



## Longitudinal Integrated Clerkship Payson Syllabus Academic Year 2022-2023

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## **Section A – Longitudinal Integrated Clerkship Curriculum**

### **General LIC Information**

LIC Credit Hours: 43 Credits\*

- LIC I Term - 10 Credits
- LIC II Term - 10 Credits
- LIC III Term - 10 Credits
- LIC Term IV (LPC- 1 Credit)- 13 Credits

Course Code: MEDP 835

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

LIC Clerkship Length: 39 weeks in Payson, AZ, 3 weeks of inpatient pediatrics in Phoenix, AZ.

LIC students are enrolled in four sequential Longitudinal Integrated Clerkship Terms. Integrated specialty training takes place in Payson, while a 3-week inpatient pediatric clinical burst takes place at hospitals in Phoenix at some point during the LIC experience. Its placement in the academic calendar depends on UArizona COM-P scheduling requirements.

LIC students will complete integrated experiences with preceptors in the Payson medical community in which they are placed that encompass the available specialty training offered at that site:

- Ambulatory Medicine Selective
- Emergency Medicine
- Family, Community and Preventive Medicine
- Internal Medicine
- Longitudinal Patient Care
- Obstetrics and Gynecology
- Pediatrics
- Surgery

Additional Clerkship year requirements must be completed:

- One-week Intersession I at UArizona COM-P
- Experiential mapping questions
- Six-week Traditional Block Rotation in Psychiatry

The total length of the Year 3 parallel curriculum is 49 weeks, equal in length to the traditional curricular track. Most LIC students at the Payson site will complete their Neurology Clerkship during their 4th year after returning to Phoenix.

\*Credit length in the LIC rural site may vary based on unforeseeable circumstances, and may necessitate the use of urban sites in order to provide adequate clinical exposure. These modifications would occur



only after careful discussion and approval by LIC director, Associate Dean of Clinical & Competency Based Education and Associate Dean of Student Affairs in collaboration with the site.

LIC Resources: [One45](#), [MyTipReport](#), [Oasis](#)

### **LIC Contacts**

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### **Course Description**

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

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

The LIC offers clerkship clinical experiences that are continuous and threaded over a several-month placement in a rural community. This contrasts with the sequenced specialty blocks in the Traditional Block Clerkships. Participating students receive grades for their performance in each specialty area noted above. They will also receive a separate LIC grade in each of the terms of the LIC curriculum. Explanation of grading rubrics follow.

### **Clinical Sites**

For a list and description of the LIC sites, please see the following site: [Clerkship Resources](#).

The Arizona Area Health Education Centers program provides annual grant funding to UArizona COM– P to support student expenses associated with rural clinical placements. These funds will be used to provide a stipend for housing, transportation, and general living expenses for the students in the parallel curriculum.



### **LIC Learning Objectives**

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

Students are also responsible for the specialty-specific objectives for which they are seeking a grade in each of the four LIC terms. (See Clerkship Specialty Specific Requirements)

### **Student Outcomes**

Students will:

1. Master the fundamental content of the core clerkships as evidenced by passing the NBME shelf exam and maintain at least satisfactory clinical performance for each of the specialties represented in the LIC.
2. Maintain longitudinal progression across the healthcare spectrum of key procedures and diagnoses as logged through Px/Dx.
3. Progressively improve clinical performance of the thirteen core entrustable professional activities (EPA).
4. Demonstrate satisfactory performance and maintenance of the Educational Program Objectives (EPO).
5. Integrate into the rural community demonstrating professional relationships with patients, colleagues, faculty, and community.



## **LIC 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 LIC Director. Please see section B for UArizona COM-P attendance policies.

LIC students will be given site assignments and scheduling requirements by their site director and/or site coordinator.

### **Required/Suggested Reading**

Students are encouraged to use the clerkship-specific resources in One45 as they prepare for shelf exams and specialty clerkships.

Required:

1. Site specific required activities in the first 2 weeks of the LIC will be required. Students will be asked to review readings/multimedia to help orient them to site-specific historical, cultural, and/or linguistic considerations as they provide health care within the community. A conversation with a member of the community may be required within the first week of Term 1 of the LIC to emphasize important points made in the materials and to answer questions.
2. Implicit Association Test (Native IAT) will be administered at the beginning of the LIC and at the completion of the LIC. Student reaction to the results will be discussed with the LIC Director—actual scores will only be shared voluntarily by the student. The purpose of this activity is to support students in gaining cultural competence by seeing their own biases and how their perceptions of communities may impact patient care and may change with greater knowledge and understanding.

The above activities are required components to pass the LIC.

### **Interactive Learning/Simulations Sessions**

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

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

LIC students will progress together through the rural interactive learning sessions that are often interprofessional (including students in Nurse Practitioner, Physician Assistant, PharmD, Physical Therapy programs). LIC Director or designee will advise students of any specialty clerkship sessions that may be required in addition to the weekly rural sessions as noted in the specialty specific observable learning activities/ other requirements.



### **Required Clinical Experience Logs: Procedures and Diagnosis Log (PX/DX)**

Students are required to complete the [LIC Global Px/Dx](#) list and record all activities, including documenting the same activity each time they complete it, through MyTipReport. Students will pursue up to two specialty grades per LIC term. In order to receive a specialty grade, they must complete a minimum of one of each of the specialty specific Px/Dx requirements. Students should record these activities *each* time they encounter a listed experience. See below for additional clerkship specialty grade requirements.

Due to the nature of the LIC, additional time will be granted to complete 100% of the Px/Dx experiences in the clinical setting rather than assigning an alternative experience at the end of the term. These decisions will be made by the Site Director in consultation with the student.

*Please see Section B for global and specialty clerkship PX/DX requirements.*

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

Students are expected to meet the required clinical experiences and procedures listed on the integrated Px/Dx list before advancing to fourth year.

1. The student is responsible for monitoring their Px/Dx log and communicating their progress and learning goals with supervising faculty throughout each term, allowing for experiential deficits to be avoided. Students are required to log all Px/Dx experiences in MyTipReport, including duplicate diagnoses and procedures. If Px/Dx experiences are not encountered, alternative experiences may be arranged by the site director with advance notice at least 14 days prior to the end of the LIC term.
2. Alternative experiences are logged in MyTipReport by selecting the appropriate radio button under "Setting" and "Patient Encounter."

*Please see Section B for specialty clerkship alternative experience information.*

### **LIC Specific Assessment and Evaluation Process**

Each student at UArizona COM– P is provided regular formative and summative feedback based on the behavior competencies listed in the [Competency Assessment Policy](#) and the grading criteria listed in the syllabus.

#### **Formative Assessment**

For the duration of the LIC, faculty, including Nurse Practitioners, Physician Assistants, and Allied Health Professionals with faculty title, and resident physicians provide formative feedback via the MyTipReport App. MyTipReport is the setting where formative EPO and EPA\* assessments are completed. Application data feeds into a dashboard that allows rapid review of clinical skills progress via EPA assessments, PX/DX experiences, and narrative comments of faculty.

In addition, students receive formative feedback via MyTipReport Application self - assessment tool every 2-4 weeks during a meeting with the LIC Clerkship Director or designee.



During the inpatient pediatrics portion of the LIC, students will be evaluated using the Prime+ formative assessment tool instead of the EPA assessments.

The dashboard is designed to help students identify areas of strength as well as areas requiring more directed effort. Students review the MyTipReport dashboard with the LIC director and/or LIC site director approximately every three weeks; an opportunity to plan upcoming activities to ensure that all LIC objectives and requirements are being met. For significant deficiencies or concerns please see Section B of the syllabus.

\* EPA stands for Entrustable Professional Activities, but it might be easier to think of EPAs as “Everyday Physician Activities.” EPAs are clinical skills all students are expected to be competent in before starting residency. To learn more, click this AAMC link to the EPA tool kit describing the 13 EPAs: [Entrustable Professional Activities](#).

### Summative Assessment

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

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

Final LIC grades are determined by the LIC Director via this rubric:

### LIC Observable Learning Activities/Other Requirements and Grading Table

Requirements to be completed each LIC term

Academic Participation	Derives From	Criteria	Grading
Rural Health Activities Score	Eight LIC learning objectives	Write a description of two of the eight LIC objectives each term that reflects clinical and non-clinical experiences that met those goals. Students will be required to work through two new LIC objectives (not repeating a previously addressed objective) each term. For each completed description, which runs 1-2 paragraphs in length, students receive five points on the grading rubric for each objective. In the event of an unsatisfactory submission, faculty provide feedback and this item may be submitted for reevaluation.	10 points total, 5 points each <b>Honors:</b> 10/10 <b>High Pass:</b> N/A <b>Pass</b> 5/10



<p>Longitudinal Patient Continuity Score</p>	<p>LIC Learning Objectives</p>	<p>Each LIC term, a Longitudinal Patient Continuity Score is derived from a narrative that documents the following three elements:</p> <ol style="list-style-type: none"> <li>Longitudinal patient summaries of at least three individuals or families that will include their medical conditions and related social determinants of health. (1 point)</li> <li>A brief reflection on the significance of the longitudinal interactions on patient care. (1 point)</li> <li>A reflection on the effect of longitudinal care on the student patient therapeutic relationship (1 point).</li> </ol> <p>In the event any of the categories are lacking required elements, feedback will be provided by faculty and one revision may be submitted for reevaluation.</p>	<p><b>Honors:</b> 3 points</p> <p><b>High Pass:</b> N/A</p> <p><b>Pass:</b> 2 points</p>
<p>PxDx Progression Score</p>	<p>The MyTipReport PxDx log</p>	<p>This score is based on PxDx activities in Emergency Medicine; Family, Community and Preventive Medicine; Internal Medicine; Obstetrics and Gynecology; Pediatrics and Surgery.</p> <p>To pursue a specialty grade in any LIC term, students must complete the entire Px/Dx list for that specialty.</p> <p><b>Note:</b> If all Px/Dx has been completed in a given specialty, the novel requirement does not apply.</p>	<p><b>Honors:</b> 8 Px/Dx in each specialty category with 2 being novel</p> <p><b>High Pass:</b> 6 Px/Dx in each specialty category with 2 being novel</p> <p><b>Pass:</b> 4 Px/Dx in each specialty category with 1 being novel</p>
<p>Clinical Evaluation Score</p>	<p>Clinical assessments of EPA/EPO achievement documented in the MyTipReport app after review and approval by LIC director or designee.</p>	<p>Preceptor assessments are reviewed by the LIC director (or designee) for satisfactory EPO performance. EPA progression (improving scores) or maintenance of level 4 or higher is the basis for grading this category of the rubric.</p> <p>By the end of each LIC term, two MyTipReport EPA assessments should be documented in each EPA category. As a rule of thumb students should request an average of one EPA assessment per clinical session, ideally prior to completion of the shift.</p>	<p><b>Honors:</b> Progression in 4 EPA Categories or level 4 or higher entrustability score in all 13 EPA Categories minimum of 2 EPA assessments in each category</p> <p><b>High Pass:</b> Progression in 3 EPAs minimum of 2 EPA assessments in each category</p> <p><b>Pass:</b> progress must be demonstrated in at least 1 EPA, minimum of 2 EPA assessments in each category</p>

Participation is required in all LIC interactive learning/ simulation sessions unless excused by the LIC Director or Site Director. For a detailed breakdown of grade see calculating final LIC grade below.

### Calculating the Final LIC Grade

The final LIC grade will be determined by the LIC Director using a rubric based on a 3-point scale/metric and approved by the Curriculum Committee, the details of which are described under “Summative Assessment” section. The final LIC grade will be divided into five categories: Honors, High Pass, Pass,





Incomplete, or Fail (H, HP, P, I, F). Details regarding grading in the LIC included in the [Grading and Progression for Clerkships Policy](#). Additionally, interactive learning session attendance is mandatory to Pass LIC. Didactic session absences must be excused by LIC Director. Each cell shows the minimum score required to achieve the cumulative LIC grade. Below is a listing of the components of the composite score for LIC:

Rural Health Activities Score	PxDx Completion Score	Clinical Evaluation Score (EPA/EPOs from MyTipReport)	Narrative	Cumulative LIC Grade
Honors = 3	Honors = 3	Honors = 3	Honors = 3	Honors $\geq$ 11 points
High Pass N/A	High Pass = 2	High Pass = 2	High pass N/A	High Pass $\geq$ 8 points
Pass = 1	Pass = 1	Pass = 1	Pass = 1	Pass $\geq$ 4
Fail=0	Fail=0	Fail=0	Fail=0	Fail < 4 or failure on any individual metric

The student fails the LIC if the following occur:

1. Failure of any one of the 4 metrics in table above or,
2. Cumulative score less than 4 or,
3. Failure to attend any interactive learning session without proper approval.

### **Clerkship Specialty grades in the LIC:**

A Clinical Competency Committee (CCC) composed of the Payson Site Director, LIC Clerkship Director, and the specialty Clerkship Director determines the specialty grade. Specialty grades are determined by clinical performance utilizing MyTipReport assessments and dashboard information, completion of specialty- specific Px/Dx and other requirements, and results of the NBME shelf exam. Please see the Clerkship Specialty Specific requirements for details (summarized below). All elements of the final grade, including the end of rotation assessment, can be found in One45.

Prior to the final two weeks of each LIC term, students declare they will pursue up to two specialty clerkship grades (out of six possible) to allow time for National Board of Medical Shelf Exam registration. Students MUST pass the required elements of the LIC *and* the chosen specialties to pass a given LIC term.

- Failure in a chosen specialty clerkship will lead to the required repeat of that specialty clerkship in its entirety, and an LIC grade of Incomplete for that term until the specialty clerkship is successfully retaken and passed.
- Failure of a LIC term will lead to the required repeat of the LIC Term.
- Failure of a shelf exam for a specialty clerkship during an LIC term allows the student to progress to the next LIC term, however, the LIC term grade and specialty clerkship grade for that particular clerkship will remain a grade of Incomplete until the student successfully passes the retake examination, in which case, the highest specialty grade the student can receive is a Pass.

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.

**Clerkship Specialty Specific Requirements**

**Emergency Medicine Clerkship:**

**Emergency Medicine Learning Objectives**

1. Recognize immediate life-threatening illnesses, initiate resuscitation and stabilization before a conclusive diagnosis is made.
2. Provide initial evaluation and assessment of an undifferentiated patient.

**Emergency Medicine Grading Table**

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		≥82	Honors	≥87.90-100	Honors	Honors <b>IF</b> Composite score is within Honors range, Clinical Score is within Honors range, and qualifying shelf score meets at least the High Pass Cutoff
≥2.3-2.59	High Pass		≥77-81	High Pass	≥77.40-87.89	High Pass	High Pass <b>IF</b> Composite score is within High Pass range, Clinical Score is at least within High Pass range
≥2.0 - 2.29	Pass	Pass ≥ 12 points (≥ 60%)	≥64-76	Pass	≥64.20--77.39	Pass	Pass <b>IF</b> Composite score is within Pass range, Clinical Score is at least within Pass range
< 2.00	Fail	Fail < 12 points (<60%)	<64	Fail	<64.2	Fail	

**Emergency Medicine Observable Learning Activities/ Other Requirements:**

Academic Participation	Criteria	Total
Didactics/Simulation	Students attendance and participation in required didactics determined by session leaders. One required didactic session will take place in Phoenix.	Up to 10 points
Case presentation	The students will create an EBM presentation in PICO format based on a clinical question of interest to the student related to Emergency Medicine and present a 5-minute summary and recommendation.	Up to 10 points

Students are given use of the [Rosh Review](#) online question bank as part of their learning experiences.



**Family, Community, & Preventive Medicine Clerkship:**

**Family, Community, & Preventive Medicine Clerkship Learning Objectives**

1. Develop knowledge of common problems encountered in Family Medicine including those on the required Procedures Diagnosis logs and discussed in the Interactive Learning Sessions.
3. Apply basic ethical principles to challenges encountered in a Family Medicine practice.
4. Develop lifelong learning skills including question formation and the proper use of resources to answer these questions in an evidence-based manner, being cognizant of the longitudinal EBM objectives presented in first year.
5. Offer preventive advice and counseling for issues pertinent to Family Medicine.
6. Understand and apply cost-effectiveness and cost-benefit concepts in Family.
7. Differentiate when to use community resources to assist in both the medical and social needs of the patient.
8. Demonstrate ability to identify and answer clinical research questions utilizing the PICO format and evidence-based techniques being cognizant of patient oriented evidence (POEMS) versus disease orientated (DOES) outcomes.
9. Demonstrate awareness and respect for diverse populations, this includes but is not limited to: race, sex, ethnicity, culture, ability, disability, socioeconomic status, talents, language, religion, spiritual practices, sexual orientation, gender identity, biological differences, geographic region, age, country of origin and life experiences.

**Family, Community, & Preventive Medicine Grading Table**

CLINICAL (50%)		Required Activities/ OTHER (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Qualifies for		Score	Qualifies for	Score	Qualifies for	
≥2.6 - 3.0	Honors		≥82	Honors	≥91.00-100	Honors	Honors <b>IF</b> Composite score is within Honors range, Clinical Score is within Honors range, and qualifying shelf score meets at least the High Pass Cutoff
≥2.3-2.59	High Pass		≥77-81	High Pass	≥86.00-90.99	High Pass	High Pass <b>IF</b> Composite score is within High Pass range, Clinical Score is at least within High Pass range
≥2.0 - 2.29	Pass	Pass ≥ 12 points (≥ 60%)	≥64-76	Pass	≥64.20-85.99	Pass	Pass <b>IF</b> Composite score is within Pass range, Clinical Score is at least within Pass range
< 2.00	Fail	Fail < 12 points (<60%)	<64	Fail	<64.2	Fail	



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

Academic Participation	Item(s)	Total
Interactive Learning Sessions attendance in Payson		10%
PICO Clinical Question and PowerPoint – additional information posted in One 45- Completed with their peers in Phoenix	PICO Clinical Question and PowerPoint	5%
Evidence Based Medicine OSCE- Completed with their peers in Phoenix		5%

**Internal Medicine Clerkship:**

**Internal Medicine Learning Objectives**

1. Communicate with patients in a patient-centered manner. Be kind and take care of patients in style (with Panache!).
2. Work with the interprofessional care team in a manner that promotes excellent patient care.
3. 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).
4. Formulate a differential diagnosis and, using deductive reasoning, thoughtfully order labs and studies.
5. Interpret results and (perform/observe) commonly used diagnostic procedures.
6. Utilize the data obtained from objective and subjective information to develop management plans that are appropriate for the diagnosis, the clinical and community setting and for the patients' unique circumstances.

Be active and engaged in the care of internal medicine patients.

**Internal Medicine Grading Table**

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		≥82	Honors	≥88.00-100	Honors	Honors <b>IF</b> 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	≥84.50-87.99	High Pass	High Pass <b>IF</b> Composite score is within High Pass range, 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 <b>IF</b> Composite score is within Pass range, Clinical Score is at least within Pass range
< 2.00	Fail	Fail < 24 points (<60%)	<59	Fail	<63	Fail	



### Internal Medicine Observable Learning Activities/ Other Requirements

Academic Participation	Criteria / Items	Total
Humanism in Medicine	Narrative writing assignment on the patient's own story, to be shared with the team and uploaded to Oasis.	7 points
<i>Graded Assignment: Clinical Illness Statement and Differential Diagnosis (DDx) Table</i>  <i>EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter</i>	Based on a patient they are caring for, students will: <ul style="list-style-type: none"><li>• 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.</li><li>• Complete the DDx Table for the 4 diagnoses, generating an "illness script" for each diagnosis.</li></ul> Illness Statement & DDx Table (along with the patient note they are based off of) are to be uploaded to Oasis	Up to 16 points
PICO (EBM presentation)  <i>EPA 7: Form Clinical Questions &amp; 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 <b>either resident or attending</b> utilizing the PICO form. Students must upload to Oasis once completed and signed off by the preceptor.	7 points
<i>Attendance</i>	Attendance and active participation in academic learning sessions in Payson.	Up to 8 points
<i>Timeliness and Professionalism</i>	Students will receive 8 points for the completion of <b>all</b> of the following items (partial points will not be awarded). <ul style="list-style-type: none"><li>• Submission of Clinical Illness Statement/DDx Table and patient note for graded assignment</li><li>• 100% of IM-required PxDx Logged</li><li>• 100% Duty Hours Logged</li></ul>	2 points
<i>Total Points Possible</i>		40 points

### Obstetrics and Gynecology Clerkship:

#### Obstetrics and Gynecology Learning Objectives

1. Develop competence in the medical interview and physical examination of women and incorporate ethical, social, and diversity perspectives to provide culturally competent health care.
2. Apply recommended prevention strategies to women throughout the lifespan.
3. Recognize his/her role as a leader and advocate for women.
4. Demonstrate knowledge of preconception care including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.
5. Explain the normal physiologic changes of pregnancy including interpretation of common diagnostic studies.
6. Describe common problems in obstetrics.
7. Demonstrate knowledge of intrapartum care of the mother and newborn.
8. Demonstrate knowledge of postpartum care.
9. Describe menstrual cycle physiology, discuss puberty and menopause and explain normal and abnormal bleeding.
10. Describe the etiology and evaluation of infertility
11. Develop a thorough understanding of contraception, including sterilization and abortion.



12. Demonstrate knowledge of common benign gynecological conditions.
13. Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.
14. Describe common breast conditions and outline the evaluation of breast complaints.
15. Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.
16. Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation.
17. Provide a preliminary assessment of patients with concerns about sexuality and sexual health.

### Obstetrics and Gynecology Grading Table

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		≥83	Honors	≥85.50-100	Honors	Honors <b>IF</b> 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		≥79-82	High Pass	≥74.50-85.49	High Pass	High Pass <b>IF</b> Composite score is within High Pass range, Clinical Score is at least within High Pass range
≥2.0 - 2.29	Pass	Pass ≥ 12 points (≥ 60%)	≥64-78	Pass	≥64.50-74.49	Pass	Pass <b>IF</b> Composite score is within Pass range, Clinical Score is at least within Pass range
< 2.00	Fail	Fail < 12 points (<60%)	<64	Fail	<64.5	Fail	

### Obstetrics and Gynecology Observable Learning Activities/ Other Requirements

Academic Participation	Criteria	Total
Observed Structured Clinical Examination (OSCE)	In order to pass the OSCE, the student must: <ul style="list-style-type: none"> <li>● score at least 60% on the OSCE checklist</li> <li>● complete the OSCE without the encounter needing to be halted</li> <li>● exhibit professionalism and preparedness</li> </ul> Failure of the OSCE will result in remediation and repeat of the OSCE. A second failed OSCE attempt will result in failure of the clerkship.	10%
Obstetrical Emergencies Simulation Preparation and Participation	Assignments will be graded and points awarded for successful completion.	2%
Oral Assessment of Medical Knowledge and Critical Thinking	Each student will participate in a 1:1 meeting with the OBGYN Clerkship Director or designee to complete an oral assessment of medical knowledge and critical thinking. Recognizing that a multiple choice exam is not the best way for some students to demonstrate their skills in these areas, this oral assessment will provide an opportunity for students to demonstrate their knowledge and critical thinking skills in a standardized environment.	6%



Written documentation portfolio	Each student will submit one H&P (including their A&P) and one SOAP note (also including their A&P) 4 weeks prior to the end of the LIC Term. They must email OBGYN Clerkship Director when this has been submitted to set up a time to discuss the assignment.	2%
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Students are provided a subscription to an OBGYN specific question bank through APGO called uWise. There are 4 available uWise Quizzes. The four quizzes consist of general, OB specific, GYN specific, and comprehensive 100 questions. Students are encouraged to complete them as a self-assessment for targeted study

### **Pediatrics Clerkship:**

#### **Pediatric Learning Objectives**

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



### Pediatric Grading Table

CLINICAL (50%)		Required Activities/ OTHER (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Qualifies for		Score	Qualifies for	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥84	Honors	≥88.20-100	Honors	Honors <b>IF</b> 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		≥79-83	High Pass	≥77.70-88.19	High Pass	High Pass <b>IF</b> Composite score is within High Pass range, Clinical Score is at least within High Pass range
≥2.0 – 2.29	Pass	Pass ≥ 12 points (≥ 60%)	≥64-78	Pass	≥64.20-77.69	Pass	Pass <b>IF</b> Composite score is within Pass range, Clinical Score is at least within Pass range
< 2.00	Fail	Fail < 12 points (<60%)	<64	Fail	<64.2	Fail	

### Pediatrics Observable Learning Activities/ Other Requirements

Other Points	Total
Topic Presentation will be done in Payson with option in Inpatient Pediatrics	Up to 10 points
Simulation and teaching conference participation + completing clerkship requirements.	Up to 10 points

Completion of one of the 3 Social Determinants of Health modules. Those modules are found on the Aquifer website [Aquifer](#).

- Case 01: Overview of social and structural determinants of health.
- Case 02: 2-year-old boy with fever and headache – Bao (Communication with Non-English speaking patients/families)
- Case 03: 2-year-old with pneumonia and probable empyema – Kenny (Addressing distrust of Western medicine)

### Surgery Clerkship:

#### Surgery Learning Objectives

1. Obtain an accurate surgical history.
2. Perform a complete and organ specific physical examination.
3. Interpret the diagnostic and imaging modalities necessary for the care of surgery and trauma patients.
4. Perform diagnostic and therapeutic procedures commonly utilized in surgical patients.
5. Identify screening techniques involved in preventing surgical illness and strategies to prevent traumatic and thermal injury.





6. Appreciate surgical decision-making with regard to current practice, data and medical knowledge.
7. Construct a rationale for both operative and non-operative management of surgical patients.
8. Construct management strategies for a preoperative and postoperative patient.
9. Present a case in conference that demonstrates knowledge of the patient, diagnostic workup, disease process, intervention and outcome.
10. Function as integral member of the surgical team on rounds.
11. Collaborate with the operative team and recognize operating room safety.
12. Demonstrate the ability to present patients at handoff conference in a systematic and thorough manner.
13. Function as an effective member of the trauma team in the resuscitation of a trauma patient.
14. Recognize the anatomical and physiological differences associated with the surgical care of men and women.
15. Appraise the physiologic response to surgery and trauma in the extremes of age.
16. Identify the principles and application of surgical informed consent.
17. Recognize the ethical implications of trauma and burn patients and the social factors that predispose them to injury.
18. Recognize the ethical issues associated with organ transplantation.
19. Consider the ethical, legal and clinical principles of brain death and end of life issues in the surgical patient.
20. Identify the principles of surgical quality.
21. Discuss how to communicate bad news to surgical patients and families.
22. Write a thorough and concise surgical note.
23. Present patient data in a thorough and concise manner on surgery rounds.
24. Employ appropriate operating room etiquette including sterile technique and appropriate conduct.
25. Consider the cost of certain procedures, equipment and materials used in surgical care.
26. Recognize how patients gain or are denied access to surgical care.

**Surgery Grading Table**

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		≥80	Honors	≥87.00-100	Honors	Honors <b>IF</b> 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		≥75-79	High Pass	≥82.20-86.99	High Pass	High Pass <b>IF</b> Composite score is within High Pass range, Clinical Score is at least within High Pass range
≥2.0 - 2.29	Pass	Pass ≥ 12 points (≥ 60%)	≥59-74	Pass	≥63.00-82.19	Pass	Pass <b>IF</b> Composite score is within Pass range, Clinical Score is at least within Pass range
< 2.00	Fail	Fail < 12 points (<60%)	<59	Fail	<63.0	Fail	



**Surgery Observable Learning Activities/ Other Requirements**

Academic Participation	Criteria	Item(s)	Total
Case Presentation	Site director, teaching faculty, or chief resident will lead and grade the case presentations. Each of the following are worth a total of 2 points each and added to give a final score: <ul style="list-style-type: none"> <li>● H&amp;P</li> <li>● Differential</li> <li>● Knowledge of patient</li> <li>● Knowledge of Disease</li> <li>● Presentation and Communication</li> </ul>	<ul style="list-style-type: none"> <li>● Upload completed checklist on Oasis</li> <li>● Due 11:59PM Sunday by the end of chosen LIC Term</li> <li>● Failure to upload by deadline will forfeit all points</li> </ul>	10 Points
Competency Checklist	<p><i>The following list is separate from the Px/Dx list and it can only be performed in an inpatient or outpatient setting. A faculty, site director, and resident can sign off on any of the components of this checklist. Each of the following items are worth 1 point each for a maximum of 10 points:</i></p> <ol style="list-style-type: none"> <li>1. Foley Insertion</li> <li>2. Nasogastric tube Insertion</li> <li>3. Surgical Drain Insertion or Removal</li> <li>4. Suturing &amp; Knot Tying</li> <li>5. Staple Insertion or Removal</li> <li>6. Intraosseous or Intravenous Catheter Insertion</li> <li>7. Airway Management</li> <li>8. FAST Exam or Ultrasound Guided Imaging +/- Procedure</li> <li>9. History and Physical Note</li> <li>10. Post-Operative Note</li> <li>11. Admission Orders</li> <li>12. Clinic Note</li> <li>13. Wound Care and Management</li> <li>14. Patient/Family Communication</li> <li>15. Arterial line</li> <li>16. Breast Exam</li> </ol> <p>Rural clinical skills checklist: five additional rural-specific skills chosen by the LIC surgery site director.</p>	<ul style="list-style-type: none"> <li>● Upload completed checklist on Oasis</li> <li>● Due 11:59PM Sunday by the end of chosen LIC Term</li> <li>● Failure to upload by deadline will forfeit all points</li> </ul>	10 Points



**Longitudinal Patient Care:**

**Longitudinal Patient Care Course Learning Objectives**

	<b>Course Learning Objectives</b>	<b>EPO Mapping</b>
1	Identify how patient healthcare values, goals, and medical needs evolve over time; including the effect of the pathophysiology of disease processes, healthcare settings, and influence of environment and barriers to care.	PC6; MK7,8,9; CAQ12; SAR2,5
2	Describe and model an interdisciplinary patient centered team-based model of healthcare.	PC7; P8; SAR1,5,6
3	Appropriately assess and identify ways to address the healthcare needs of the patient with chronic medical conditions utilizing medical knowledge, knowledge of the interdisciplinary team members' complementary roles and responsibilities, negotiation of common goals and objectives, knowledge of community and social determinants of health, and appropriate task distribution.	SAR5,6; PC3,4,5,7; MK2,9; P1,2,8
4	Engage with all members of the IPE team using effective communication strategies in shared patient centered problem solving and decision making.	ICS1,2,3; P8; PC7
5	Appropriately collect, document, store, and manage patient information, respecting patient privacy and confidentiality.	PC1; ICS4; P3



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

### **General Information**

Prerequisites: All students must successfully pass all pre-clerkship curricular elements 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.
- A Professionalism lanyard card with PRO QR code for direct real time reporting of exemplary examples of professionalism or concerning professionalism/mistreatment behaviors has been distributed to each student.



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](#).

Website and contact information for the Professional Resource Office can be located [here](#).



## **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 LIC 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 LIC Director and are not to exceed 0.5 days per week on average. Exceptions to this may be considered in consultation with the LIC 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](#)

The following graduation requirements must be met by all students: ([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 the LIC syllabus, the student will remedy the deficiency by completing the alternative experience with the appropriate LIC Director, utilizing the process outlined in the LIC 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. Formative feedback will be developed continuously throughout the LIC experience and can be accessed by students and faculty by accessing the MyTipReport App. Students and faculty should meet and discuss the formative archive throughout the LIC experience. 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 noted by faculty/assessor and entered in MyTipReport should be communicated to the LIC and/or Site Director with written documentation that the feedback has been provided to the student. If deficiencies or problematic issues are noted late in the clerkship, timely feedback will be given by an assessor to offer the student the opportunity to improve, and ideally should have occurred prior to assigning a failing score. LIC Director maintains the ability to assign a summative level 1 for an egregious action at any point during an LIC term.

### **Mid-Clerkship Formative Assessment**

A mid-clerkship assessment for each student is required as per the [Competency Assessment Policy](#). The LIC has constant formative feedback going to the students with the EPA assessments and the dashboard reviews (every three weeks). These constant formative forms will be used in place of a formal mid-clerkship feedback form and meet the LCME requirements.

### **Summative Assessment**

UArizona COM-P has internal deadlines for the summative assessment forms to ensure the LCME 6-week requirement is met. The end of rotation form is to be completed by the faculty within two weeks of the rotation ending. This will allow for Clerkship/(S)elective 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 MyTipReport App**

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

### **Conflict of Interest**

It should be noted that faculty at UArizona 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 Specialty 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 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 LIC Grade**

See the LIC 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 and pass the shelf exam.
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 LIC 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 LIC Director.

### **Narrative Feedback**

#### **Traditional Clerkships**

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).

#### **Longitudinal Integrated Clerkship**

Narrative feedback is accumulated continuously through the MyTipReport app. See Clerkship Specialty grades in the LIC. Any concerns regarding narrative comments may be addressed with the Longitudinal Integrated 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 LIC, 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 LIC, 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 LIC.

Once the student has successfully submitted their evaluation in narrative form within the second week after the LIC 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 LIC 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 LIC 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 LIC requirements.

1. Duty hour logging is due at the end of each LIC Term 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 each LIC Term 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.
  - **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.
  - The Level one will be on a single professionalism EPO related to accountability. Compliance with these deadlines will be determined by CCBE and reported to the Office of Assessment and Evaluation.
  - A summative Level 1 will be taken into account as part of a comprehensive assessment and final grade. All summative, or “final”, Level 1 ratings are tracked by the Office of Assessment and Evaluation in collaboration with the Office of Student Affairs. Cumulative Level ratings are retained throughout the student’s enrollment. See [Competency Assessment Policy](#).
3. Completion of assigned site, faculty, and end of the clerkship evaluations (see the [Assessment and Evaluation of Students, Faculty and Curriculum Policy](#)).



## **Additional Resources**

### **Rural Health Professions Program**

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

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

Contact Information: Director, RHPP - Jonathan Cartsonis, MD  
Email: [jcartsonis@email.arizona.edu](mailto:jcartsonis@email.arizona.edu), Phone: 602-684-0598

### **Urgent/Emergent Health Care Services**

#### **On-Campus and in the Immediate Phoenix Area**

Students can access the list of local healthcare services on the UArizona College of Medicine - Phoenix website. Students are given a rectangular card that contains a list of emergency contact numbers and local healthcare service addresses and phone numbers. This card is placed in their identification holder along with their UArizona College of Medicine - Phoenix identification to allow easy access to healthcare information while at instructional sites. All information is also accessible on the wellness website at [wellness.arizona.edu](http://wellness.arizona.edu).

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

#### **Off Campus Outside of the Metro Phoenix Area**

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

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

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

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



### [Student Health Services Relationship Policy.](#)

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

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

### **Expectations for Mobile Communication**

The student must always be reachable during usual extended work hours and on-call hours, and if in a clinical setting, the student should respond within 15 minutes. Most students opt to provide their mobile number for texts; however, the pager and/or voice capability of the cell phone must be functional and available i.e., on the student's person for calls/pages daily. Not responding to calls or pages will be viewed as a deficit in *Interpersonal Skills and Communication*, as well as *Professionalism*. Students who opt to not provide cell phone numbers can request a pager from the Director of Student Affairs at least three weeks prior to starting clerkships. A pager will be assigned to the student and must be returned prior to their commencement from the College.

### **Accessibility and Accommodations**

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

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

One45 is the curricular management system used to manage evaluations, End of Rotation assessments, Final Grade Forms, and to access learning materials and schedules. General information about the clerkship rotations, such as syllabi, site information, learning objectives, materials for didactic sessions, links, etc. will be attached as handouts to each clerkship "course" under Handouts and Links within One45. One45 can be accessed at the web address: [One45](#)

Assessments are collected via One45, and automatic emails are sent to assessing attendings with instructions and reminders to complete. A list of pending and completed assessments can be reviewed in One45, if applicable. Students will use MyTipReport to log observed Px/Dx at clinical sites. Students can use their smartphones to make log entries on-the-go, if allowed by site policy where the student is rotating.

### **OASIS: Course Schedule**

University of Arizona College of Medicine - Phoenix uses a web-based scheduling system, Oasis. Oasis maintains site information, student schedules, course catalog, and various other details that are pertinent to the clinical rotations. Oasis has detailed, up to the minute course information and allows students to request schedule changes. All students will use this resource for any scheduling purpose throughout their 3rd and 4th year of clinical rotations. Oasis can be accessed on the web address: [OASIS](#)



### **MyTipReport Formative Assessment Application**

MyTipReport is an application (app) that the University of Arizona College of Medicine - Phoenix uses to collect formative assessments and end of rotation student self-assessment/reflection for the LIC 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.