

# Longitudinal Integrated Clerkship Syllabus



## Academic Year 2026-2027

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## Section A – Longitudinal Integrated Clerkship Curriculum

### Longitudinal Integrated Clerkship Information

#### General LIC Information and Contacts

<b>Credit Hours</b>	Varies by LIC Site
<b>Course Code</b>	MEDP 835
<b>Clerkship Length</b>	Varies by LIC Site, in addition to the table below, please see site specific requirements in the appendix
<b>Clerkship Website and Contacts</b>	<a href="#">Clerkships Website</a> and <a href="#">Contacts</a>
<b>Clerkship-Specific Resources</b>	<a href="#">OASIS</a> , <a href="#">One45</a> , <a href="#">myTIPreport</a> , <a href="#">D2L</a>
<b>Clinical Sites</b>	For a list of clerkship sites and addresses, please see: <a href="#">Course Catalog</a>
<b>Prerequisites</b>	All students must successfully pass all foundational courses* to progress to the third year. *Link to Policy: <a href="#">Enrollment, Progression and Grading for Pre-Clerkships (Foundational) Policy</a>
<b>Corequisites</b>	Enrollment in PPD3 with participation in and successful completion of the corresponding specialty content: 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
<b>Clerkship Director:</b> Jonathan Cartsonis, M.D. 	<b>Office Phone:</b> 602-827-2406  <b>Email:</b> <a href="mailto:jcartsonis@arizona.edu">jcartsonis@arizona.edu</a>  <b>Office Location:</b> Health Sciences Education Building (HSEB), B570
<b>Clerkship Coordinator:</b> Jessica Mowan 	<b>Office Phone:</b> 520-621-0137  <b>Email:</b> <a href="mailto:jmowan@arizona.edu">jmowan@arizona.edu</a>  <b>Office Location:</b> Health Sciences Education Building (HSEB), B512A

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

**LIC Curriculum and Credit Hours:**

Curriculum included in LIC site curriculum <sup>AB</sup>	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	-	-
LIC Term 1	8 Credits	8 Credits	12 Credits	8 Credits	8 Credits	12 Credits
LIC Term 2	8 Credits	10 Credits	12 Credits	8 Credits	12 Credits	12 Credits
LIC Term 3	-	10 Credits	-	12 Credits	12 Credits	-
LIC Term 4	-	-	-	12 Credits	-	-
<b>Total Credit Hours</b>	<b>16 Credits</b>	<b>28 Credits</b>	<b>24 Credits</b>	<b>40 Credits</b>	<b>32 Credits</b>	<b>24 Credits</b>

<sup>A</sup>Curricular units not indicated are required to be completed outside of the formal LIC structure and site.

<sup>B</sup>On 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 students to establish a solid foundation of skills and knowledge for their future career.

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

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.

### **Longitudinal Integrated Clerkship Learning Objectives**

Each Longitudinal Integrated Clerkship objective listed below has been mapped with relevant competencies, i.e., patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice 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**

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. Please see section B for COM-P attendance policies.

1. All absences will be remediated as deemed appropriate by the LIC director in collaboration with the LIC site director.
2. 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.
3. 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**

#### **Required for the LIC:**

1. 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.

#### **Recommended:**

1. 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.

### **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 by the end of that term. See the appendix to this syllabus for additional clerkship specialty grade requirements.

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: Log ALL Px/Dx experiences in myTIPreport, including duplicate diagnoses and procedures at a rate of at least 30 entries per week.

### **Px/Dx Alternative Experiences**

Students are expected to meet the required clinical experiences and procedures listed on the [Global Px/Dx list](#) before proceeding to fourth year, or, for 3-year MD students, before proceeding to advanced rotations, such as sub-

internship/selectives . If the student does not encounter all the required clinical experiences as listed within the Px and Dx link above, completed by the end of the Longitudinal Integrated 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 and take responsibility for proactively completing any alternative experience/requirement a minimum of 14 days prior to the end of the LIC Term.
2. The LIC Director or LIC Site Director will assign an alternative experience/requirement to be completed.
3. Once the alternative experience/requirement is completed, the student will log this in myTIPreport 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**

<b>Academic Participation</b>	<b>Criteria</b>	<b>Item(s)</b>	<b>Total</b>
Rural Health Activities Score (see below rubric for scoring)	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: <ol style="list-style-type: none"> <li>a. Longitudinal patient summaries of at least five individuals or families that will include their medical conditions and related social determinants of health, submitted through Oasis.</li> <li>b. A brief reflection on the significance of the longitudinal interactions on patient care.</li> <li>c. A reflection on the effect of longitudinal care on the student-patient therapeutic relationship.</li> </ol>	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.	Preceptor assessments are reviewed by the LIC director (or designee) for satisfactory EPO performance. 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<sup>1</sup>**

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	≥ 12 points
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**

Throughout the LIC, 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, PRIME+ 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 Longitudinal Integrated Clerkship, the student will request EPA assessments via [myTIPreport](#). This will serve as an ongoing mid-clerkship formative assessment. Additionally, the LIC director will meet with each student every 3 weeks throughout the LIC to check in, discuss the formative feedback, Px/Dx logging, duty hours, and any other questions or concerns the student or director may have.

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. Some burst faculty may be prepared to provide EPA assessments—via myTIP. Their EPA contributions will be welcomed.

\*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**

Significant interaction in the LIC is defined as clinical supervision in any medical setting for 3 or more half day sessions per LIC term. The LIC Site Director or designee will confer with on site UA COM-P faculty who have had “significant” medical student interactions to complete the end of rotation (EOR) assessment.

Attending physicians (with faculty title) can complete an end-of-rotation (EOR) assessment form. 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 clerkship EOR assessment form is distributed through [one45](#).

Each LIC term, students are awarded a grade of Honors, High Pass, Pass or Fail, based on the LIC grading rubric described above. Note that students also earn specialty grades each term as outlined below. LIC grades are calculated and reported by the LIC director or designee.

### **NBME Shelf Exam**

The NBME shelf exams are scheduled by the LIC student at least 2 weeks in advance of the test date chosen. A minimum of 2 shelf exams must be taken each LIC Term. See Section B of syllabus for more details. The LIC student may request 1 full day of study time to prepare for each shelf exam.

### **Calculating the Final Grade**

The clerkship grading calculator is posted in [one45](#) to provide assistance in calculating the final clerkship grade for each specialty. The grading calculator is meant to be used as a tool, and all final determinations will be made using the tables below:

#### **1. LIC Term Grade**

Students are assigned an LIC grade at the completion of each LIC term. The final LIC grade will be divided into five tiers: Honors, High Pass, Pass, Incomplete, or Fail (H, HP, P, I, F). LIC Grading in the LIC is governed by the [Grading and Progression for Clerkships and Selectives Policy](#).

#### **2. Specialty Grades**

Within the first two weeks of each LIC term, students must declare two specialty grade requirements that they will complete using this [Google Forms](#) link. They will also verbally notify their LIC site director. Requirements include 1) sitting for the specialty shelf exam in the selected specialties, 2) completing specialty “Other Grade” requirements as described in this syllabus appendix. Note that all Px/Dxs under the chosen specialty must be complete by the end of that term. Because specialty experiences may be threaded throughout all LIC terms, an accurate assessment of clinical specialty mastery is only possible toward the end of the last LIC term. Therefore, the clinical component of specialty grades will not begin to be assessed until the last LIC term. For Payson only, assessments may begin in LIC Term 3 and continue through Term 4. For the other LIC sites, assessments and grading may begin to take place during the final term.

Interactive learning session attendance is required for a passing LIC grade. Didactic session absences must be excused by the LIC site director or LIC clerkship director. Unexcused absences may result in a lower or failing specialty grade.

### **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. Comments from myTIPreport EPAs, End of Rotation assessments (EORs), completion of “Other” requirements, completion of the Px/Dx in the specialty, and the specialty NBME shelf score. Please see the clerkship specialty requirements for specific details in this syllabus appendix. All elements used to calculate the final grade, can be reviewed in [one45](#).

Students are encouraged to complete specialty grade requirements early in the term to avoid an accumulation of requirements at term end. The timing of NBME Shelf exams should be carefully planned under the guidance of the LIC

Clerkship and/or Site Directors. Program requirements in two specialties must be completed each term. This methodical completion of specialty grade requirements keeps students on track and achieving the grades that reflect their efforts.

- 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.

**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.
- 4) Confirming that those students qualifying for honors in all of the above have also completed all of the specialty-specific content assigned during the corresponding PPD3 week and all Px/Dx and Duty Hour logging by the stated deadline(s).

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

<b>Final Grade</b>	<b>Composite Score</b> (50% clinical + 30% exam + 20% other)	<b>Clinical Component Score</b>	<b>Exam Component Score</b>
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 < 2.00
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 than 60% from 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**

Each Emergency Medicine Clerkship objective listed below has been mapped with relevant competencies, i.e., patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice and is available within [one45](#).

1. Recognize and initiate stabilization for patients with life-threatening or time-sensitive conditions.
2. Perform focused, efficient assessments of undifferentiated patients.
3. Apply clinical reasoning to prioritize problems and generate differential diagnoses.
4. Select and interpret commonly used diagnostic studies and procedures.
5. Develop initial evidence-informed management plans for emergency department patients.
6. Communicate effectively and compassionately with patients and families.
7. Collaborate with interprofessional team members and deliver organized, concise presentations.
8. Document emergency encounters accurately and in a timely manner.
9. Use information technology to support decision-making and ongoing learning.
10. Demonstrate professionalism through integrity, accountability, and respect.
11. Analyze ethical considerations in emergency department decision-making.
12. Describe the role of emergency medicine within the broader healthcare system.
13. Analyze how SUD, mental health, and SDOH influence emergency presentations and disparities.

**Emergency Medicine Component Score Calculations:**

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		Notes
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: <ul style="list-style-type: none"> <li>• Composite score is within Honors range,</li> <li>• Clinical category grade is honors,</li> <li>• Qualifying shelf score meets at least the High Pass cutoff,</li> <li>• Completed all PPD3 specialty-specific requirements and all Px/Dx and Duty Hour Logging by the stated deadline(s).</li> </ul>
≥2.3 – 2.59	High Pass		≥77	High Pass	≥77.40-87.89	High Pass	High Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within High Pass range and</li> <li>• Clinical score is at least within High Pass range.</li> </ul>
≥2.0 – 2.29	Pass	Pass ≥ 12 points (≥60%)	≥62	Pass	≥64.20-77.39	Pass	Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within Pass range and</li> <li>• Clinical score is at least within Pass range.</li> </ul>
<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**

Each FCPM Clerkship objective listed below has been mapped with relevant competencies, i.e., patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice and is available within [one45](#).

The University of Arizona College of Medicine - Phoenix (COM-P) FCPM Clerkship utilizes the objectives set forth by the Society of Teachers of Family Medicine, recognizing the value of standardizing learning objectives across medical schools in the United States.

At the end of the FCPM clerkship, each student should be able to:

1. Apply foundational principles of family medicine, including continuity of care, whole person care and the family - centered biopsychosocial model, across diverse clinical settings
2. Perform focused and comprehensive histories and physical examinations, demonstrating advanced communication, diagnostic questioning and critical thinking skills
3. Generate prioritized differential diagnosis and propose initial evidence-informed evaluation and management strategies for common and acute undifferentiated presentations
4. Formulate longitudinal management plans for patients with common chronic diseases, including monitoring response to treatment, adjusting therapy and supporting self-management.
5. Develop evidence-based health promotion and disease-prevention plans for patients across the lifespan, incorporating screening guidelines and patient education.
6. Apply principles of evidence-based medicine, including construction of clinical questions (PICO), appraisal of evidence, and interpretation of POEMS v DOEs, to inform patient-centered decision making
7. Analyze how social determinants of health, culture, structural racism and implicit bias influence patient care and outcomes, and propose strategies to advance health equity and inclusive care.
8. Collaborate effectively with interprofessional team members in clinic-based primary care to support coordinated, patient centered care and integrated office workflows.
9. Apply system-based principles to describe the role of family physicians within the healthcare system, identifying how practice structure, payment models, and care coordination influence outcomes.
10. Apply cost-conscious care principles and effectively use community resources to support patients' medical and social needs.
11. Apply basic ethical principles to analyze and address ethical dilemmas encountered in family medicine practice.

12. Apply safe and legal prescribing practices for controlled substances, including appropriate use of the controlled substances monitoring program and adherence to opioid-prescribing regulations.

**Family, Community, & Preventive Medicine Component Score Calculations:**

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		Notes
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥82	Honors	≥91.00 – 100	Honors	Honors IF: <ul style="list-style-type: none"> <li>• Composite score is within Honors range,</li> <li>• Clinical category grade is honors,</li> <li>• Qualifying shelf score meets at least the High Pass cutoff,</li> <li>• Completed all PPD3 specialty-specific requirements and all Px/Dx and Duty Hour Logging by the stated deadline(s).</li> </ul>
≥2.3 – 2.59	High Pass		≥77	High Pass	≥88.00 – 90.99	High Pass	High Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within High Pass range and</li> <li>• Clinical score is at least within High Pass range.</li> </ul>
≥2.0 – 2.29	Pass	Pass ≥ 12 points (≥60%)	≥64	Pass	≥63.50 – 87.99	Pass	Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within Pass range and</li> <li>• Clinical score is at least within Pass range.</li> </ul>
<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
Learning Session attendance and participation at their LIC site	-	10% (10 points)
PICO Presentation (virtual) with their peers in Phoenix – additional information posted in one45	PICO Clinical Question and PowerPoint	5% (5 points)
EBM OSCE (virtual) with their peers in Phoenix- additional information posted in One45	-	5% (5 points)

**Internal Medicine Clerkship**
**Internal Medicine Clerkship Learning Objectives**

Each IM Clerkship objective listed below has been mapped with relevant competencies, i.e., patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice and is available within [one45](#).

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. Demonstrate awareness of how difficult conversations and serious illness may impact physicians, and implement effective strategies to promote one's own wellbeing. (Behavioral Science and Physician Growth and Well-being Theme)
17. Define, describe, and apply basic ethical principles to challenges encountered in inpatient and outpatient IM settings. (Bioethics and Health Humanities Theme)
18. 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 and Public Health Theme)
19. Identify how various symptoms may present differently and how specific conditions may be underdiagnosed or undertreated in certain populations, particularly those facing health disparities (i.e., depression in the aged population, ACS in women, pain management in sickle cell disease, etc.). (Health Equity Theme)
20. Health Equity Theme – see #8 above
21. Demonstrate effective use of the electronic medical record. (Health Systems Science Theme)
22. Promote appropriate transitions of care from inpatient to outpatient settings, to improve both patient outcomes and quality of care. (Health Systems Science Theme)
23. In a HIPAA 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. (Health Systems Science Theme)
24. Outline preventive strategies for the promotion of health and prevention of disease and provide patient education and counseling for such issues relevant to IM. (Evidence Based Medicine and Public Health Theme).

**Internal Medicine Component Score Calculations:**

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		Notes
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥82	Honors	≥88.20-100	Honors	Honors IF: <ul style="list-style-type: none"> <li>• Composite score is within Honors range,</li> <li>• Clinical category grade is honors,</li> <li>• Qualifying shelf score meets at least the High Pass cutoff,</li> <li>• Completed all PPD3 specialty-specific requirements and all Px/Dx and Duty Hour Logging by the stated deadline(s).</li> </ul>
≥2.3 – 2.59	High Pass		≥76	High Pass	≥84.70-88.19	High Pass	High Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within High Pass range and</li> <li>• Clinical score is at least within High Pass range.</li> </ul>
≥2.0 – 2.29	Pass	Pass ≥ 12 points (≥60%)	≥59	Pass	≥63.00-84.69	Pass	Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within Pass range and</li> <li>• Clinical score is at least within Pass range.</li> </ul>
<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	<p><b>Why:</b> a different form of assessment than the shelf exam; assesses clinical reasoning skills and key clinical decision making, rather than medical knowledge and recall.</p> <p><i>EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter</i>  <i>EPA 3: Recommend &amp; Interpret Common Diagnostic and Screening Tests</i>  <i>EPA 4: Enter &amp; Discuss Orders and Prescriptions</i></p>	10% (Up to 10 points)
Ambulatory Aquifer Cases  <i>EPAs 2, 3, &amp; 4</i>	<p>Completion of the Required Aquifer Cases focusing on Ambulatory Medicine topics (15 cases total):</p> <ul style="list-style-type: none"> <li>Case #'s: 5, 6, 8, 13, 14, 15, 16, 17, 18, 19, 23, 31, 32, 34, &amp; 35</li> </ul> <p>Due by Midnight the last Sunday of the LIC Term.            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.</p> <p><b>Why:</b> Augments clinical ambulatory learning and helps prepare for the shelf exam (40-50% ambulatory topics)</p>	5% (Up to 5 points)
Evidenced-Based Medicine Presentation  <i>EPA 7: Form Clinical Questions &amp; Retrieve Evidence to Advance Patient Care</i>	<p><b>Give an Evidence-Based presentation to your clinical team on a Topic Relevant to Patient Care.</b></p> <p>Can be in one of the following formats:</p> <ul style="list-style-type: none"> <li>PICO presentation of a literature review performed to answer a clinical question related to one of the team's patients.</li> <li>Powerpoint presentation reviewing a clinical topic, focusing on key aspects related to patient care and clinical reasoning.</li> <li>"Chalk Talk" with handout reviewing a clinical topic, focusing on key aspects related to patient care and clinical reasoning.</li> </ul> <p>Scored by attending, with scoring form emailed to LIC Coordinator by Midnight the last Sunday of the LIC Term.</p>	3% (Up to 3 points)
Learning Session Attendance and Participation <i>EPA 9: Collaborate as a member of an interprofessional team</i>	<p>Attendance and active participation in academic half day learning sessions on Tuesday afternoons.</p> <p>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 make-up work. Unexcused absences or "no call, no show" for any learning session will result in forfeiting the points for that day.</p>	2% (Up to 2 points)
Total Points Possible		20 points

**Obstetrics and Gynecology (OBGYN) Clerkship**
**OBGYN Clerkship Learning Objectives**

Each OBGYN Clerkship objective listed below has been mapped with relevant competencies, i.e., patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice and is available within [one45](#).

The University of Arizona College of Medicine - Phoenix (COM-P) OBGYN Clerkship utilizes the objectives set forth by the Association of Professors of Gynecology and Obstetrics (APGO), recognizing the value of standardizing learning objectives across medical schools in the United States.

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 Component Score Calculations:**

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		Notes
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥83	Honors	≥84.90 - 100	Honors	Honors IF: <ul style="list-style-type: none"> <li>• Composite score is within Honors range,</li> <li>• Clinical category grade is honors,</li> <li>• Qualifying shelf score meets at least the High Pass cutoff,</li> <li>• Completed all PPD3 specialty-specific requirements and all Px/Dx and Duty Hour Logging by the stated deadline(s).</li> </ul>
≥2.3 – 2.59	High Pass		≥79	High Pass	≥75.80 - 84.89	High Pass	High Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within High Pass range and</li> <li>• Clinical score is at least within High Pass range.</li> </ul>
≥2.0 – 2.29	Pass	Pass ≥ 12 points (≥60%)	≥64	Pass	≥64.50 - 75.79	Pass	Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within Pass range and</li> <li>• Clinical score is at least within Pass range.</li> </ul>
<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)	<p>The OSCE will occur in the Clinical Skills Suites on the UAz COM-P campus.</p> <p>In order to pass the OSCE, the student must:</p> <ul style="list-style-type: none"> <li>● score at least 60% on the OSCE checklist</li> <li>● complete the OSCE without the encounter needing to be aborted</li> <li>● exhibit professionalism and preparedness</li> </ul> <p>Failure of the OSCE will result in remediation and repeat of the OSCE.</p> <ul style="list-style-type: none"> <li>● 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).</li> <li>● For most students, a retake of the OSCE will result in an Incomplete in the clerkship pending its completion.</li> <li>● 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.</li> <li>● 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.</li> </ul> <p>Additional information and preparatory materials can be found on D2L.</p>	10%
Oral assessment of medical knowledge and critical thinking	<p>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.</p>	6%
Written documentation portfolio	<p>Each student will submit one H&amp;P (including their A&amp;P) and one SOAP note (also including their A&amp;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.</p>	2%
Obstetrical emergencies simulation preparation and participation	<p>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.</p>	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

### **Pediatrics Clerkship Learning Objectives**

Each Pediatric Clerkship objective listed below has been mapped with relevant competencies, i.e., patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice and is available within [one45](#).

1. Perform age-appropriate pediatric assessments, including history taking and physical examination informed by developmental stage and encounter context.
2. Interpret pediatric growth parameters and vital signs to distinguish normal from abnormal findings.
3. Apply clinical reasoning to prioritize problems and generate differential diagnoses for common pediatric presentations.
4. Develop evidence-informed management plans for well-child and acute care encounters, incorporating preventive care and anticipatory guidance.
5. Document accurate and pertinent clinical information and update care plans based on evolving data and best evidence.
6. Communicate effectively with patients, families, and interprofessional team members through clear oral and written presentations.
7. Interpret commonly used pediatric laboratory and imaging studies to inform clinical assessment and decision-making.
8. Anticipate and address patient and family needs, including communication support, resource navigation, and care coordination.
9. Provide developmentally appropriate health education, safety counseling, and preventive guidance to children and families.
10. Demonstrate professionalism through integrity, accountability, respect, and adherence to ethical standards in all clinical interactions.
11. Engage in self-directed learning through receptiveness to feedback, reflection on performance, and ongoing improvement.

**Pediatric Component Score Calculations:**

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		Notes
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥84	Honors	≥90	Honors	Honors IF: <ul style="list-style-type: none"> <li>• Composite score is within Honors range,</li> <li>• Clinical category grade is honors,</li> <li>• Qualifying shelf score meets at least the High Pass cutoff,</li> <li>• Completed all PPD3 specialty-specific requirements and all Px/Dx and Duty Hour Logging by the stated deadline(s).</li> </ul>
≥2.3 – 2.59	High Pass		≥79	High Pass	≥85-89.99	High Pass	High Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within High Pass range and</li> <li>• Clinical score is at least within High Pass range.</li> </ul>
≥2.0 – 2.29	Pass	Pass ≥ 12 points (≥60%)	≥63	Pass	≥64.00-84.99	Pass	Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within Pass range and</li> <li>• Clinical score is at least within Pass range.</li> </ul>
<2.00	Fail	Fail < 12 points (<60%)	<63	Fail	<64	Fail	

**Pediatric 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. <ul style="list-style-type: none"> <li>● Incomplete diagnoses list will be a point deduction in the “Other” category.</li> <li>● Incomplete procedures will be a point deduction in the “Other” category.</li> <li>● Incomplete time logs will be a point deduction in the “Other” category.</li> <li>    Incomplete Direct Observation Card will be a point deduction in the “Other” category.</li> </ul>	Up to 10 points

**Psychiatry Clerkship**
**Psychiatry Clerkship Learning Objectives**

Each Psychiatry Clerkship objective listed below has been mapped with relevant competencies, i.e., patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice and is available within [one45](#).

1. Perform comprehensive psychiatric assessments, including full psychiatric history, mental status examination, relevant physical examination, screening for common psychiatric disorders, and cognitive assessments.
2. Apply diagnostic reasoning to generate differential diagnoses and formulate evidence-informed assessment plans across the lifespan.
3. Explain the epidemiology of major psychiatric disorders and describe impacts on individuals and systems.
4. Analyze mental health and mental healthcare disparities and evaluate contributing cultural, structural, and systemic factors.
5. Provide patient-centered education about psychiatric diagnoses, treatment options, prognosis, and shared decision-making.
6. Describe indications, mechanisms, benefits, risks, and monitoring considerations for commonly used psychotropic medications.
7. Compare and recommend psychotherapeutic modalities based on patient needs and evidence.
8. Describe roles and scopes of psychiatry subspecialties and interprofessional team members.
9. Advocate for appropriate services, resources, and supports for individuals with mental illness.
10. Analyze, evaluate, and synthesize clinical information to provide evidence-based psychiatric care.
11. Demonstrate professionalism through self-awareness, recognition of limitations, receptiveness to feedback, compassionate communication, and maintenance of boundaries.
12. Apply ethical principles and engage in ongoing reflection on legal, ethical, and social issues relevant to psychiatric practice.
13. Apply safe and legal prescribing practices for controlled substances, including prescription monitoring database use.

**Psychiatry Component Score Calculations:**

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		Notes
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors	≥20 points	≥88	Honors	≥91-100	Honors	Honors IF: <ul style="list-style-type: none"> <li>• Composite score is within Honors range,</li> <li>• Clinical category grade is honors,</li> <li>• Qualifying shelf score meets at least the High Pass cutoff,</li> <li>• Completed all PPD3 specialty-specific requirements and all Px/Dx and Duty Hour Logging by the stated deadline(s).</li> </ul>
≥2.3 – 2.59	High Pass	≥20 points	≥85	High Pass	≥88-90.99	High Pass	High Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within High Pass range and</li> <li>• Clinical score is at least within High Pass range.</li> </ul>
≥2.0 – 2.29	Pass	Pass ≥ 12 points (≥60%)	≥74	Pass	≥64.00-87.99	Pass	Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within Pass range and</li> <li>• Clinical score is at least within Pass range.</li> </ul>
<2.00	Fail	Fail < 12 points (<60%)	<74	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 Clerkship Learning Objectives**

Each Surgery Clerkship objective listed below has been mapped with relevant competencies, i.e., patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice and is available within [one45](#).

1. Obtain accurate patient histories and write concise notes.
2. Perform organ-specific physical examinations, with emphasis on abdominal exams.
3. Present surgical patients/cases, applying and demonstrating foundational knowledge across clinical settings.
4. Demonstrate initiative and adaptability in varied surgical patient care experiences.
5. Communicate and collaborate effectively as a professional member of the surgical team.
6. Interpret diagnostic and imaging studies across a variety of clinical settings (elective, emergency, and trauma surgery).
7. Apply medical knowledge and clinical data to surgical decision-making.
8. Critically appraise evidence in support of perioperative and operative decisions.
9. Apply principles of perioperative care to surgical patients.
10. Formulate management plans for operative and non-operative surgical patients.
11. Demonstrate basic technical surgical skills.
12. Collaborate with the operative team to ensure patient safety before, during, and after procedures.
13. Counsel patients on strategies to prevent surgical illnesses and complications.
14. Apply ethical, legal, and clinical principles in providing inclusive surgical care.

**Surgery Component Score Calculations:**



CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		Notes
Score	Component Score		Score	Component Score	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥80	Honors	≥87.00-100	Honors	Honors IF: <ul style="list-style-type: none"> <li>• Composite score is within Honors range,</li> <li>• Clinical category grade is honors,</li> <li>• Qualifying shelf score meets at least the High Pass cutoff,</li> <li>• Completed all PPD3 specialty-specific requirements and all Px/Dx and Duty Hour Logging by the stated deadline(s).</li> </ul>
≥2.3 – 2.59	High Pass		≥75	High Pass	≥82.20-86.99	High Pass	High Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within High Pass range and</li> <li>• Clinical score is at least within High Pass range.</li> </ul>
≥2.0 – 2.29	Pass	Pass ≥ 12 points (≥60%)	≥59	Pass	≥63.00-82.19	Pass	Pass IF: <ul style="list-style-type: none"> <li>• Composite score is within Pass range and</li> <li>• Clinical score is at least within Pass range.</li> </ul>
<2.00	Fail	Fail < 12 points (<60%)	<59	Fail	<63	Fail	

In addition to the above criteria, to qualify for a final grade of Honors, students must meet the following requirement:

- Complete two (2) trauma call shifts and write a summary of the experience. Students must complete the entire 12-hour shift. The summary of the experience must be between 300-500 words and may discuss any aspect of the shifts, such as a case you found interesting, reflections on the overall experience, correlations between the experience and didactics (such as professionalism series lecture on social determinants of health), etc. This will be reviewed by the clerkship directors. If you would like to complete an alternative creative reflection such as a poem, painting, or other media, please discuss this with the clerkship directors.

Forms are to be completed and emailed to the LIC coordinator by 11:59 PM Sunday of the end of the LIC Term for the Honors requirements listed above. Failure to email by the deadline will forfeit qualification to earn a grade of Honors.

**Surgery Observable Learning Activities/Other Requirements:**

Academic Participation	Criteria	Item(s)	Total
Case Presentation	<p>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:</p> <ul style="list-style-type: none"> <li>● H&amp;P</li> <li>● Differential</li> <li>● Knowledge of Patient</li> <li>● Knowledge of Disease</li> <li>● Presentation and Communication</li> </ul>	 <p>Case Presentation.pdf</p> <p>Upload completed checklist on OASIS</p> <p>Due 11:59 PM Sunday by the end of chosen LIC Term</p> <p>Failure to upload by deadline will forfeit all points</p>	10 Points
Competency Checklist	<p>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:</p> <ul style="list-style-type: none"> <li>● Foley insertion</li> <li>● Nasogastric tube insertion</li> <li>● Surgical Drain Insertion or Removal</li> <li>● Suturing &amp; Knot Tying</li> <li>● Staple Insertion or Removal</li> <li>● Intravenous (IV) Catheter Insertion</li> <li>● Airway management</li> <li>● FAST Exam or Ultrasound Guided Imaging +/- Procedure</li> <li>● History and Physical Note</li> <li>● Post-Operative Note</li> <li>● Admission Orders</li> <li>● Clinic Note</li> <li>● Wound Care and Management</li> <li>● Patient/Family Communication</li> <li>● Arterial Line</li> <li>● Breast exam</li> </ul> <p>Rural clinical skills checklist: five additional rural-specific skills chosen by the LIC surgery Site Director.</p>	 <p>Competency Checklist.pdf</p> <p>Upload completed checklist on OASIS</p> <p>Due 11:59 PM Sunday by the end of chosen LIC Term</p> <p>Failure to upload by deadline will forfeit all points</p>	10 Points

## Additional Clerkship Information

### LIC Requirement Quick Reference Guide

#### PxDx

**Who:** Student, assigned to Dr. Cartsonis in myTIPreport

**What:** Log all [procedures and diagnoses](#) in each clerkship that is part of your LIC

**When:** at least 30 entries per week

**Where:** [myTIPreport App](#)

**Why:** Recording all PxDx experiences showcases the breadth of clinical experiences you've experienced during your LIC

#### EPAs

**Who:** Student, assign to preceptor you directly worked with

**What:** to show record of the 13 Entrustable Professional Activities

**When:** Weekly, and submit as soon as you complete your experience and assign at least 2 EPAs in each of 13 categories by end of each ter

**Where:** [myTIPreport App](#)

**Why:** documents your professional development, your progress, strengths, and opportunities along the way

#### Duty Hours

**Who:** Student

**What:** Record the hours you worked in clinic for the week and were in compliance with policy

**When:** Weekly

**Where:** [Oasis](#)

**Why:** to ensure you are working an appropriate number of hours for your clerkship. This is required for LCME accreditation.

#### End of Rotation Assessment

**Who:** Student, assign to LIC Site Director

**What:** Clerkship specific clinical assessment

**When:** Release forms to LIC Site Director after declaring which clerkships will be focus for the LIC term

**Where:** [one45](#)

**Why:** to assess the student's clinical experience for each individual clerkship

#### Rural Health Activities Score

**Who:** Student

**What:** Complete two of the 8 LIC objectives and write a reflection on each one

**When:** Each LIC term

**Where:** [Oasis](#)

**Why:** integrate experiences from LIC term, clinical and non-clinical. Help faculty understand the impact of your experience on your professional development

#### Longitudinal Patient Continuity Score

**Who:** Student

**What:** Record 5 individuals or families you've seen on multiple occasions in the continuity clinic

**When:** Each LIC term

**Where:** [Oasis](#)

**Why:** To assess for yourself the power of longitudinal patient relationships.

**Longitudinal Patient Continuity Reflection**

**Who:** Student

**What:** Reflect on the significance of the longitudinal interactions on patient care

**When:** Each LIC term

**Where:** [Oasis](#)

**Why:** To understand the effect of longitudinal care on the student-patient therapeutic relationship.

**Clerkship Specialty Other Requirements**

**Who:** Student

**What:** complete specialty specific activities/other requirements for each clerkship assigned to your LIC site

**When:** Complete 2 clerkships each LIC term

**Where:** [Oasis](#)

**Why:** to ensure equivalent clinical experiences across clinical settings

## **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 \(Foundational\) Years 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.

- Have a question or are unsure how the LEO process works, call or text (602) 827-2328.
- 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](#) 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 of Educators to Curricular 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. Failure to complete required Px/Dx logging by the deadline will render a student ineligible for a grade of Honors in the clerkship.

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. To provide the opportunity for 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**

### **Professionalism Assessments**

Professional conduct is a core element of professional identity formation and COM-P students are held to the standards of a future physician. The [Competency Assessment Policy](#) and [Professionalism Assessment Policy](#) detail follow-up and implications for those students not meeting expectations.

### **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](#) and the LCME. 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 a COM-P mid-clerkship formative assessment form. The mid-clerkship formative assessment form is distributed through myTIPreport. The mid-clerkship formative assessment 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 or designee to review mid-clerkship feedback.

### **Summative Assessment**

COM-P has internal deadlines for completion of the summative assessment form(s) to ensure the LCME 6-week requirement is met. Contributing end-of-rotation (EOR) form(s) 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](mailto:PBC-Evaluation@arizona.edu)) and the clerkship director.

### **NBME Shelf Exam**

The NBME shelf exam is an objective summative assessment associated with each clerkship. 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. Students must inform the Office of Assessment and Evaluation of which shelf exam offering they are requesting by 8 am on the final Wednesday of the clerkship. Students who do not submit the form via [Smartsheet](#) requesting an exam will automatically be scheduled for a Sunday afternoon shelf exam.

In the case of an unexpected illness or circumstance, and the student is unable to sit for the NBME shelf exam as scheduled, or if technical issues arise during the examination, the student should notify the exams team immediately. The student will work with the associate dean, clinical curriculum and the exams team on scheduling a retake during an adjacent Personal Professional Development (PPD) week.

### 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 derived through EOR assessment forms submitted for a student. The individual EPOs on an EOR form are first averaged together to derive an EPO score. When multiple EOR forms are submitted, EPO scores are calculated for each form and then weight-averaged together to derive a final clinical score. The weight of each EPO score is determined by the clerkship director based on contact time between the evaluator and the student, the evaluator’s prior grading patterns, or other factors as deemed necessary by the clerkship director. . 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. 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 following the conclusion of the clerkship, the student will be assigned a formative Level 1 for the EPO targeting Professionalism, Objective 2-2 "Completes duties and tasks in a thorough, reliable, and timely manner" and will be required to submit the missing evaluation data in narrative form within the second week following the conclusion of the clerkship.

Once the student has successfully submitted their evaluation in narrative form within the second week following the conclusion of 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 following the conclusion of the clerkship the student will be considered as having not met expectations and will trigger professionalism follow up as per 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**.
3. Failure to complete Px/Dx and Duty Hour Logging by the assigned deadlines will make the student ineligible for Honors in the clerkship.

**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 conclusion 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 curriculum 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 in accordance with COM-P policy See [Competency Assessment Policy](#) and [Professionalism 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](mailto: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 [Course Catalog](#). 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.

### **Curriculum Management Systems**

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 [Honor Code Policy and Committee Procedures and Process for Dismissal](#) and the ABOR Student Code of Conduct.

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>