



**Family, Community, and Preventive Medicine Clerkship Syllabus**  
**Academic Year 2021-2022**  
**CC Approved 03/23/2021**

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## **Section A – FCPM Clerkship Curriculum**

### **Family, Community, and Preventive Medicine Clerkship Information**

Credit Hours: 6  
Course Code: FCPM 835

Prerequisites: All students must successfully pass all pre-clerkship curricular elements in order to progress to the third year. Link to policy: [Enrollment, Sequencing and Grading for Pre-Clerkships Policy](#)

Clerkship Length: 6 Week Rotation  
Clerkship Website: [FCPM](#)  
Clerkship Resources: [FCPM Resources](#), [Oasis Link](#), [One45](#)

### **Clerkship Contacts**

**Clerkship Director Name:** Shahrzad Saririan, MD



**Office phone:** 480-735-8555  
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**Office location:** HSEB B571

### **Course Description**

The Family, Community, and Preventive Clerkship utilizes a variety of well-supervised clinical settings exposing students to a broad array of patients as well as organized interactive learning experiences and directed readings allowing motivated students to establish a solid foundation of skills and knowledge for their future career choices.

### **Clinical Sites**

For a list and description of the Family, Community, and Preventive Medicine (FCPM) clerkship sites, please see the following site: [Clerkship Resources](#)

### **Clerkship Learning Objectives**

Each FCPM Clerkship objective listed below has been mapped with relevant competencies, i.e., Patient Care, Medical Knowledge, Clinical Appraisal and Quality Improvement, Interpersonal and Communication Skills, Professionalism and Societal Awareness and Responsiveness and is available within One45.



1. Demonstrate an accurate and appropriate patient history.
2. Perform physical exams, focused and general, appropriate to the patient history.
3. Perform ancillary tasks crucial to patient care such as: interpreting simple x-rays, lab results, ECGs, and writing prescriptions.
4. Recognize the importance of performing an age and gender specific screening as part of preventive health care maintenance.
5. Provide continuity of care for patients in a variety of settings including in the office, nursing home, and/or patients' homes.
6. Develop knowledge of common problems encountered in Family Medicine including those on the required Procedures Diagnosis logs and discussed in the Interactive Learning Sessions.
7. Identify the importance of the office team in patient care and develop an understanding of integration and interprofessionalism in primary care.
8. Demonstrate an awareness of the role of social determinants of health in patient care.
9. Analyze the concept of health equity and the role of culture, implicit bias and systemic structural racism in clinical care.
10. Apply basic ethical principles to challenges encountered in a Family Medicine practice.
11. Identify knowledge gaps and dedicate learning efforts to these areas of weakness.
12. Demonstrate appropriate interpersonal/communication and psychosocial skills.
13. Develop lifelong learning skills including question formation and the proper use of resources to answer these questions in an evidence-based manner, being cognizant of the longitudinal EBM objectives presented in first year.
14. Present patient information and data in an accurate, thorough and concise fashion.
15. Perform clear, organized and focused presentations-researching patient conditions when appropriate and information is needed to understand a patient.
16. Offer preventive advice and counseling for issues pertinent to Family Medicine.
17. Understand and apply cost-effectiveness and cost-benefit concepts in Family Medicine.
18. Differentiate when to use community resources to assist in both the medical and social needs of the patient.
19. Demonstrate ability to identify and answer clinical research questions utilizing the PICO format and evidence-based techniques being cognizant of patient oriented evidence (POEMS) versus disease oriented (DOES) outcomes.
20. Demonstrate a basic understanding of the new opioid prescribing regulations and ability to access the Controlled Substances Prescription Monitoring database for common substances of abuse (opioids, benzodiazepines, stimulants).
21. Demonstrate awareness and respect for diverse populations, this includes but is not limited to: race, sex, ethnicity, culture, ability, disability, socioeconomic status, talents, language, religion, spiritual practices, sexual orientation, gender identity, biological differences, geographic region, age, country of origin and life experiences.

### **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 UArizona College of Medicine - Phoenix attendance policies.

- Excused absences are not to exceed 0.5 days per week on average. Exceptions to this may be considered in consultation with the Clerkship Director and the Associate Dean for Student Affairs.

### Required/Suggested Reading and Resources

Posted in One45

### Didactic/Interactive Learning/Simulations Sessions (schedule)

Schedule subject to change, all changes will be posted in One45.

| Week             | Start Time | End Time | Topic   |
|------------------|------------|----------|---|
| 1                | 8:00am     | 8:50am   | FCPM Clerkship Orientation                                |
|                  | 9:00am     | 10:30am  | Diagnosing and Preventing Illness                         |
|                  | 10:30am    | 11:15am  | Primary Care Dermatology                                  |
|                  | 11:15am    | 12:00pm  | Primary Care Ophthalmology                                |
|                  | 12:00pm    | 12:30pm  | Mandatory lunch with the Department Chair                 |
|                  | 12:30pm    | 2:00pm   | Pain Management   |
|                  | 2:00pm     | 4:00pm   | Primary Prevention  |
|                  | 4:00pm     | 5:00pm   | Ultrasound  |
| 2                | 12:00pm    | 1:00pm   | Information Mastery                                       |
|                  | 1:00pm     | 2:00pm   | Upper Respiratory Infection/Pharyngitis/Common Infections |
|                  | 2:00pm     | 3:00pm   | Cough/Asthma  |
|                  | 3:00pm     | 3:50pm   | Dysuria   |
|                  | 3:50pm     | 5:00pm   | Fatigue and Depression                                    |
| 3                | 1:00pm     | 3:00pm   | Secondary Prevention                                      |
|                  | 3:00pm     | 3:30pm   | Back Pain   |
|                  | 3:30pm     | 5:00pm   | Extremity Pain  |
| 4                | 1:00pm     | 2:00pm   | Abdominal pain  |
|                  | 2:00pm     | 3:00pm   | Chest Pain  |
|                  | 3:00pm     | 5:00pm   | Family Medicine & Public Health                           |
| 5                | 12:00pm    | 1:15pm   | Ethics  |
|                  | 1:15pm     | 3:15pm   | Care of Older Adults                                      |
|                  | 3:15pm     | 5:00pm   | PICO  |
| 6                | 12:00pm    | 1:15pm   | Genomics  |
|                  | 1:15pm     | 2:15pm   | Headache  |
|                  | 2:15pm     | 3:15pm   | Diabetes  |
|                  | 3:15pm     | 3:45pm   | SHELF review  |
| Thursday (wk 6)* | 12:00pm    | 5:00pm   | OSCE  |

*Orientation will take place the first Monday of the clerkship. In all other weeks, didactic sessions will take place on Tuesdays. \*Date may change depending on time of year*



| Tuesday          | Wednesday                          | Thursday                      |
|------------------|------------------------------------|-------------------------------|
| 9:00am - 12:00pm | 8:00am – 5:00pm                    | 8:00am-12:00pm                |
| Orientation      | Palliative Care Unit / Field Visit | Dementia Palliative Care Unit |

*\*\*The above schedule will occur during one week of your rotation, however this week will vary within the clerkship depending on the block. You will be alerted to your specific dates at the time of your clerkship.*

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

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

**Global Px/Dx List**

| Required Procedures   | Clinical Setting | Level of Responsibility      | Alternative Experience         | Associated Theme                               |
|---|------------------|------------------------------|--------------------------------|--|
| Access the Controlled Substance Prescription Monitoring Program (CSPMP – state database)**                    | Outpatient       | Actively Participate in Care | Assigned by Clerkship Director | Biomedical Informatics                         |
| Complete a history and physical exam & recommend a wellness plan for elderly patient                          | Outpatient       | Actively Participate in Care | Assigned by Clerkship Director | Geriatrics/ Gerontology                        |
| I was observed taking the relevant portions of the history for an adult well family medicine patient          | Outpatient       | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| I was observed performing the relevant portions of the physical exam on an adult well family medicine patient | Outpatient       | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Complete a wellness plan for a well adult female  | Outpatient       | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Complete a wellness plan for a well adult male  | Outpatient       | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Discuss screening for breast cancer   | Outpatient       | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Discuss screening for cervical cancer   | Outpatient       | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Discuss screening for colon cancer  | Outpatient       | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and                  |



|  |            |                              |                                |  |
|--|------------|------------------------------|--------------------------------|--|
|  |            |                              |                                | Health Promotion                               |
| Discuss screening for osteoporosis                             | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Discuss screening for Prostate Cancer                          | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Discuss screening for STI                                      | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Exercise Counseling  | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Nutrition Counseling   | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Review a vaccine record and identify needed vaccines for adult | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Review a vaccine record and identify needed vaccines for child | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Vaccine Administration   | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Interprofessional Education and Practice       |

| <b>Required Diagnosis</b>      | <b>Clinical Setting</b> | <b>Level of Responsibility</b> | <b>Alternative Experience</b>  | <b>Associated Theme</b>   |
|--------------------------------|-------------------------|--------------------------------|--------------------------------|---------------------------|
| Abdominal Pain (ambulatory)    | Outpatient              | Actively Participate in Care   | Assigned by Clerkship Director | Evidence-Based Medicine   |
| Allergic Rhinitis              | Outpatient              | Actively Participate in Care   | Assigned by Clerkship Director | Evidence-Based Medicine   |
| Asthma                         | Outpatient              | Actively Participate in Care   | Assigned by Clerkship Director | Healthcare Transformation |
| Cancer Screening               | Outpatient              | Actively Participate in Care   | Assigned by Clerkship Director | Precision Medicine        |
| Chest Pain (ambulatory)        | Outpatient              | Actively Participate in Care   | Assigned by Clerkship Director | Evidence-Based Medicine   |
| Cough                          | Outpatient              | Actively Participate in Care   | Assigned by Clerkship Director | Evidence-Based Medicine   |
| Depression (ambulatory)        | Outpatient              | Actively Participate in Care   | Assigned by Clerkship Director | Precision Medicine        |
| Diabetes Mellitus (ambulatory) | Outpatient              | Actively Participate in Care   | Assigned by Clerkship Director | Health Equity             |
| Dysuria                        | Outpatient              | Actively Participate in Care   | Assigned by Clerkship Director | Evidence-Based Medicine   |



|                           |            |                              |                                |  |
|---------------------------|------------|------------------------------|--------------------------------|--|
| Extremity Pain            | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Geriatrics/<br>Gerontology                     |
| Fatigue                   | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Behavioral and Social Sciences                 |
| Hyperlipidemia            | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Evidence-Based Medicine                        |
| Hypertension (ambulatory) | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Evidence-Based Medicine                        |
| Low Back Pain             | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Healthcare Transformation                      |
| Obesity                   | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Smoking Cessation         | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Public Health, Prevention and Health Promotion |
| Upper Respiratory Illness | Outpatient | Actively Participate in Care | Assigned by Clerkship Director | Evidence-Based Medicine                        |

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

Students are expected to meet the required clinical experiences and procedures listed on the Global Px/Dx list before advancing to fourth year, see link [Global Px/Dx List](#) for additional information.

If the student does not encounter all the required clinical experiences as listed within the procedures and diagnoses table above, completed by the end of the FCPM clerkship, the student will remedy the deficiency by completing the alternative experience utilizing the process below:

1. The student is responsible for monitoring their Px/Dx log and communicating their progress and learning goals with supervising faculty throughout each clerkship. This will allow for proactive attainment of these required encounters. If an alternative experience is needed for a procedure or diagnosis, the student must notify the Clerkship Director or designee a minimum of 7 days prior to the end of the clerkship.
2. The Clerkship Director will assign an alternative experience/requirement to be completed.
3. Once the alternative experience/requirement is completed, it will be logged in Oasis by selecting the type of *Patient Encounter* in the drop-down menu.

Please see section B for information related to Px/Dx Compliance





### Observable Learning Activities/Other Requirements

| Academic Participation  | Item(s)                               | Total              |
|---|---------------------------------------|--------------------|
| Learning Session attendance and participation – additional information posted in One 45 |                                       | 10%<br>(10 points) |
| PICO Clinical Question and PowerPoint – additional information posted in One 45         | PICO Clinical Question and PowerPoint | 5%<br>(5 points)   |
| Evidence Based Medicine OSCE  |                                       | 5%<br>(5 points)   |

### Clerkship Specific Assessment Process

#### Mid-Clerkship Formative Assessment

A mid-clerkship assessment for each student is required as per the [Competency Assessment Policy](#). Throughout the clerkship, faculty (including Nurse Practitioners and Physician Assistants with faculty title) and residents engaged in student teaching and supervision will provide formative feedback in a variety of formats (e.g. review of progress notes, H&P, direct observation forms, informal verbal feedback and written narratives, 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 FCPM clerkship, the student will request at least 1 PRIME+ form via the MyTipReport app to be completed by any faculty preceptor who has worked with the student by the end of week 3. A mid-assessment face-to-face feedback by the site director or designated faculty advisor is required by the end of week 3. The PRIME+ form and the face-to-face feedback will serve as the Mid-Clerkship Formative Assessment. The student will request at least 1 additional PRIME+ form via MyTipReport and should be completed in the second half of the clerkship by a faculty preceptor who has worked with the student.

#### Summative Clinical Assessment

Significant interaction on FCPM is defined as greater than or equal to 3 days or 6 half days during the rotation. The site director or their designated faculty advisor with a faculty title can complete an end of rotation assessment form that will be a collaborative assessment from the preceptors who had significant interaction with the student. The clerkship end of rotation assessment form is distributed through one45 and the deadline for submission of this form is 2 weeks after the end of rotation. The final clinical score will be determined by the FCPM Assessment Committee consisting of the site director, designated faculty advisors and the Clerkship Director.

#### Calculating the Final Grade

The Clerkship Grading Calculator is posted in One45 for assistance calculating the Final Clerkship grade. This grading calculator is meant to be used as a tool, but final grade determinations will be made using the table below.





| CLINICAL (50%) |               | Required Activities/<br>OTHER (20%) | EXAMINATION (30%) |               | COMPOSITE    |               | FINAL GRADE   |
|----------------|---------------|-------------------------------------|-------------------|---------------|--------------|---------------|---|
| Score          | Qualifies for |                                     | Score             | Qualifies for | Score        | Qualifies for |   |
| >2.6 - 3.0     | Honors        |                                     | ≥82               | Honors        | ≥91.00-100   | Honors        | Honors IF Composite score is within Honors range, Clinical Score is within Honors range, and qualifying shelf score meets at least the High Pass Cutoff |
| >2.3-2.59      | High Pass     |                                     | ≥77-81            | High Pass     | ≥86.00-90.99 | High Pass     | High Pass IF Composite score is within High Pass range, Clinical Score is at least within High Pass range   |
| >2.0 - 2.29    | Pass          | Pass ≥ 12 Points (≥60%)             | ≥63-76            | Pass          | ≥63.00-85.99 | Pass          | Pass IF Composite score is within Pass range, Clinical Score is at least within Pass range  |
| < 2.00         | Fail          | Fail <12 Points (<60%)              | <63               | Fail          | <63          | Fail          |   |

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

1. The clinical score is < 2.0
2. Receive a final level 1 on two or more different EPOs\*
3. Failure of the shelf exam on both initial and one retake attempt
4. Achievement of a score of less than 60 % from the "OTHER" / Required Activities
5. Achievement of a total composite score of Fail

\* If a student fails the shelf exam on the first attempt, they are eligible for no higher than a final grade of Pass, regardless of their second attempt score.

\* 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](#).

### **Additional Clerkship Information**

#### **Helpful Tips**

- Family Medicine is comprehensive with diverse clinical cases across the life span. Be proactive in your learning and be Involved! Take advantage of the breadth and depth of supervised clinical experiences and procedures readily available during this clerkship.



- Get to know your clinical interprofessional team and the value of team-based care in primary care healthcare delivery.
- Practice your clinical evidence-based medicine and Information Mastery skills using your high-quality point-of-care tools.
- For rural students: be gracious to your rural hosts! They love hosting medical students and are passionate about teaching. Enjoy your experience, the community and the unique characteristics of rural health.
- Watch out for emails from our Program Coordinator or Clerkship Director as things can change throughout the weeks (didactic schedules, etc.)
- Please reach out to your Clinical Site Directors, the Clerkship Director or Coordinator if you have any questions.
- If urgent matters arise, do not hesitate to contact the Clerkship Director via text as it is often better than email.

## **Section B – Clerkship Policy and Resources**

### **General Information**

Prerequisites: All students must successfully pass all pre-clerkship curricular elements in order to progress to the third year, and students must have taken USMLE Step1. Link to policies:

[Enrollment, Sequencing and Grading for Pre-Clerkships Policy](#)

[United States Medical Licensing Examination \(USMLE\) Timing and Failure Policy](#)

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

### **Professionalism Resource**

The Professional Resource Office (PRO) provides guidance, support and information to students on professionalism issues. The PRO supports students in the development of strong, positive professional practices with peers, faculty, patients and the broader community through effective communication and conflict management.

- Professionalism concerns may be reported directly to the Clerkship Director, the PRO liaisons or in the student evaluations of the clerkship, site, and faculty.
- The [Professionalism Conduct Comment Form](#) is an additional on-line mechanism for students to report any concerns, including those about supervision, and it exists across the four-year curriculum. This mechanism ensures confidentiality and is collected directly by the Professional Resource Office.

UArizona College of Medicine - Phoenix is committed to creating and maintaining an environment free of discrimination, harassment and retaliation that is unlawful or prohibited by university policy. Please see the [Reporting Mistreatment or Harassment of Medical Students Policy](#), the [Anti-Harassment and Nondiscrimination Policy](#) and the [Professionalism Policy](#) for additional information. In addition,



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professional attributes are expected of all students. These attributes are within the [Teacher Learner Compact Policy](#).

Beth Schermer and Rosemarie Christofolo are the liaisons for the Professional Resource Office. They can be reached by telephone, text or email.

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### **Educational Program Objectives**

The Educational Program Objectives (EPO) comprise competencies and the measurable objectives by which attainment of each competency can be assessed. The full text of the University of Arizona, College of Medicine – Phoenix Educational Program Objectives can be accessed in the [Educational Program Objectives Policy](#) and require dissemination as noted in the [Orientation to EPOs and Curricular Unit Objectives Policy](#).

In addition to EPOs, the clerkship objectives are closely tied to student learning outcomes. UArizona College of Medicine - Phoenix measures these outcomes both quantitatively (via 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 Associate Dean for Student Affairs. Please link to the following policies:

- [Attendance and Absence Years 3 and 4 Policy](#)
- [Leave of Absence Policy](#)
- [Attendance Expectations and Absence Reporting Requirements Policy](#)

### **Required Clinical Experiences: Procedures and Diagnosis (Px/Dx) log**

UArizona College of Medicine - Phoenix, 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, procedures, or diagnoses 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 log and reviewed with the site or Clerkship Director at the mid-clerkship and end of clerkship review.



Students are expected to meet the required clinical experiences and procedures listed on the integrated Px/Dx list, [Global PxDx List](#). If not yet encountered in a previous clerkship, the clinical encounter must be completed before the conclusion of the designated clerkship, as described on the integrated Px/Dx list and detailed in each individual clerkship's syllabus. All highlighted Px/Dx on the integrated Px/Dx list, and demarcated on each individual clerkship's syllabus, must be encountered on the designated clerkship, even if also encountered on previous clerkships.

Across the third year, students must encounter the following 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:** this includes 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:** this includes 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:** this includes Actively Participate in Care and is additionally defined as the student performing the procedure with supervision.

**To best prepare you for the NBME and your future career in medicine, the following scaffolding outlines for the minimum understanding of each Dx and each Px. In the spirit of self-directed learning, your approach to mastery of each component is up to you.**

#### List for each Px

1. Explain the anatomy and pathophysiology related to the Px
2. Define relevant pharmacology to the Px
3. Summarize the informed consent process (including risks, benefits, indications and alternatives) for the Px
4. Compare associated imaging modalities for the Px
5. Analyze potential complications and prevention or management strategies for the Px
6. Understand post procedural care, patient education and anticipatory guidance for the Px
7. 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



## Alternative Experiences

If the student does not encounter all the required clinical experiences as listed on the Integrated Px/Dx link and detailed in each clerkship's syllabus, the student will remedy the deficiency by completing the alternative experience with the appropriate Clerkship Director, utilizing the process outlined in the clerkship specific portion of the syllabus.

## Assessment Process

### Formative Assessments

Throughout the clerkship, faculty (including Nurse Practitioners and Physician Assistants with faculty title), fellows, 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 help students identify strengths and opportunities for improvement. Students should proactively request formative feedback on a regular basis and the required frequency for written formative feedback is outlined in the clerkship specific section of each syllabus.

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. In the event that 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. Clerkship Director maintains the ability to assign a summative level 1 for an egregious action even late in clerkship.

### Mid-Clerkship Formative Assessment

A mid-clerkship assessment for each student is required as per the [Competency Assessment Policy](#). The mid-clerkship assessment will be completed by the Clerkship Director, Site Director or a designated faculty member at the student's primary clinical site using the College of Medicine mid-clerkship assessment form. The mid-clerkship assessment form is distributed through MyTipReport. The PRIME+ form will serve as the mid-clerkship formative assessment. The student's mid-clerkship performance will be reviewed by CD, and a one-on-one meeting may be requested by the student or required of the student at the discretion of the Clerkship or Clinical Site Director.

### Summative Assessment

UArizona College of Medicine - Phoenix has internal deadlines for the summative assessment forms in order to ensure the LCME 6-week requirement is met. The end of rotation forms are to be completed by the faculty within two weeks of the rotation ending. This will allow for Clerkship Directors to complete the final grades as close to the four-week mark as possible. All end-of-rotation assessment forms and the clerkship final grade form can be viewed by students in one45 six (6) 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 MyTip**

Contact UAZ coordinator, ([PBC-Evaluation@email.arizona.edu](mailto:PBC-Evaluation@email.arizona.edu)) and Clerkship Director.

### **Conflict of Interest**

It should be noted that faculty at UArizona College of Medicine - Phoenix 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 (comprised of clinical score, exam score, “other” score) and additional criteria for grading approved by the Curriculum Committee (explained further in the “calculating the final grade” section below). The final clerkship grade will be divided into five categories: Honors, High Pass, Pass, Incomplete, or Fail (H, HP, P, I, F). Details regarding grading in the clerkships are included in the [Grading and Progression for Clerkships Policy](#). Below is a listing of the components of the composite score:

- I. **Clinical Score:** the clinical score accounts for 50% of the composite score and serves as the qualifier for the overall grade. The clinical score is calculated through assessment of student performance within each individual Educational Program Objective (EPO). When more than one End of Rotation form is submitted for a student, the final EPO score is determined by averaging the scores on the end of rotation assessment for each EPO. The Clerkship Director will ensure that an adequate amount of information is available prior to calculating the clinical score, which may include incorporating feedback from narrative formative feedback tools, preceptor feedback, and/or additional requested comments from faculty. After grades are submitted, no further information will be sought nor will additional assessments be accepted.
- II. **Exam Score:** the NBME shelf exam score accounts for 30% of the composite score. A student who fails the shelf examination and is successful in the [retake](#) of the examination cannot be awarded any final grade higher than a “Pass” for the clerkship. (See [Clerkship Grading After Examination Failure Policy](#) for additional details)
- III. **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 in order 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 portion 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. The student who fails the shelf examination and is successful in a retake of the shelf examination cannot be awarded any grade higher than a Pass for the clerkship. See the [Clerkship Grading After Examination Failure Policy](#) for more detail.

A level 1, 1.5, 2, 2.5 or 3 is generated for each EPO based on the scale below as described in detail in the [Competency Assessment Policy](#).

**Level 1** - Failure to meet even minimal expectations; the only grade that is appealable and the only grade that is tracked via advisor/ SA dean/ student progress committee

**Level 1.5** - Acquiring necessary skills/behaviors to meet expectations

**Level 2** - Meeting expectations

**Level 2.5** - Acquiring skills/behaviors to exceed expectations

**Level 3** - Exceeding expectations

\* 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 End of Rotation form, this will result in a Level 1 regardless of the average score.
- b) Assigned by Clerkship Director based on prolonged demonstration of performance not meeting expectations, a substantial incident, extreme behavior or other events that warrant the summative level 1 as determined by the Clerkship Director.

### **Narrative Feedback**

The Clerkship final grade form includes two separate areas which include narrative feedback. The first area includes formative comments from the End of Rotation forms, the second includes formalized summative comments which will be included in the Dean's Letter (MSPE). The summative final comments are generally not a direct cut and paste but rather a sample summary determined by the Clerkship Director. The Clerkship Director has the right to include or not include comments based on their interpretation of which comments best summarize the student's performance over the entirety of the clerkship. Students are not permitted to 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, Associate Dean Clinical and Competency Based Education or Associate Dean of Student Affairs (see the [Student Progress Policy](#) for more information).





## Required Student Evaluation

Assigned student evaluation of the clerkship, sites, and didactics is required. The student must complete evaluations online in the required time frame. All comments will be expected to model constructive feedback using the W3 model and must contain references and comments to specific behaviors and/or events (positive or negative).

If the student does not complete the required assigned evaluations within one week after the end of the clerkship, the student will be assigned a formative level 1 for the EPO targeting giving and receiving constructive feedback and will be required to submit the missing evaluation data in narrative form within the second week after the clerkship.

Once the student has successfully submitted their evaluation in narrative form within the second week after the clerkship the student will have successfully demonstrated meeting expectations in Professionalism.

If the student has not successfully submitted their evaluation in narrative form within the second week after the clerkship the student will be considered as having not met expectations and a Summative Level 1 rating for the EPO targeting giving and receiving constructive feedback, will be automatically assigned. The Office of Assessments and Evaluation will track this and report to the Clerkship Director.

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

## Deadline Compliance

The following requirements 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 Procedure/Diagnosis (Px/Dx) logging is due at the end of the rotation by **Sunday at 11:59pm**.

### NOTE

- **A formative level 1** will be given if the duty hour or Px/Dx log requirement is not completed by **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 with the date of the encounter within the date range of the clerkship.
- **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**. **A grade of Incomplete** will be given until requirements are met. All logs must be completed accurately with the date of the encounter within the date range of the clerkship.
- The Level one will be on a single professionalism EPO related to accountability. Compliance with these deadlines will be determined by the Office of Assessment and Evaluation and reported to the Clerkship Director.



- A summative Level 1 will be taken into account as part of a comprehensive assessment and final grade. All summative, or “final”, Level 1 ratings are tracked by the Office of Assessment and Evaluation in collaboration with the Office of Student Affairs. Cumulative Level ratings are retained throughout the student’s enrollment. See [Competency Assessment Policy](#).
3. Completion of the mid-clerkship feedback forms (PRIME+) (see the [Competency Assessment Policy](#)).
  4. Completion of assigned site, faculty, and end of the clerkship evaluations (see the [Assessment and Evaluation of Students, Faculty and Curriculum Policy](#)).

### **Additional Resources**

#### **Rural Health Professions Program**

Students scheduled for rural rotations must complete required documents and attend a rural rotation orientation.

Housing expenses are supported by the Rural Health Professions Program (RHPP) and funded by [Arizona Area Health Education Centers](#) (AzaHEC). Students are responsible for damages and incidental charges. Housing options vary depending on rotation location. In most cases, it is pre-arranged by RHPP staff, in others, the preceptor or health center hosting the student provides housing (occasionally in the home of the faculty). Occasionally, students are asked to make their own arrangements. Keep in mind that housing options, at times, are limited and may require sharing common areas and bathrooms with other students. Individualized accommodation requests cannot be guaranteed, therefore flexibility and a resilient attitude regarding housing is key to having a great experience. Once housing has been secured, changes are generally not allowed less than six weeks prior to the rotation. In addition to housing, AzaHEC also funds one round trip to and from the rural site and a small stipend applied to the student’s bursar’s account.

Contact Information: Director, RHPP - Jonathan Cartsonis, MD

Email: [jcartsonis@email.arizona.edu](mailto:jcartsonis@email.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 UArizona College of Medicine - Phoenix 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 UArizona College of Medicine - Phoenix identification in order to allow easy access to healthcare information while at instructional sites. All information is also accessible on the wellness website at [wellness.arizona.edu](http://wellness.arizona.edu).

For a list of emergency contact numbers please visit the College of Medicine’s website at the following link: [Security - Emergency Numbers](#).



### Off Campus Outside of the Metro Phoenix Area

Students who are in need of Urgent/Emergent Health care Services, or other healthcare services, while on a remote/rural rotation can find healthcare resources on the Site Description Website: [Clerkship Resources](#)

Students may also contact the Associate Dean of Student Affairs or Associate Dean of Clinical and Competency Based Education.

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](#).

UArizona College of Medicine - Phoenix 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 on the Student Occupational Exposure Procedure Card.

### **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*. Students who opt to not provide cell phone numbers can request a pager from the Director of Student Affairs at least three weeks prior to starting clerkships. A pager will be assigned to the student and must be returned prior to their commencement from the College.

### **Accessibility and Accommodations**

University of Arizona strives to make learning experiences as accessible as possible. If there is anticipation or experience of barriers based on disability or pregnancy, please contact the Disability Resource Center (520-621-3268, <https://drc.arizona.edu/>) to establish reasonable accommodations.

### **One45: Curriculum Management System**

One45 is the curricular management system used to manage evaluations, End of Rotation assessments, Final Grade Forms, and to access learning materials and schedules. 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](#)

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

### **OASIS: Course Schedule**

University of Arizona College of Medicine - Phoenix 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](#)

### **MyTipReport Formative Assessment Application**

MyTipReport is an application (app) that the University of Arizona College of Medicine - Phoenix uses to collect formative assessments and end of rotation 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 assessing 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 (Available at [Arizona Board of Regents Intellectual Property Policy](#)). Violations of the instructors' copyright may result in course sanctions and violate the Code of Academic Integrity.