



**Internal Medicine Syllabus**  
**Academic Year 2020 -2021**  
**CC Approved 02/11/2020**

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## **General Clerkship Information**

Course Code: MIDP 835

Credit Hours: 8

Prerequisites: All students must successfully pass all pre-clerkship curricular elements in order to progress to the third year. Link to policy: <https://phoenixmed.arizona.edu/policy/enrollment-sequencing-and-grading-pre-clerkships-policy>

Clerkship Length: 8

Clerkship Website: [Internal Medicine](#)

Clerkship Resources: [D2L Link](#)

Oasis: [Oasis Link](#)

## **Clerkship Contacts**

Clerkship Director: Christina Bergin, MD



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**Office Location:** University of Arizona COM-P, HSEB

## **Course Description**

The Internal Medicine clerkship utilizes a variety of clinical settings to expose students to a broad array of patients as well as organized interactive learning experiences and directed readings allowing students to establish a solid foundation of medical knowledge and skills for their future career choices.

The Internal Medicine clerkship is an 8-week experience encompassing two sub-blocks, with each sub-block being 4 weeks in length. The clerkship setting is predominantly inpatient with some sites being offered in a rural setting. The clerkship's distributed model allows for an increase in diversity by virtue of 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 subspecialist.

For students who are participating in the rural health program professional certificate of distinction, 4



weeks of their clerkship will be in their selected rural community.

### **Clinical Sites**

Please see clerkship website

\* Ancillary sites for supplemental educational experiences may be assigned per clerkship. 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.

COM-P is committed to creating and maintaining an environment free of discrimination, harassment and retaliation that is unlawful or prohibited by university policy. Please see the [Reporting Mistreatment or Harassment of Medical Students Policy](#), the [Anti-Harassment and Nondiscrimination Policy](#) and the [Professionalism Policy](#) for additional information. In addition, professional attributes are expected of all students. These attributes are within the [Teacher Learner Compact Policy](#).

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 EPO's, the clerkship objectives are closely tied to student learning outcomes. COM-P measures these outcomes both quantitatively (via NBME shelf exams) and qualitatively (via behavioral



competency assessments).

### **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. (diversity)
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) 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.
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)
16. Demonstrate medical knowledge with sensitivity to biological differences and needs in patients (Diversity)



17. Define, describe, and discuss basic ethical principles of the medical profession.
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.
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.)
31. Demonstrate understanding of the physician role for prescribed substances of abuse (prescription monitoring program).

### **Linking Theme Based Learning Objectives related to Internal Medicine**

1. THM – Behavioral-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)
2. THM – Behavioral-Identify ways serious illness could affect a patient's state of mind and recognize, in turn, how patient attitude might impact communication with the provider. (e.g. cancer).
3. THM – Behavioral- Generate strategies for effectively management of affectively charged patient interactions.
4. THM - Precision Medicine 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)
5. THM – Inter - professional Objective: (IPE) - Review a consultation note from another discipline or profession.



6. THM – Inter - professional-In a HIPPA compliant manner, discuss the case with another profession.
7. THM - Evidenced Based Medicine (EBM) 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.
8. THM - Ethics: 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.
9. THM - Diversity: 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. Appreciate the role of personal biases and how attitude (either subtle or overt) can impact the doctor - patient relationship.
10. THM - Health Care Transformation, quality improvement and transitions of care: (HCT) to ensure appropriate transitions of care both to improve outcomes and to improve quality of care; example - Venous Thromboembolism: *Understand the pros and cons of different types of anticoagulants and the potential impact on patient outcomes.*
11. THM - Geriatrics: Identify symptoms of depression in the aged population and how they interface with physical diagnoses;
12. THM- Geriatrics - Consider at least 2 ways in which drugs may be metabolized differently in the elderly than in younger adults.

## **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 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 see the:

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

### **Internal Medicine Specifics for Attendance/Remediation**

*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.

*Night float* - This entails a shift and will not occur the night before the shelf examination. For the week of the shelf examination which takes place on Friday morning, last night shift is Wednesday evening from 5-10 pm. For the week of Thanksgiving, the students who are scheduled for their week of nights



will end on Wednesday evening from 5-10 pm.

*Rural sites* - Students at rural sites will have the day prior to the examination off as a travel day. Work ends at 5pm the Wednesday prior to the examination to allow for Thursday for 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 the alternative experience, ie simulated cases online using the Aquifer website. The cases are gastrointestinal bleeding, pulmonary embolism, and pneumonia which 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**

1. D2L Clerkship online supplemental didactic material.
2. Aquifer Cases specifically to augment ambulatory medicine-Cases #
3. First Aid for USMLE Step 2 CK- (ISBN-13: 978-1260440294, ISBN-10: 126044029X)
4. Master the Boards USMLE Step 2 CK-(ISBN-13: 978-1506208534, ISBN-10: 9781506208534)
5. First Aid for the Medicine Clerkship, Third Edition (First Aid Series) 3rd Edition (ISBN-13: 978-0071633826,ISBN-10: 0071633820)
6. 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](#)

### **Required Clinical Experience Logs (PX/DX)**

UA COM-P, in accordance with the [Core Clinical Skills Observation Policy](#), monitors and tracks the types of patients or clinical conditions that medical students must encounter, so as to remedy any identified gaps in patients, procedures or diagnoses across clinical sites. For this clerkship, medical students must encounter the below types of patients and clinical conditions and indicate the level of student responsibility. \*

The standardized levels of student responsibility include the following:

1. Observe and Discuss: This may include observing another member of the team interview a patient, perform a procedure or physical exam, etc.; and discussion of the case, condition, or other relevant components.
2. Actively Participate in Care: This category includes *Observing and Discussing*, but also indicates more 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 category 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 should provide the outline 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. See addendum for objectives.

**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.

Please review the [Faculty Supervision of Medical Students in Clinical Learning Situations Policy](#) and the [Faculty Supervision of Sensitive Physical Examination Policy](#). The procedures and clinical conditions will be recorded in the student's "Procedure Logs" and reviewed with the site or Clerkship Director at the mid - clerkship review.

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 On: <a href="http://www.wilkes.med.ucla.edu">www.wilkes.med.ucla.edu</a>	Interprofessional Education and Practice
History and Physical Exam	inpatient or outpatient	Actively Participate in Care	Required, Speak to Director	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





<b>Required Diagnosis</b>	<b>Clinical Setting</b>	<b>Level of Responsibility</b>	<b>Alternative Experience</b>	<b>Associated Theme</b>
Abdominal Pain	inpatient or outpatient	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, Jehovah's Witness
Back Pain	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 34	Behavioral and Social Sciences
Cancer	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 27	Precision Medicine
Chest Pain	inpatient or outpatient	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
Cough	inpatient or outpatient	Actively Participate in Care	SIMPLE Cases 15 or 22	Evidence Based Medicine
Depression	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 5	Gerontology/ Geriatrics
Diabetes Mellitus	inpatient or outpatient	Actively Participate in Care	SIMPLE Cases 7 or 8	Evidence Based Medicine
Diversity	inpatient or outpatient	Actively Participate in Care	Discuss with Clerkship Director	Diversity
Dyslipidemia	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 16	Evidence Based Medicine
Dyspnea	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 28	Interprofessional Education and Practice
Fever	inpatient or outpatient	Actively Participate in Care	SIMPLE Cases 29 or 35	Evidence Based Medicine
Fluid/ Electrolyte/ Acid Base Disorder	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 25	Evidence Based Medicine
Gastrointestinal Bleeding – Upper or Lower	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	Health Care Transformation
Hypertension	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 6	Evidence Based Medicine
Immunosuppressed	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 20	Precision Medicine
Liver Disease	inpatient or outpatient	Actively Participate in Care	SIMPLE Cases 11 or 36	Interprofessional Education and Practice



<b>Required Diagnosis (cont.)</b>	<b>Clinical Setting</b>	<b>Level of Responsibility</b>	<b>Alternative Experience</b>	<b>Associated Theme</b>
Nosocomial Infection	inpatient or outpatient	Actively Participate in Care	Up-to-Date General Principles	Evidence Based Medicine
Obesity	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 16	Behavioral and Social Sciences
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- Review Consult Note
Rheumatologic or Autoimmune Condition	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 32	Gerontology/ Geriatrics
Smoking Cessation	inpatient or outpatient	Actively Participate in Care	Up-to-Date Overview of Smoking Cessation Management in Adults	Behavioral and Social Sciences
Substance Abuse	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 26	Behavioral and Social Sciences
Venous Thromboembolism	inpatient or outpatient	Actively Participate in Care	SIMPLE Case 30	Health Care Transformation

### **Alternative Experiences**

Students are expected to meet the required clinical experiences and procedures listed in the tables above. If the student does not encounter all the required clinical experiences as listed within the procedures and diagnoses tables, the student will remedy the gap by completing the alternative experience utilizing the process below:

1. The student is responsible for monitoring their PDX log. 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. The student will complete the alternative experience that is listed in the table.
3. Once the alternative experience/requirement is completed, it is logged in one45 by selecting the appropriate radio button under Setting and Patient Encounter.

### **Assessment and Evaluation Process**

#### **Formative Assessments**

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 in writing or

verbally. The purpose of this feedback is to identify strengths and opportunities for improvement.

*Attending feedback* - Students on the Internal Medicine clerkship will request weekly feedback from their supervising attending. This feedback is in the form of a graded history and physical (H and P), observed clinical experience (CEX) and oral presentation (OPS).

*Resident feedback* - students can request feedback on their clinical performance via PRIME forms (optional), and their research on their patients' clinical conditions that they share in rounds, using an evidence-based approach (PICO).

Any significant deficiencies or concern should be communicated 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, and ideally should have occurred prior to assigning a score of <2.0 on an EPO. Clerkship/Selective 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 and if needed the Site Director or a designated faculty member at the student's primary clinical site using the College of Medicine mid-clerkship assessment form. The clerkship mid assessment form is distributed through One45. This form includes performance criteria as well as a portion for narrative comments. The student's mid-clerkship performance must be reviewed in a one - on - one meeting with a Clinical Site Director or designee, and the student and Clinical Site Director or designee must sign the mid-clerkship assessment form as an acknowledgement of the assessment.

Students are required to proactively plan on timely completion of the meeting in discussion with the faculty member who will be completing the review. If there are identified challenges to meeting during the specified window of time, the Clerkship Director must be notified as soon as possible.

### **Summative Assessment**

The University of Arizona - COM-P has internal deadlines for the summative assessment forms in order to make sure 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 the 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 will be available to 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.

Significant interaction on internal medicine is defined as working with a supervising attending for 5 clinical days. This suggested time period, is a helpful guide to ensure adequate exposure to the students work so as to fairly assess the student's clinical performance. It is the student's responsibility to be



carrying 1-3 patients/day at all times while on the medicine service, with a goal within 5 days having had the opportunity to present approximately 10 patients to the supervising attending. 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. Where only a single faculty member has been assigned to work with a student, this faculty member will provide the assessment for the student. The clerkship end of rotation assessment form is distributed through One45.

In internal medicine, resident feedback is used for comments only, via the PRIME form. This form is given to all students at the beginning of the clerkship.

### End of Rotation Assessment

On Internal Medicine, only an attending physician can fill out the End of rotation MS3 assessment form for a student. The attending can be from Internal medicine, a chief resident who is acting as the ward attending, an Internal Medicine Specialist, a fellow who is in a supervising attending role. The student selects the attending based on criteria explained in the previous section on summative assessment and what is meant by *significant interaction*. Students may request up to 2 assessments per 4-week sub-block. Students must select the assessor by the last Tuesday at noon of the sub-block, to allow adequate time to meet with their attending prior to the end of the rotation. If the student does not select the assessor by the last Tuesday of the sub-block, the student forfeits their choice for an assessor, and the Clerkship director or designee will confirm with the site director, an assessor for the student.

*Additionally, the IM clerkship director reserves the right to obtain any further assessments that may be needed to assess the students' performance.*

### How is the attending notified of the need to do an assessment for a student?

#### Student responsibility

1. Select an assessor in One45 for the current sub-block by Tuesday at noon of week 4 and week 8. Students may not add additional assessors once the deadline is passed. Students may not delete assessors they have asked to do their evaluation.
2. If an attending is not listed in One45, give the attending a paper evaluation with tip sheet for completion, by Tuesday at noon of week 4 and week 8. *Students must notify via email, the clerkship director and UA coordinator within the same deadline of the electronic process, that a paper evaluation has been given out, and to whom. \*\*\*This will allow the UA staff to confirm faculty appointments and to update One45 \*\*\**
3. Give all attendings a reminder form that the student places their name on, and fill in a due date of the last day of their rotation— students are given this form at the Internal Medicine orientation. *This will help alert the faculty that they will be receiving an email from One45 and what to do if they do not receive the email from One45 on how to contact UA.*
4. Schedule a meeting with your attending (assessor) to go over your evaluation verbally prior to the end of your rotation.



### **Attending responsibility**

1. Meet with the student prior to the end of the rotation.
2. Contact UA if an assessment from One45 has not been received. (Contact Information is on the reminder form)
3. Fill out the assessment online or on paper within 2 weeks of receiving the request.

### **UA clerkship director and coordinator responsibility**

1. Assign an assessor for the student *if one has not already been selected by week 4 of the rotation. If needed, for all sites, the site director/clerkship will have an assessment sent to them as the person who will oversee the entire faculty who have worked with the student, and will be responsible for filling out the assessment if insufficient information is obtained from the primary person selected to do the student assessment.*
2. Run a report on week 4, and 8 *to ensure all students have a minimum of 1 assessment per sub-block opened.*
3. Track the timely completion *of assessments and notify the site coordinators/directors if an assessment is past due for assistance in completion of this task.*

### **How will the End of rotation assessments be used to calculate your clinical score?**

A minimum of 1 end of rotation assessment per sub-block, and a minimum of 2 end of rotation assessments per clerkship, will be required to calculate the clinical score. All end of rotation assessments will be averaged regardless of number of assessments obtained (minimum 2, maximum 4). Once the minimum amount of assessments is received, the clinical score will be calculated. Typically, students have 2 assessments received by the LCME deadline which allow for multiple raters to contribute to a student's clinical score. A maximum of 4 end of rotation assessments can be requested, and if all are received prior to the LCME deadline for grades 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 via comments on PRIME forms, will be used to support the clinical grade which will provide additional information to the Clerkship Director for the cumulative summary i.e. final grade narrative.

### **What to do if an assessor is not listed in One45**

Contact UA 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 COM-P who are family members of the student, have a personal relationship with the student or are/have been health service providers of the student, may not be involved in the academic assessment or promotion of the medical student as described in the [Conflict of](#)



[Interest - Physician - Student Personal Relationship Policy](#) and the [Conflict of Interest - Physician-student Health Services Relationship Policy](#).

## **Standardized Grading Process**

The final clerkship grade will be determined by the Clerkship Director using the composite score (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. Once 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.*



**Observable Learning Activities/Other Score**

Academic Participation	Criteria	Item(s)	Total
<b>Attendance</b>	All clerkship activities are mandatory including. Academic half days on Tuesday afternoons. If a student has an <b>excused</b> absence during clinical or academic half days, 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 clinical or didactic session, will result in forfeiting all of the 2% points.	8 didactic sessions + Clerkship clinical sessions	2%
<b>Formative feedback (all forms located in student folder)</b>	<b>(H &amp; P, CEX, OPS, PICO, PH, Prime), are due Tuesday week 4 and 8</b> at noon on academic half day. Each activity is once per month. All forms are sent to you electronically and on One45. <i>All assignments are to be uploaded into Oasis. (see appendix for Oasis instructions)</i>	See below	Late submissions will be given, partial credit (50% of points)
<b>History and Physical (H &amp; P)</b>	The student must have met with <b>faculty</b> for written feedback/corrections on the actual H and P note and use the H&P grading rubric. Work must be de-identified and turned in to the Clerkship director.	2	4%
<b>Clinical Evaluation Exercise (CEX)</b>	Each student will complete two observed clinical examinations (CEX). <b>This must be done by faculty</b> and not by residents. It is the student's responsibility to approach the faculty member to complete this exercise.	2	4%
<b>Oral Presentation Skill (OPS)</b>	Students will request feedback on their oral presentation, from <b>faculty</b> prior to rounds.	2	4%
<b>PICO (evidenced based team based presentation)</b>	Students will look up a problem that is related to patient care and present to their team. Resident or attending.	1	1%
<b>PH (personhood)</b>	Narrative writing assignment, 1 paragraph on the patient's own story, to be shared with team.	1	1%
<b>PRIME Form (Optional)</b>	Additional feedback form. <b>Can be completed by anyone who has supervised</b> the student including interns, residents, fellows and attendings. Narrative comments for clerkship.	N/A	N/A
<b>Assessment Communication</b>	Due Tuesday at noon, Week 4, 8, Open assessment in One45 (minimum 1, max 2 assessments per sub-block), or paper process.	2	2%
<b>Timeliness</b>	You will receive 1-point Tuesday, Week 4 for the completion of, PxDx must have 50% logged, and duty hours 100% logged (due at noon) You will receive 1-point Tuesday, Week 8 for the completion of the following: (due at noon) <ul style="list-style-type: none"> <li>• 100% PX/DX</li> <li>• Duty Hours Logged.</li> </ul>	PxDx log, duty hours log	2%
<b>Total points</b>			<b>20%</b>



### Calculating the Final Grade

The Clerkship Grading Calculator is posted in One45 for assistance calculating the Final Clerkship grade.

CLINICAL (50%)		Required Activities/OTHER (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Qualifies for		Score	Qualifies for	Score	Qualifies for	
≥2.6 - 3.0	Honors		≥76	Honors	≥87.6-100	Honors	Honors <b>IF</b> Composite score is within Honors range, Clinical Score is within Honors range, and qualifying shelf score meets Honors Cutoff
≥2.3-2.59	High Pass		≥59-75	High Pass	≥84.5-87.5	High Pass	High Pass <b>IF</b> Composite score is within High Pass range, Clinical Score is within High Pass range, and qualifying shelf score meets High Pass Cutoff
≥2.0 - 2.29	Pass	Pass ≥ 12	≥59	Pass	≥63.0-84.4	Pass	Pass <b>IF</b> Composite score is within Pass range, Clinical Score is within Pass range, and qualifying shelf score meets Pass Cutoff
< 2.00	Fail	Fail <12	<59	Fail	<63	Fail	

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

1. The clinical score is <2.0, OR
2. Receive a final level 1 on two or more different EPOs\*
3. Failure of the shelf exam as well as the retake, OR
4. Achievement of a score of less than 60 % from the “OTHER” / Required Activities, OR
5. Achievement of a total composite score of Fail

\* 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](#).

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

1. Duty hour logging: Logging of required duty hours 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 clinical encounter logging: Procedure/Diagnosis, or “PX/DX/TX” 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 2 days to complete the duty hour or Px/Dx log 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 form (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 Grading Criteria**

1. To obtain a final grade of honors a student must achieve a clinical score of honors, a minimum of a high pass on the NBME, in addition to a composite score of honors.
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



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.

## **Feedback**

### **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 pick 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**

Student evaluation of the clerkship, sites, and assigned didactics is required. The student must complete the 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 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. Office of Assessments and Evaluation will track this and report to Clerkship Director.

For more information, see the [Assessment and Evaluation of Students, Faculty and Curriculum Policy](#).



## **Helpful Tips and 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**

For a list of emergency contact numbers please visit the College of Medicine's website at the following link: <http://phoenixmed.arizona.edu/security-emergency-numbers>.

Students may also contact the Associate Dean of Student Affairs at 602-827-9997.

All sites are assessed for student safety. Details of this assessment are included in the [Training Site Safety Policy](#).

Faculty shall not provide health services for students if they are directly involved in the assessment of the students; however, in the event of an emergency, faculty should perform services to stabilize a student until the appropriate transfer of care can occur. Please see the [Conflict of Interest - Physician-Student Health Services Relationship Policy](#).

COM-P requires that all students have an updated immunization record. Please see the [Immunization and Health Screening Policy](#) for details regarding the contents of the record.

In the event of any exposure to blood/bodily fluids through needle stick, inhalation, mucus membrane or skin exposure, or percutaneously, students must follow the required procedures as indicated in the [Student Exposure to Potentially Infectious Agents and/or Hazardous Materials Policy](#) and details 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 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. For those 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**

At the University of Arizona, we strive to make learning experiences as accessible as possible. If you anticipate or experience 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 and assessments, and to access learning materials and schedules. General information about the clerkship rotations, such as syllabi, site information, links, etc. will be attached as handouts to each clerkship "course" under Handouts and Links within one45. You can access One45 at the web address: [comphx.one45.com](http://comphx.one45.com)

For Faculty and Site Coordinators: If your role requires you to review clerkship rotation schedules, you can view these schedules, as organized by the Clerkships Office, within One45. These schedules include rosters of students scheduled to rotate to your site for specific dates.

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 also use One45 to log observed procedures and diagnoses at clinical sites. Please note that students are able to use their smartphones to make log entries on-the-go, if allowed by site policy.

For Students: One45 will continue as your curricular clerkship management system and will still be used to complete evaluations and access learning materials. It will also house the schedule, objectives, and materials for your didactic sessions, similar to how your blocks were organized in the MS2 year.

## **OASIS: Course Schedule**

The University of Arizona College of Medicine Phoenix uses a web-based scheduling system, Oasis. It 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 3 and 4 year of clinical rotations.

### **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. You may not distribute or reproduce these materials 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.



## **Appendix**

### **Helpful tips/common FAQ's**

#### **How do I get started on Internal Medicine?**

The UAZ coordinator sends a welcome email that containing, *orientation* details that includes *clinical site contacts*, *student packet* with didactic and feedback forms, and how to submit required assignments on *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 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 and thus being prepared with on the fly flash cards or a text book 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.

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

Students may request more than 1 attending per sub-block however this is not required. If you have predominantly worked with one attending, then asking for 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, ie working with someone 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 amount of assessments required to calculate their clinical grade, assessments that are not received by the LCME deadline for grades, will be deleted.