



Internal Medicine Clerkship Syllabus
Academic Year 2021-2022
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Section A – Internal Medicine Clerkship Curriculum

General Internal Medicine Clerkship Information

Credit Hours: 8
Course Code: MIDP 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: 8 weeks
Clerkship Website: [Internal Medicine](#)
Clerkship Resources: [D2L Link](#), [Oasis Link](#)

Clerkship Contacts

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Course Description

The Internal Medicine (IM) 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.

The Internal Medicine clerkship is an 8-week experience encompassing two sub-blocks; each sub-block is 4 weeks in length. The clerkship setting is predominantly inpatient with some sites being offered in a rural setting. Limited outpatient/ambulatory experiences will be incorporated as possible, pending site availability. The clerkship's distributed model allows for an increase in diversity through our multiple sites, which include private, public, community and rural health care systems. While on the inpatient wards, students will be part of the primary team for patients with acute and chronic illnesses and will have the opportunity to collaborate with interdisciplinary allied health professionals while coordinating care with multiple disciplines and subspecialists. For students who are participating in



the rural health program professional certificate of distinction, 4 weeks of their clerkship will occur in their selected rural community.

Clinical Sites

For a list and description of the Internal Medicine clerkship sites, please see the following site:

[Clerkship Resources](#)

Clerkship Specific Learning Objectives

Each Internal Medicine 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. Obtain appropriate histories and perform skillful, comprehensive and accurate patient examinations. Perform both a complete and an organ system examination. Demonstrate comprehensive and focused presentations (oral and written).
2. Interpret results and (perform/observe) commonly used diagnostic procedures. Define, describe, and discuss key indications, contraindications, risks to patients and health care providers, benefits, and techniques for basic procedures.
3. Reason deductively in solving clinical problems to formulate a differential diagnosis based on the findings from the history and physical examination.
4. Provide appropriate care to diverse patients in multiple practice settings. (Health Equity)
5. Effectively analyze, evaluate, and synthesize information to provide effective, evidence-based patient care. (EBM)
6. Using probability-based thinking and pattern recognition to identify the most likely diagnosis and select the diagnostic studies with the greatest likelihood of providing useful results at a reasonable cost. (EBM)
7. Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions; consider factors (diversity, health equity) in choosing among treatment options and selecting medications.
8. Discuss information resources for determining treatment options for patients with common medical problems. (EBM)
9. Recognize patients with immediate life-threatening conditions regardless of etiology and institute appropriate initial therapy.
10. Consider methods of monitoring patients' response to treatment and therapy.
11. Effectively work/collaborate with health care professionals, including those from other disciplines to provide patient focused care. (IPE)
12. Demonstrate knowledge of the normal and abnormal structure and function of the body as a whole, and of each organ system, in disease and over the lifespan.
13. Apply problem solving and critical thinking skills to the basic sciences with application to clinical medicine.
14. Demonstrate knowledge for therapeutic interventions, treatments, outcomes, and prevention to specific disease processes. (P3)



15. Define, describe, and discuss how patients' and physicians' perceptions, preferences, and actions are affected by cultural and psychosocial factors and how these factors affect the doctor - patient relationship. (Behavioral & Social Sciences, Health Equity)
16. Demonstrate medical knowledge with sensitivity to biological, cultural, and other differences and needs in patients (Health Equity, Geriatrics)
17. Define, describe, and discuss basic ethical principles of the medical profession. (Ethics)
18. Recognize own limitations, admit error, and improve behavior by seeking improvements in their knowledge and skills when provided with constructive feedback.
19. Incorporate the patient's perspective into diagnostic decision making.
20. Demonstrate effective verbal and non-verbal skills to effectively communicate with and educate the patient.
21. Prepare legible, comprehensive, and focused new patient workups.
22. Address preventive health care issues with patients and encourage them to share responsibility for their own health promotion and disease prevention. (P3)
23. Demonstrate the ability to encourage patient's health and wellness through appropriate patient education.
24. Demonstrate commitment to carrying out professional responsibilities, adhering to ethical principles and demonstrating sensitivity and compassion to diverse patient populations. (Ethics)
25. Demonstrate altruism, honesty, and respect for patients' privacy and for the dignity of patients as persons.
26. Show integrity and accountability in all interactions with patients, their families and professional colleagues.
27. Demonstrate responsiveness to the needs of patients that supersedes self-interest while balancing the need for self-care.
28. Work collaboratively with the health care team and acknowledge and respect the roles of other health professionals. (IPE)
29. Maintain a teachable attitude, including giving and receiving constructive feedback, being present and accountable, prepared and engaged.
30. Advocate for improving access to care for everyone. Coordinate care for a patient who has lack of access to routine medical care. (Health Equity)
31. Demonstrate understanding of the physician role for prescribed substances of abuse (prescription monitoring program).

Linking Theme-Based Learning Objectives to Internal Medicine (in addition to as noted above)

1. Behavioral & Social Sciences Theme
 - a. Discuss the implication of "self-inflicted" illness (e.g., smoking) on patients' sense of self. Appreciate the implications and potential resultant barriers to care (e.g. substance abuse).
 - b. 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.
 - c. Generate strategies for effective management of emotionally charged or difficult patient interactions.



2. Precision Medicine Theme
Choosing to order or learning to interpret a genetic test (whether risk like BRCA, pharmacogenomics i.e., DNA sequencing, or oncologic cancer subtype/receptor testing).
3. Interprofessional Education and Practice (IPE) Theme
 - a. Review a consultation note from another discipline or profession.
 - b. In a HIPPA compliant manner, discuss the case with another profession (PT/OT/SLP, Registered Dietician, Case Management/Social Work, etc.).
4. Evidenced Based Medicine (EBM) Theme
In consultation with an attending physician or resident identify a relevant primary journal article or use a point of care decision tool (e.g., Dynamed) to aid in the diagnosis and/or treatment of a specific patient condition.
5. Ethics Theme
Discuss indications, complications and contraindications to a procedure with the patient in layman's terms so as to enhance the patients understanding of what is being proposed for their care.
6. Health Equity Theme
 - a. Identification of personal biases that may be present when providing care for an individual that has a different race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies.
 - b. Appreciate the role of personal biases and how attitude (either subtle or overt) can impact the doctor - patient relationship.
7. Health Care Transformation (HCT) Theme
 - a. Demonstrate understanding of the importance of transitions of care and of continuous quality improvement.
 - b. Promote appropriate transitions of care from inpatient to outpatient settings, to improve both patient outcomes and quality of care.
 - c. Describe how various insurance plans (Medicare, Medicaid, private health insurance) and uninsured/underinsured status impact patient access to care.
8. Geriatrics/Gerontology Theme
 - a. Identify symptoms of depression in the aged population and how they interface with physical diagnoses.
 - b. Consider at least 2 ways in which drugs may be metabolized differently in the elderly than in younger adults.

Internal Medicine 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.



Specific scheduling information for the IM Clerkship:

Absences – In the IM Clerkship, absence requests will be accommodated whenever it is reasonable to do so, but all excused and unexcused absences must be remediated. Students are encouraged to communicate early and often with the Clerkship Director to ensure that arrangements can be made to remediate their absences (including excused absences) prior to the end of the clerkship. Failure to do so will result in a grade of Incomplete until the absence(s) are fully remediated. 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.

Remediation – For each half day missed, students will complete an assignment as designated by the Clerkship Director. Example assignments: Online simulated case work on aquifer (SIMPLE cases), 2 cases per half day missed, or making up the missed time by coming in on a previously scheduled day off.

Days Off – As a general rule, students in the IM Clerkship will have one day off per week, which will be scheduled on the weekend whenever possible. Exact schedules and days off will vary based on clinical and educational opportunities at each site, call schedules, etc.

Wellness/Personal Time Half-Day – In addition to the days off above (one day per week), all students will have one scheduled wellness/personal time half-day during the 8-week clerkship. This will occur on the afternoon of the last Friday of the first sub-block (i.e., halfway through the clerkship). Students are required to attend their clinical site that morning and will be excused at 1:00pm. Students, at their sole discretion, may elect to use this protected half-day for healthcare appointments, wellness activities, personal or professional development, self-directed/individual shelf study, or other personal activities.

Clinical Hours and Night Float – Because clerkship sites in the UA COMP distributed model have varied hours, clinical structure, and overnight coverage schedules, students in the IM Clerkship will have equivalent, though not identical, clinical schedules.

Night float entails a series of consecutive overnight shifts and is required at some sites. Night float shifts will not occur the night before the shelf examination. For the week of the shelf examination (takes place on Friday morning), the last night shift is Wednesday evening from 5-10 pm. For the week of Thanksgiving, the Wednesday evening shift will be from 5-10 pm.

Outpatient/Ambulatory Sites – While the clerkship setting is primarily inpatient clerkship, limited experiences in the outpatient/ambulatory IM setting will be incorporated as possible, pending site availability.

Rural sites – Students at rural sites will have the day prior to the shelf examination off as a travel day. Work ends at 5pm the Wednesday prior to the examination to allow for Thursday to travel back to Phoenix. If a student is at a rural site, they will attend academic half day via zoom. If the simulation afternoon occurs during the rural rotation, the student will be required to complete an alternative



experience, i.e., simulated cases online using the Aquifer website. The cases are gastrointestinal bleeding (#10 – 48y/o with diarrhea & dizziness), pneumonia (#22 – 71y/o with cough & fatigue), and pulmonary embolism (#30 – 50y/o with leg pain). These cases will be due by the end of the week that the simulation was scheduled. Students are encouraged to complete these the same afternoon that the simulation event is taking place.

Required/Suggested Reading and Resources

Required:

1. [D2L IM Clerkship](#) online supplemental didactic materials: The D2L site will link to several resources, including orientation materials, external sources (readings, videos, practice quizzes) and links to Aquifer SIMPLE cases.
2. [Oasis IM Clerkship](#) online internal materials: for example, archived lectures and handouts.
3. Aquifer SIMPLE Cases specifically augmenting ambulatory medicine: Case #'s: 5, 6, 8, 13, 14, 15, 16, 17, 18, 19, 23, 31, 32, 34, & 35.

Suggested:

1. First Aid for USMLE Step 2 CK - (ISBN-13: 978-1260440294, ISBN-10: 126044029X)
2. Master the Boards USMLE Step 2 CK - (ISBN-13: 978-1506208534, ISBN-10: 9781506208534)
3. First Aid for the Medicine Clerkship, Third Edition (First Aid Series) 3rd Edition (ISBN-13: 978-0071633826, ISBN-10: 0071633820)
4. Master the Wards Internal Medicine Clerkship: Survive Clerkship & Ace the Shelf 1st Edition (ISBN-13: 978-1609781378, ISBN-10: 16097813760)

Didactic/Interactive Learning/Simulations Sessions (schedule)

See schedule posted on One45/ See Clerkship website: [D2L Link](#). These will include the following:

- Orientation: Students will complete an orientation with the clerkship director or designee. This orientation, when possible, will include a review of writing clinical illness statements and differential diagnoses.
- Didactics: These sessions are held on Tuesday afternoons during the clerkship. Didactics may be held either in person or via zoom, as public health considerations permit.
- Simulation Session: In place of one of the Tuesday afternoon didactic sessions during the clerkship, students will return to campus for an immersive simulation experience. If the simulation afternoon occurs during a student's rural rotation, the student will be required to complete an alternative experience, i.e., simulated cases online using the Aquifer website, rather than returning to Phoenix for the in-person Sim.

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

Below is a list of procedures and diagnoses commonly encountered on the Internal Medicine (IM) 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 IM clerkship. All highlighted Px/Dx are required to be completed during the IM 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 IM clerkship timeframe.

[Global Px/Dx List](#)

Required Procedures	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
ABG Interpretation	Inpatient or Outpatient	Actively Participate in Care	Up-to-date: Simple and Mixed Acid-Base	Evidence Based Medicine
Chest X-Ray Interpretation	Inpatient or Outpatient	Actively Participate in Care	Clinical experience on the wards, visit radiology department	Interprofessional Education and Practice
ECG Interpretation	Inpatient or Outpatient	Actively Participate in Care	Attendance at ECG Didactic Sessions	Interprofessional Education and Practice
Heart Sound Interpretation	Inpatient or Outpatient	Actively Participate in Care	Complete Systolic and Diastolic Sections	Interprofessional Education and Practice
I was observed taking the relevant portions of the history for an internal medicine patient.	Inpatient or Outpatient	Actively Participate in Care	N/A, Required	Interprofessional Education and Practice
I was observed performing the relevant portions of the physical exam on an internal medicine patient.	Inpatient or Outpatient	Actively Participate in Care	N/A, Required	Interprofessional Education and Practice
Obtain Informed Consent	Inpatient or Outpatient	Actively Participate in Care	Up-to-date: Informed Consent	Ethics
Urinalysis Interpretation	Inpatient or Outpatient	Actively Participate in Care	Up-to-date: Urinalysis in the Diagnosis of Renal Disease	Evidence Based Medicine

Required Diagnosis	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
Abdominal Pain (inpatient)	Inpatient	Actively Participate in Care	SIMPLE Cases 9,10, or 12	Evidence Based Medicine
Altered Mental Status	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Cases 18, 25, 26, or 33	Behavioral and Social Sciences
Anemia	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Case 19	Ethics
Cancer	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Case 27	Precision Medicine
Chest Pain (inpatient)	Inpatient	Actively Participate in Care	SIMPLE Cases 1 or 2	Interprofessional Education and Practice



COPD	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Case 28	Behavioral and Social Sciences
Diabetes Mellitus (inpatient)	Inpatient	Actively Participate in Care	SIMPLE Cases 7 or 8	Evidence Based Medicine
Dyspnea	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Case 28	Interprofessional Education and Practice
Fever in Adult	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Cases 29 or 35	Evidence Based Medicine
Fluid/ Electrolyte/ Acid Base Disorder in medical patient	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Case 25	Evidence Based Medicine
Gastrointestinal Bleeding – Upper or Lower in medical patient	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Case 10	Evidence Based Medicine
Heart Failure	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Case 4	Healthcare Transformation
Hypertension (inpatient)	Inpatient	Actively Participate in Care	SIMPLE Case 6	Evidence Based Medicine
Liver Disease in medical patient	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Cases 11 or 36	Interprofessional Education and Practice
Nosocomial Infection	Inpatient or Outpatient	Actively Participate in Care	Up-to-Date General Principles	Evidence Based Medicine
Pneumonia	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Case 22	Evidence Based Medicine
Renal Failure – Acute or Chronic	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Case 23 or 33	Interprofessional Education and Practice
Venous Thromboembolism	Inpatient or Outpatient	Actively Participate in Care	SIMPLE Case 30	Healthcare Transformation

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 Internal Medicine clerkship, the student will remedy the deficiency by completing the alternative experience utilizing the process below:

1. The student is responsible for monitoring their Px/Dx log and communicating their progress and learning goals with supervising faculty throughout each clerkship. This will allow for proactive attainment of these required encounters. If an alternative experience is needed for a procedure or diagnosis, the student must notify the Clerkship Director or designee a minimum of seven (7) days prior to the end of the clerkship.
2. The Clerkship Director will assign an alternative experience/requirement to be completed.



- 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	Criteria / Items	Total
Formative Feedback	<p>CEX – due Tuesday week 4 at Noon OPS – due Tuesday week 4 at Noon H&P – due Tuesday week 6 at Noon PICO or Humanism in Medicine – due Tuesday week 8 at Noon</p> <p>See descriptions below for each. All assignments are due by Noon on Tuesday academic half day during the specified week, and are to be uploaded into Oasis (<i>see appendix for Oasis instructions</i>).</p>	<p>See below</p> <p>Points forfeited if not turned in by stated due date</p>
Clinical Evaluation Exercise (CEX)	Each student will complete an observed patient encounter (CEX) during their first sub-block. This may be observed by either resident or attending . Feedback is to be provided utilizing the CEX form. Due Tuesday Week 4 by Noon	2 points
Oral Presentation Skills (OPS) <i>EPA 6: Oral Presentation of a Clinical Encounter</i>	Each student will meet with attending/faculty for feedback on their oral presentations, utilizing the Oral Presentation feedback form. Due Tuesday Week 4 by Noon	2 points
History & Physical (H&P) <i>EPA 1: Gather a history & perform a physical exam</i> <i>EPA 5: Document a clinical encounter in the patient record</i>	Each student will meet with attending/faculty for feedback/corrections on their written H&P note, utilizing the H&P grading rubric. Due Tuesday Week 6 by Noon	2 points
PICO (EBM presentation) <i>EPA 7: Form Clinical Questions & Retrieve Evidence to Advance Patient Care</i>	Students will meet with their team/preceptor to present their researched, evidence-based answer to a PICO question developed by the student. Feedback provided by either resident or attending utilizing the PICO form. Due Tuesday Week 8 by Noon (<i>either this or Humanism</i>)	2 points <i>(either PICO or Humanism)</i>
Humanism in Medicine	Narrative writing assignment on the patient’s own story, to be shared with the team and uploaded to Oasis. Due Tuesday Week 8 by Noon (<i>either this or PICO</i>)	2 points <i>(either PICO or Humanism)</i>
Graded Assignment: Clinical Illness Statement and Differential Diagnosis (DDx) Table	<p>Based on a patient they are caring for, students will:</p> <ul style="list-style-type: none"> Write a sufficiently descriptive and concise clinical illness statement that facilitates understanding of the primary problem and from which they will build a 4-item differential diagnosis. Complete the DDx Table for the 4 diagnoses, generating an “illness script” for each diagnosis. 	Up to 16 points



<i>EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter</i>	Illness Statement & DDx Table (along with the patient note they are based off of) are to be uploaded to Oasis – due Monday Week 4 by 11:59pm	
Attendance	Attendance and active participation in academic half day learning sessions on Tuesday afternoons. If a student has an excused absence during an academic half day, make up work will be assigned. Only excused absences will be given the opportunity for makeup work. Unexcused absences or “no call, no show” for any learning session will result in forfeiting the points for that day.	Up to 8 points (1 point for each academic half day session)
Timeliness and Professionalism	Students will receive 8 points for the completion of all of the following items (partial points will not be awarded), due by 11:59pm on Monday, Week 4 : <ul style="list-style-type: none">• Submission of Clinical Illness Statement/DDx Table and patient note for graded assignment• 50% of IM-required PxDx Logged• 100% Duty Hours Logged• Request/open End of Rotation (EOR) assessment in one45 for sub-block #1 (minimum 1, maximum 2 EOR assessments per sub-block).	8 points
Total Points Possible		40 points

Internal Medicine 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 Internal Medicine Clerkship, the student will request a minimum of three (3) PRIME+ forms via the MyTip app:

- These should be *requested* no later than the end of Weeks 2, 4, and 6 (i.e, at least one PRIME+ every two weeks).
- It is the student’s responsibility to ensure that at least one PRIME+ form has been *completed* no later than the end of Week 3 to allow sufficient time for action based on formative feedback prior to the end of sub-block 1.
- At least one of the three PRIME+ forms must be completed by a supervising attending; the other two PRIME+ forms may be completed by senior residents (PGY-2 or higher).
- It is suggested (though not required) that a supervising attending complete one of the two



PRIME+ forms during sub-block 1 (either Week 2 or Week 4), so that sufficient faculty formative feedback is available to review by mid-clerkship.

Students will also request clinical skills feedback from their supervising attending(s) and residents. This formative assessment is in the form of written feedback from an attending on their oral presentation (OPS) and written history and physical (H&P) and from either a resident or attending on an observed clinical experience (CEX). The CEX and OPS feedback are due no later than Week 4. These feedback forms, together with the PRIME+ forms and a one-on-one meeting with the Clerkship Director (or if needed, a Clinical Site Director as designee), will serve as ongoing Mid-Clerkship Formative Assessment.

Summative Clinical Assessment

Significant interaction on the Internal Medicine (IM) Clerkship is defined as working with a supervising attending for five (5) clinical days. It is the student's responsibility to be carrying 1-3 patients/day (goal is minimum of 2 patients/day by end of Week 1) at all times while on the medicine service. Thus, within 5 working days the student will have had the opportunity to present approximately 10 patients to the supervising attending, ensuring adequate exposure to the student's work to fairly assess his/her performance.

Attending physicians who have their faculty title can complete an end of rotation assessment form. In the instance that only one end-of-rotation assessment is submitted, it will be a collaborative assessment from the preceptors who had significant interaction with the student. 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 end of rotation assessment form is distributed through one45.

On the IM Clerkship, only an attending physician can complete the end of rotation (EOR) assessment form. The attending may be an Internal Medicine ward attending, a Chief Resident acting as the ward attending, an IM subspecialist, or a Fellow who is in a supervising attending role. The student selects the attending based on the above criteria for *significant interaction*. If the selected attending physician does not hold a faculty title, the Clinical Site Director may complete the EOR assessment form with the input of that supervising attending.

Students may request up to two (2) EOR assessments per 4-week sub-block. Students must select the assessor by 11:59pm on the last Monday of each sub-block, to allow adequate time to meet with their assessing attending prior to the end of the rotation. If the student does not select the assessor by that time, the student forfeits their choice for an assessor, and the Clerkship Director or designee will identify an assessor for the student with the assistance of the Clinical Site Director. *Additionally, the IM Clerkship Director reserves the right to obtain any further assessments that may be needed to better assess the student's performance.*

A minimum of two EOR assessment forms (one per sub-block) will be required to calculate the clinical score. All EOR assessments will be averaged regardless of the number of assessments obtained (minimum two, maximum four). Once the minimum number of assessments is received, the clinical score will be calculated. Typically, students have two assessments received by the LCME deadline,



which allows for multiple raters to contribute to a student’s clinical score. A maximum of four (4) EOR assessments may be requested; if all are received prior to the LCME deadline for grades, they all will be included. Once grades are submitted and the LCME deadline has passed, no additional information will be sought, nor will additional assessments be accepted.

Resident feedback provided via PRIME+ forms in the MyTip app will be used to support the clinical grade by providing additional information to the Clerkship Director for the written cumulative summary (i.e., final grade narrative).

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/ OTHER (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Qualifies for	Max of 40 possible	Score	Qualifies for	Score	Qualifies for	
≥2.6 - 3.0	Honors		≥82	Honors	≥87.60-100	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		≥75-81	High Pass	≥84.50-87.59	High Pass	High Pass IF Composite score is within High Pass range and Clinical Score is at least within High Pass range.
≥2.0-2.29	Pass	Pass ≥24 points (≥60%)	≥59-74	Pass	≥63.00-84.49	Pass	Pass IF Composite score is within Pass range and Clinical Score is at least within Pass range.
< 2.00	Fail	Fail <24 points (<60%)	<59	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](#).

Please see Section B for additional detailed information on the standardized process for mid-clerkship formative assessment, end of rotation summative assessment, and the standardized grading process. Additional standard requirements, including logging of duty hours/PxDx and student evaluation of the clerkship, sites, didactics, and faculty, are also described in Section B.

Additional Clerkship Information

Helpful Tips

- Internal Medicine is a wonderful and comprehensive specialty that ranges from outpatient primary care to inpatient hospital medicine to sub-specialty care of the adult patient.
- 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; every experience is a learning opportunity. Consider the relevance of learning how to assess and treat common adult conditions as you prepare for your individual career path.
- Practice your clinical skills and your critical thinking skills with every patient.
- Study in the afternoons while on wards while waiting for new admissions. Using 30-minute time increments a few times a day can add up to 5+ hours of studying by the end of the week. Be prepared with flash cards, question banks, a textbook, etc. so that you can make the most of these on-the-fly studying opportunities.
- Watch out for emails from the Program Coordinator or Clerkship Director, as things may change throughout the weeks (didactic schedules, etc.).
- Please reach out to your Clinical Site Directors, the Clerkship Coordinator, or the Clerkship Director 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.

Common FAQ's

How do I get started on Internal Medicine?

The UAZ coordinator sends a welcome email that contains: *orientation* details that includes *clinical site contacts*, a *student packet* with didactic and feedback forms, and information on how to submit required assignments in *Oasis*.

How do I know where to go on my first day of the rotation?

Students are sent an email from the clinical site. If a student does not receive this first day instructions email prior to the Thursday before the rotation, the student should reach out to the site



coordinator/director to close the loop. All students are provided with site coordinators/directors contact information electronically prior to the start of the Internal Medicine clerkship.

How do I upload formative feedback forms into Oasis?

There is an attachment sent with the welcome email that goes through step by step how to upload assignments. For more questions, please refer to the welcome email or handout available on One45.

How do I study for the shelf exam when I am working long hours?

Students are encouraged to study in the afternoons while on wards, when waiting for admissions. This is prime study time as waiting until the end of the day may not work for some days. Being prepared with on the fly flash cards or a textbook can really add up to quality study time, using 30 minute time increments a few times a day. This can add up to a 5 hour study session by the end of the week.

Why is night float required at some sites? What is there to learn at night when I'm tired?

A lot of learning occurs during night float! You have the opportunity to practice your H&P skills on new patients, more so than during the day at some sites. You also get to practice thinking through the "undifferentiated" patient – creating a differential diagnosis, narrowing down the DDx into the 1-2 most likely diagnoses, and deciding on a diagnostic & initial management plan. This is a great chance to "stretch" your knowledge and skills. In addition to the patients you admit, you will learn from other patients being admitted by your team and from participating in cross-cover pages on established patients who have issues arise overnight. Stay involved with these patients also by discussing them with your team.

Do I need to ask more than 1 attending each sub-block to complete an end of rotation assessment?

Students may request an EOR assessment from more than 1 attending per sub-block; however, this is not required. If you have predominantly worked with one attending, then asking for an EOR assessment from someone who has not worked with you enough may not be to your advantage. Consider the minimum amount of time that should guide your decision as to who you should choose as an assessor, i.e., working with someone for 5 clinical days.

How is my grade calculated when I received two assessments from one site?

All assessments, regardless of site, are averaged equally at the end. For instance, if you have 2 assessments from one site and 1 from another site, all three assessments are averaged equally at the end of the clerkship, with no sub-block averages.

If I ask for 4 assessors/end of rotation evaluations, will all assessments be used to calculate my clinical score?

Only assessments received by the deadline for grades will be used. If a student has the minimum number of assessments required to calculate their clinical grade, assessments that are not received by the LCME deadline for grades will be deleted.



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, 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.

Beth Schermer
602-549-9847
schermer@email.arizona.edu

Rosemarie Christofolo
480-862-4963
rchristofolo@email.arizona.edu

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 Px/Dx 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) 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, 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.

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



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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.