ● Clinic Note ● Wound Care and Management ● Patient/Family Communication ● Arterial Line ● Breast exam Rural clinical skills checklist: five additional rural-specific skills chosen by the LIC surgery Site Director.	Competency Checklist.pdf Upload completed checklist on OASIS Due 11:59 PM Sunday by the end of chosen LIC Term Failure to upload by deadline will forfeit all points	10 Points

Longitudinal Patient Care

Longitudinal Patient Care Course Learning Objectives

Course Learning Objectives	EPO Mapping
Identify how patient healthcare values, goals, and medical needs evolve over time; including the effect of the pathophysiology of disease processes, healthcare settings, and influence of environment and barriers to care.	PC6; MK7,8,9; CAQI2; SAR2,5
Describe and model an interdisciplinary patient centered team-based model of healthcare.	PC7; P8; SAR1,5,6
Appropriately assess and identify ways to address the healthcare needs of the patient with chronic medical conditions utilizing medical knowledge, knowledge of the interdisciplinary team members' complementary roles and responsibilities, negotiation of common goals and objectives, knowledge of community and social determinants of health, and appropriate task distribution.	SAR5,6; PC3,4,5,7; MK2,9; P1,2,8
Engage with all members of the IPE team using effective communication strategies in shared patient centered problem solving and decision making.	ICS1,2,3; P8; PC7
Appropriately collect, document, store, and manage patient information, respecting patient privacy and confidentiality.	PC1; ICS4; P3

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, Progression and Grading for Pre-Clerkships (Foundational) 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 and Anti-Harassment and Nondiscrimination 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 Coursework and Examination Absence Policy
- Leave of Absence and Withdrawal from Medical School 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 Examination Retake for

Course, Clerkship, and Year 4 Observed Structured Clinical Examination (OSCE) Policy.) If successful on the shelf retake, a final grade no higher than "Pass" can be earned for the clerkship. (See Grading and Progression for Clerkships and Selectives Policy for additional details.)

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