



## Longitudinal Integrated Clerkship (LIC) Syllabus Academic Year 2020 -2021

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## **General LIC Information**

LIC Credit Hours: 42 Credits

- LIC I- 12 Credits
- LIC II 12 Credits
- LIC III- 10 Credits
- LIC IV- 8 Credits

COVID Adaptations: LIC I becomes virtual LIC (V)LIC in which patient visits are completed through telemedicine with Payson preceptors. Students begin building their longitudinal primary care clinics and competency-based education during this period. Additionally, community projects and learning assignments are all remote.

Course Code: LIC: MEDP 835

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

LIC Clerkship Length: 7 weeks Inpatient Medicine and Inpatient Pediatrics in Phoenix AZ and 35 weeks in Payson, AZ

LIC students will be enrolled in four sequential longitudinal integrated clerkship courses. The LIC I course will include both introductory inpatient rotations in Internal Medicine and Pediatrics at teaching hospitals in Phoenix and integrated rotations in Payson, and LIC II, III and IV are solely integrated rotations in Payson. The LIC I-IV courses are completed in 42 weeks of instruction and prior to students returning to Phoenix to complete the Psychiatry clerkship. Additionally, students are required to attend Intersession I (located at the COM-P). The total length of the Year 3 parallel curriculum is 49 weeks in line with the traditional curricular track.

Students in the LIC curriculum track will complete the Neurology clerkship in Year 4 and Emergency Medicine during the third year LIC. Students will meet the requirements stated in the Credit Requirement Years 3 and 4 Policy. Link to policy: <https://phoenixmed.arizona.edu/policy/credit-requirement-years-3-and-4-policy>

LIC Resources: [One45](#)

## **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.

## Clinical Sites

Banner Health Clinic (Family Medicine, Internal Medicine, Pediatrics)

Banner Payson Medical Center (Critical access hospital that houses Obstetrics, surgical, medical, ICU, and emergency wards)

Banner Payson Surgical Associates (Surgery Clinic)

Banner Women's Care (OB/Gyn Clinic)

Payson Christian Clinic (Free community clinic)

Ponderosa Family Care (Private internal medicine and pediatric clinic)

Rim Country Health (Nursing home)

The Arizona Area Health Education Centers program provides annual grant funding to COM – P in order 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.

## 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 LIC 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).

### **LIC Learning Objectives**

The LIC objectives listed below have 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 month 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 Appendix)

### **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).

## **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 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.](#)

The following graduation requirements must be met by all students: ([policy](#))

### **Required/Suggested Reading**

Please see One45 for clerkship specific reading requirements.

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

Outside of patient care experiences, Year 3 clerkships conduct weekly didactic experiences in a variety of instructional formats emphasizing flipped classroom and/or active learning in small groups. The LIC director and LIC Site Director will ensure that topics covered in the weekly didactics will be guided by course learning objectives of the core clerkships as well as progress in the required clinical experiences to assure comprehensive coverage of the curriculum.

The LIC director will use the core clerkships' content to guide the topics of the weekly rural didactic sessions, to ensure equivalent comprehensive experience. Given the different opportunities in the LIC, we anticipate the didactic content needed to supplement the clinical experiences will be different than traditional curriculum. We also anticipate a decrease in the utilization of simulation in the parallel curriculum as the students will be exposed to the content in the clinic and at the bedside. Students will participate in Intersession courses in Phoenix, in which a substantial portion of third year didactics are concentrated.

LIC students will progress together through the rural interactive learning sessions (didactics). LIC Director will advise students of any specialty clerkship required didactic sessions that may be required in addition to the weekly rural sessions.

### **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.

\* Students are required to record all Px/Dx experiences through the MyTip app.

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. See addendum for objectives.

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.

Please see the Appendix for specialty clerkship PX/DX requirements.

### **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 PXDX log. If an alternative experience is needed for a procedure or diagnosis, the student must notify the LIC Director or designee a minimum of 14 days prior to the end of the LIC term.
2. The LIC Director in collaboration with the appropriate Clerkship Director will assign an alternative experience/requirement to be completed.
3. Once the alternative experience/requirement is completed, it is logged in MyTip by selecting the appropriate radio button under Setting and Patient Encounter.

Please see Appendix for specialty clerkship alternative experience information.

### **Assessment and Evaluation Process**

Each student at 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 and Physician Assistants with faculty title), and residents engaged in student teaching and supervision will provide formative feedback using the MyTip App. The application includes the Educational Program Objective (EPO) grading rubrics, a narrative comments section, and an Entrustable Professional Activity (EPA) assessment. \* A single EPO/EPA assessment can be completed in a few short minutes by an assessor using the app. The data from the application will feed into a dashboard tracking platform that allows the student to review their progress with the EPA/EPOs throughout the LIC experience. In addition to clinical EPO and EPA data, the dashboard contains required clinical experience progress, procedure and diagnosis (PX/DX) progress, and narrative comments.

The purpose of this feedback is to identify strengths and opportunities for improvement. Students will review their formative dashboard on MyTip with their LIC site director at least every three weeks; this will also serve as an opportunity to plan upcoming activities to ensure that all LIC objectives and requirements are being met. This will provide an opportunity for coaching and a dashboard review.

Any significant deficiencies or concerns noted by faculty/assessor and entered in MyTip should be communicated to the LIC 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 failing score. LIC Director maintains the ability to assign a summative level 1 for an egregious action at any point during an LIC term.



\* EPA stands for Entrustable Professional Activities, but it might be easier to think of EPAs as "Everyday Physician Activities." EPAs are clinical skills that we expect all of our students to be competent in before starting residency.

If you are interested in learning more about the EPAs, here is the AAMC link to the EPA tool kit with all 13 EPAs: <https://www.aamc.org/system/files/c/2/484778-epa13toolkit.pdf>

## 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 courses.

Curriculum Grading: students will be graded on a four-category rubric in the four LIC terms: Honors, High Pass, Pass or Fail. In addition to the final grades earned in each of the four LIC terms, students will receive specialty assessment scores in each discipline which will be reflected on the official transcript (see Specialty Assessments in LIC section below).

LIC grades will be assigned by generating a composite score which consists of a rural health activities score, a required clinical experience quantitative progression score, clinical evaluation by physician advisor score and a longitudinal patient continuity score. Each component will be graded on a three-point scale to determine the final composite score. The LIC director assigns the final LIC grade.

1. The Rural Health Activities Score: Is derived from the eight intended LIC learning objectives. Completion of these goals will be demonstrated through writing assignments and assessment by faculty. Students will focus on two goals of their choosing during each of the four LIC courses. Each of the two writing assignments will be graded as satisfactory or unsatisfactory. For each satisfactory writing assignment, the student will receive a score of 5 each. In the event an unsatisfactory grade is given to an assignment, feedback will be provided by faculty and one revision may be submitted for reevaluation. A score of 10/10 equals honors (3 points toward cumulative grade); 5/10 equals pass (1 point toward cumulative grade); a score less than 5 equals fail (0 points toward cumulative grade). Please note there is no high pass option for this section.
2. Px/Dx Progression: The required clinical experience score reflects quantitative progression in the required clinical experience activities (PX/DX) for Emergency Medicine, Family, Community and Preventive Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics and Surgery. To Pass students are required to complete 4 Px/Dx activities within each of the specialty categories and 1 of the experiences must be novel. (experience not recorded previously) For High Pass, students are required to complete 6 Px/Dx activities within each of the specialty categories with 2 novel experiences, and for Honors the students must complete 8 Px/Dx activities within each of the specialty categories with 2 novel experiences within the LIC term. Students must remember if they are pursuing a specialty grade during the LIC term, they must complete the entire Px/Dx list for that specialty. If all of the Px/Dx list has been completed in a given specialty the novel Px/Dx experience does not apply. Honors is 3 points toward cumulative grade, high pass is 2 points toward cumulative grade, pass is 1 point toward cumulative grade, and fail is 0 points toward cumulative grade.
3. Clinical Evaluation: Is derived from clinical assessments of EPA/EPO achievement documented in the MyTip app after review and approval by LIC director or designee. In each LIC term,





students must achieve satisfactory performance in all EPO assessments. Quantitative progression (improved scores) or maintenance of level 4 or higher of entrustability score must be demonstrated. In order to Pass, progress must be demonstrated in at least 1 EPA; High Pass required progression in 3 EPAs; and Honors will require progression in 4 EPA categories. At the end of LIC IV, all thirteen EPA categories must have at least 2 MyTip assessments in order to Pass. Students who become entrustable in all thirteen EPA categories will achieve an automatic Honors in the clinical evaluation category. Honors is 3 points toward cumulative grade, High Pass is 2 points toward cumulative grade, Pass is 1 point toward cumulative grade, and fail is 0 points toward cumulative grade.

4. Longitudinal Patient Continuity Score, the total value for the longitudinal patient continuity score is 10 points. In the event any of the categories are unsatisfactory, feedback will be provided by faculty and one revision may be submitted for reevaluation. In order to honor you must receive a score of 9 points (3 points toward cumulative score); to pass you must receive a score of 6 points (1 point toward cumulative score); and to fail you receive a score of 3 points (0 points toward cumulative score). Please note there is no high pass option for this section. Students submit a narrative at the end of each LIC term that details:
  - a. Longitudinal tracking of their assigned patient panel as well as a summary of accumulation of new longitudinal patients, their medical conditions, and related social determinants of health. (3 points)
  - b. Students will reflect how longitudinal interactions affect patient care (3 points)
  - c. Students will reflect how the longitudinal experience impact both the student and the patient (3 points).

In addition to the four (4) criteria listed above, students are required to participate in all LIC didactic and simulation sessions unless excused by the LIC Director. For a detailed breakdown of grade see standardized process for LIC grade below.

Specialty Clerkship grades in LIC: A clinical competency committee (CCC): the Payson site director, the LIC director, and the specialty specific Clerkship Director will be responsible for completing the specialty grade, which will be included on the transcript and Medical Student Performance Evaluation for Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics and Surgery. The specialty grade will consist of clinical performance, meeting Px/Dx and specialty-specific requirements grade, and the NBME shelf examination score. Please see Appendix for details.

Each LIC Term, students will choose two specialties (of the 6 possible) in which they will be graded based on the Site Director's and the student's personal assessment of readiness, and after they have completed all elements of the Px/Dx in that specialty. The student will declare to the LIC Coordinator which specialties are to be graded in that term at least 2 weeks prior to the end of the LIC term in order for arrangements to be made to take the National Board of Medical Shelf Exams in the declared specialties. Please note that students MUST pass both required elements of the LIC and the chosen Specialties in order to pass a given LIC term. A failure in a chosen specialty or a failure in the LIC requirement will have the outcome of a failure in all of these elements (LIC grade and specialty grades). Finally, in order to progress from one LIC term to the next, all requirements of the preceding term must be successfully completed.

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 the LIC Director 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](#). This deadline applies to both the LIC grade for each term and each specialty grade.

### **End of Rotation Assessment**

MyTip assessments and dashboard information will be the basis for the specialty clinical grade used to calculate the final grade. All End of Rotation and final grade forms can be accessed in One45.

### **What to do if an assessor does not have access to MyTip**

A paper version of MyTip can be accessed in the event of internet and/or cellular being unavailable for later on-line completion.

Assessors can be added to MyTip by contacting the Office of Assessment and Evaluation ([PBC-Evaluation@email.arizona.edu](mailto:PBC-Evaluation@email.arizona.edu))

### **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 Process for 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. Below is a listing of the components of the composite score for LIC:

<b>Rural Health Activities Score</b>	<b>PxDx Completion Score</b>	<b>Clinical Evaluation Score (EPA/EPOs from MyTip)</b>	<b>Narrative</b>	<b>Cumulative LIC Grade</b>
Honors = 3	Honors = 3	Honors = 3	Honors = 3	Honors ≥ 11 points
High Pass N/A	High Pass = 2	High Pass = 2	High pass N/A	High Pass ≥ 8 points
Pass = 1	Pass = 1	Pass = 1	Pass = 1	Pass ≥ 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.

The following requirements must be met for the LIC 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 must be continuously updated in the MyTip app.
3. Clerkship-specific requirements **AND** LIC requirements must be met in order to successfully complete a term of the LIC.
4. Completion of assigned site, faculty and end of the clerkship evaluations (see the [Assessment and Evaluation of Students, Faculty and Curriculum Policy](#)).

**NOTE:**

- **A formative level 1** will be given for failure to maintain an up to date MyTip Px/Dx log as noted during periodic dashboard reviews.
- **A summative Level 1** will be given for repeated or continued failure to maintain up to date log of Px/Dx 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](#).

**Additional LIC Grading Criteria**

Grading will awarded as follows:

- Honors: Greater than or equal to 11 points.
- High Pass: Greater than or equal to 8 points.
- Pass: Greater than or equal to 4 points.
- Fail: A failure in any category or less than 4 points.



## Feedback

### Narrative Feedback

Narrative feedback is accumulative continuously through the MyTip app. Representative comments will serve as summative narrative feedback on the end of rotation and final grade forms. 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

Student evaluation of the LIC, 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 LIC term, 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 term.

Once the student has successfully submitted their evaluation in narrative form within the second week after the LIC term 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 term 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 Longitudinal Integrated 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), funded by [Arizona Area Health Education Centers](#) (AzaHEC), and local community groups. 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

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.

## MyTip

MyTip is a smartphone and web-based application accessed by students and faculty that records all assessment information. It has unique features in its dashboard presentation of all data points related to assessment. That feature allows students to see their academic and clinical progress across the duration of the longitudinal integrated clerkship.

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

Required Procedures	Clinical Setting	Level of Responsibility	Associated Theme
Airway Management	OTPT	Observe and Discuss	Interprofessional Education and Practice
Interpret Cardiac Monitor	OTPT	Perform Procedure	Evidence Based Medicine
IV Start or Venipuncture x3	OTPT	Perform Procedure	Behavioral and Social Sciences
Obtain 12-Lead EKG	OTPT	Perform Procedure	Health Care Transformation
Place Patient on Monitor	OTPT	Perform Procedure	Biomedical Informatics

Required Diagnosis	Clinical Setting	Level of Responsibility	Associated Theme
Abdominal Pain	OTPT	Actively Participate in Care	Cultural Competency
Altered Mental Status	OTPT	Actively Participate in Care	Behavioral and Social Sciences
Chest Pain	OTPT	Actively Participate in Care	Evidence Based Medicine
Sepsis	OTPT	Actively Participate in Care	Health Care Transformation
Shortness of Breath/Dyspnea	OTPT	Actively Participate in Care	Public Health, Prevention, and Health Promotion

Faculty will provide alternative experiences when necessary to fulfill Px/Dx requirement.

**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		≥77	Honors	≥87.9-100	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		≥63-76	High Pass	≥77.4-87.8	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	≥63	Pass	≥64.2-77.3	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	<63	Fail	<64.2	Fail	

**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.
2. Apply basic ethical principles to challenges encountered in a Family Medicine practice.
3. 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.
4. Present patient information and data in an accurate, thorough and concise fashion.
5. Perform clear, organized and focused presentations-researching patient conditions when appropriate and information is needed to understand a patient.
6. Offer preventive advice and counseling for issues pertinent to Family Medicine.
7. Understand and apply cost-effectiveness and cost-benefit concepts in Family.
8. Differentiate when to use community resources to assist in both the medical and social needs of the patient.
9. Demonstrate ability to identify and answer clinical research questions utilizing the PICO format and evidence based techniques being cognizant of patient orientated evidence (POEMS) versus disease orientated (DOES) outcomes.
10. 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 Required Clinical Experience Logs (PX/DX)**

Required Procedures	Clinical Setting	Level of Responsibility	Associated Theme
Access the Controlled Substance Prescription Monitoring Program (CSPMP – state data base)**	Outpatient	Actively participate in care	Biomedical Informatics
Complete a history and physical Exam & recommend a wellness plan for Well Adult female	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion
Complete a history and physical exam & recommend a wellness plan for elderly patient	Outpatient	Actively participate in care	Geriatrics
Complete a history and physical exam & recommend a wellness plan for well adult male	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion
Complete a history and physical exam & recommend a wellness plan for well child	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion
Contraceptive Counseling	Outpatient	Actively participate in care	Cultural Competency
Discuss screening for breast cancer	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion
Discuss screening for cervical cancer	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion
Discuss screening for colon cancer	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion
Discuss screening for osteoporosis	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion
Discuss screening for Prostate Cancer	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion
Discuss screening for STI	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion





Exercise Counseling	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion
Nutrition Counseling	Outpatient	Actively participate in care	Interprofessional Education and Practice
Participate in population health management using tools within the EHR to identify patients/patient panels who need recommended health maintenance*	Outpatient	Actively participate in care	Biomedical Informatics
Review a vaccine record and identify needed vaccines for adult	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion
Review a vaccine record and identify needed vaccines for child	Outpatient	Actively participate in care	Public Health, Prevention and Health Promotion
Vaccine Administration	Outpatient	Actively participate in care	Interprofessional Education and Practice

\* (e.g., mammograms or colonoscopy for well patients, or HGAIc or urine microalbumin for diabetics)

\*\* For opioids and/or benzodiazepines

Required Diagnosis	Clinical Setting	Level of Responsibility	Associated Theme
Abdominal Pain	Outpatient	Actively participate in care	Interprofessional Education and Practice
Allergic Rhinitis	Outpatient	Actively participate in care	Evidence-Based Medicine
Asthma	Outpatient	Actively participate in care	Healthcare Transformation
Cancer Screening	Outpatient	Actively participate in care	Precision Medicine
Chest Pain	Outpatient	Actively participate in care	Interprofessional Education and Practice
Cough	Outpatient	Actively participate in care	Gerontology / Geriatrics
Depression	Outpatient	Actively participate in care	Precision Medicine
Dermatitis, Eczema	Outpatient	Actively participate in care	Evidence-Based Medicine
Diabetes Mellitus	Outpatient	Actively participate in care	Cultural Competency
Dysuria	Outpatient	Actively participate in care	Gerontology/Geriatrics
Extremity Pain	Outpatient	Actively participate in care	Healthcare Transformation
Fatigue	Outpatient	Actively participate in care	Behavioral and Social Sciences
Headache	Outpatient	Actively participate in care	Behavioral and Social Sciences
Hyperlipidemia	Outpatient	Actively participate in care	Evidence-Based Medicine
Hypertension	Outpatient	Actively participate in care	Biomedical Informatics
Low Back Pain	Outpatient	Actively participate in care	Health Care Transformation
Obesity	Outpatient	Actively participate in care	Ethics
Red Eye	Outpatient	Actively participate in care	Evidence-Based Medicine
Skin Disorders	Outpatient	Actively participate in care	Evidence-Based Medicine
Smoking Cessation	Outpatient	Actively participate in care	Evidence-Based Medicine
Substance Abuse	Outpatient	Actively participate in care	Ethics
Upper Respiratory Illness	Outpatient	Actively participate in care	Evidence Based Medicine

Faculty will provide alternative experiences when necessary to fulfill Px/Dx requirement.



**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		≥77	Honors	91-100	Honors	Honors <i>IF</i> 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		≥63-76	High Pass	≥86-90.9	High Pass	High Pass <i>IF</i> 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	≥63	Pass	63-85.9	Pass	Pass <i>IF</i> Composite score is within Pass range, Clinical Score is within Pass range, and qualifying shelf score meets Pass Cutoff
< 2.00	Fail	Fail <12	<63	Fail	≤62.9	Fail	

**Internal Medicine Clerkship:**

**Internal Medicine Learning Objectives**

1. Communicate with patients in a patient-centered manner
2. Work with the interprofessional care team in a manner that promotes excellent patient care
3. Come up with management plans that are appropriate for the diagnosis, the clinical and community setting and for the patients unique circumstances
4. Be active and engaged in the care of internal medicine patients
5. Formulate a differential diagnosis and, using deductive reasoning, thoughtfully order labs and studies.
6. Be kind and take care of patients in style (with Panache!).

**Internal Medicine Required Clinical Experience Logs (PX/DX)**

Required Procedures	Clinical Setting	Level of Responsibility	Associated Theme
ABG Interpretation	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine
Chest X-Ray Interpretation	inpatient or outpatient	Actively Participate in Care	Interprofessional Education and Practice
ECG Interpretation	inpatient or outpatient	Actively Participate in Care	Interprofessional Education and Practice
Heart Sound Interpretation	inpatient or outpatient	Actively Participate in Care	Interprofessional Education and Practice
History and Physical Exam	inpatient or outpatient	Actively Participate in Care	Interprofessional Education and Practice
Obtain Informed Consent	inpatient or outpatient	Actively Participate in Care	Ethics
Urinalysis Interpretation	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine



<b>Required Diagnosis</b>	<b>Clinical Setting</b>	<b>Level of Responsibility</b>	<b>Associated Theme</b>
Abdominal Pain	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine
Altered Mental Status	inpatient or outpatient	Actively Participate in Care	Behavioral and Social Sciences
Anemia	inpatient or outpatient	Actively Participate in Care	Ethics, Jehovah's Witness
Back Pain	inpatient or outpatient	Actively Participate in Care	Behavioral and Social Sciences
Cancer	inpatient or outpatient	Actively Participate in Care	Precision Medicine
Chest Pain	inpatient or outpatient	Actively Participate in Care	Interprofessional Education and Practice
COPD	inpatient or outpatient	Actively Participate in Care	Behavioral and Social Sciences
Cough	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine
Depression	inpatient or outpatient	Actively Participate in Care	Gerontology/ Geriatrics
Diabetes Mellitus	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine
Diversity	inpatient or outpatient	Actively Participate in Care	Diversity
Dyslipidemia	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine
Dyspnea	inpatient or outpatient	Actively Participate in Care	Interprofessional Education and Practice
Fever	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine
Fluid/ Electrolyte/Acid Base Disorder	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine
Gastrointestinal Bleeding – Upper or Lower	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine
Heart Failure	inpatient or outpatient	Actively Participate in Care	Health Care Transformation
Hypertension	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine
Immunosuppressed	inpatient or outpatient	Actively Participate in Care	Precision Medicine
Liver Disease	inpatient or outpatient	Actively Participate in Care	Interprofessional Education and Practice
Nosocomial Infection	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine
Obesity	inpatient or outpatient	Actively Participate in Care	Behavioral and Social Sciences
Pneumonia	inpatient or outpatient	Actively Participate in Care	Evidence Based Medicine
Renal Failure – Acute or Chronic	inpatient or outpatient	Actively Participate in Care	Interprofessional Education and Practice- Review Consult Note
Rheumatologic or Autoimmune Condition	inpatient or outpatient	Actively Participate in Care	Gerontology/ Geriatrics
Smoking Cessation	inpatient or outpatient	Actively Participate in Care	Behavioral and Social Sciences
Substance Abuse	inpatient or outpatient	Actively Participate in Care	Behavioral and Social Sciences
Venous Thromboembolism	inpatient or outpatient	Actively Participate in Care	Health Care Transformation

Faculty will provide alternative experiences when necessary to fulfill Px/Dx requirement.



### 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		≥76	Honors	≥87.6- 100	Honors	Honors <i>IF</i> 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 <i>IF</i> 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 <i>IF</i> 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	

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

Required Procedures	Clinical Setting	Level of Responsibility	Associated Theme
Cervical exam on patients on laboring patient	Inpatient	Perform	Cultural Competency
Cesarean Section second assist	Inpatient	Perform	Evidence Based Medicine
Contraceptive counseling	Outpatient or Inpatient	Perform	Public Health, Prevention, and Health Promotion
Delivery Note	Inpatient	Perform	Biomedical Informatics
Fetal heart rate tracing interpretation (NST, Laboring)	Outpatient or Inpatient	Perform	Evidence Based Medicine
GYN brief operative note	Inpatient	Perform	Biomedical Informatics
GYN postoperative (SOAP) note	Inpatient	Perform	Geriatrics/Gerontology
GYN preoperative (H&P) note	Inpatient	Perform	Precision Medicine
H&P documentation and oral presentation on patient being admitted to Labor and Delivery	Inpatient	Perform	Cultural Competency
Normal Spontaneous Vaginal Delivery (NSVD) performed with assistance	Inpatient	Perform	Cultural competency
Pelvic (speculum and bimanual) examination	Outpatient	Perform	Public Health, Prevention, and Health Promotion
Routine prenatal care follow-up visit	Outpatient	Perform	Behavioral Health
Sterile technique demonstration	Inpatient	Perform	Evidence Based Medicine
Suturing (including one and two hand knot tie)	Inpatient	Perform	Healthcare Transformation

Required Diagnosis	Clinical Setting	Level of Responsibility	Associated Theme
Abnormal Uterine Bleeding	Inpatient or Outpatient	Observe and discuss	Geriatrics/Gerontology
First Trimester Bleeding (may include threatened abortion, incomplete abortion, complete abortion, or ectopic pregnancy)	Inpatient or Outpatient	Observe and discuss	Ethics and Medical Humanism
Hypertension in Pregnancy	Inpatient or Outpatient	Observe and discuss	Evidence Based Medicine
Menopause / "Peri" menopause	Outpatient	Observe and discuss	Geriatrics/Gerontology
Abdominal and Pelvic Pain	Inpatient or Outpatient	Observe and discuss	Interprofessional Education
Postpartum hemorrhage	Inpatient	Observe and discuss	Evidence Based Medicine
Sexually Transmitted Infections	Inpatient or Outpatient	Observe and discuss	Public Health, Prevention, and Health Promotion

Faculty will provide alternative experiences when necessary to fulfill Px/Dx requirement.

**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		≥79	Honors	≥87.0- 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		≥64- 78	High Pass	≥77.5- 86.9	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	≥64	Pass	≥64.5- 77.4	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	<64	Fail	<64.5	Fail	

**Pediatric 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 HEADDSS 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 Required Clinical Experience Logs (PX/DX)**

Required Procedures	Clinical Setting	Level of Responsibility	Associated Theme
HEADDSS interview	Outpatient or Inpatient	Perform Procedure	Public Health, Prevention and Health Promotion
Interpret weight, height, OFC, BMI	Outpatient or Inpatient	Perform Procedure	Public Health, Prevention and Health Promotion
Interpretation of vital signs (age 0- 1yr)	Outpatient or Inpatient	Perform Procedure	Public Health, Prevention and Health Promotion
Interpretation of vital signs (age 1- 5yr)	Outpatient or Inpatient	Perform Procedure	Public Health, Prevention and Health Promotion
Interpretation of vital signs (age 13-20yr)	Outpatient or Inpatient	Perform Procedure	Public Health, Prevention and Health Promotion
Interpretation of vital signs (age 6- 12yr)	Outpatient or Inpatient	Perform Procedure	Public Health, Prevention and Health Promotion
mCHAT (autism screening tool)	Outpatient	Perform Procedure	Public Health, Prevention and Health Promotion
PEDS tool (development screening tool)	Outpatient	Perform Procedure	Public Health, Prevention and Health Promotion

Required Diagnosis	Clinical Setting	Level of Responsibility	Associated Theme
Abdominal pain	Outpatient or Inpatient	Actively Participate in Care	Evidence-Based Medicine
Fever	Outpatient or Inpatient	Actively Participate in Care	Evidence-Based Medicine
Growth and/or developmental delays and/or concern	Outpatient or Inpatient	Actively Participate in Care	Evidence-Based Medicine
Hyperbilirubinemia	Outpatient or Inpatient	Actively Participate in Care	Evidence-Based Medicine
Respiratory tract infection: upper and/or lower	Outpatient or Inpatient	Actively Participate in Care	Evidence-Based Medicine
Well-child exam: infant	Outpatient	Actively Participate in Care	Public Health, Prevention and Health Promotion
Well-child exam: school-age	Outpatient	Actively Participate in Care	Public Health, Prevention and Health Promotion
Well-child exam: toddler	Outpatient	Actively Participate in Care	Public Health, Prevention and Health Promotion

Faculty will provide alternative experiences when necessary to fulfill Px/Dx requirement.



### 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		≥78	Honors	≥88.2-100	Honors	Honors <i>IF</i> 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		≥63-77	High Pass	≥77.7-88.1	High Pass	High Pass <i>IF</i> 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	≥63	Pass	≥64.2-77.6	Pass	Pass <i>IF</i> Composite score is within Pass range, Clinical Score is within Pass range, and qualifying shelf score meets Pass Cutoff
< 2.00	Fail	Fail <12	<63	Fail	<64.2	Fail	

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

Required Procedures	Clinical Setting	Level of Responsibility	Associated Theme
Airway Management	Inpatient/ Simulation	Actively Participates	Interprofessional Education and Practice
Basic Suturing/ Knot Tying/ Stapling	Inpatient/ Simulation	Actively Participates	Evidence Based Medicine
Chest Tube Insertion/ Management	Inpatient/ Simulation	Actively Participates	Evidence Based Medicine
Communication During Team Management of Patients	Inpatient/ Simulation	Actively Participates	Ethics
Foley Bladder Catheterization	Inpatient/ Simulation	Actively Participates	Gerontology/ Geriatrics
History & Physical Exam	Inpatient/ Outpatient/ OSCE	Actively Participates	Cultural Competency
Intraosseous IV Insertion	Inpatient/ Simulation	Actively Participates	Interprofessional Education and Practice
Nasogastric Tubes	Inpatient/ Simulation	Actively Participates	Gerontology/ Geriatrics
Surgical Drains Care and Removal	Inpatient/ Simulation	Actively Participates	Evidence Based Medicine
Ultrasound	Inpatient/ Simulation	Actively Participates	Interprofessional Education and Practice

Required Diagnosis	Clinical Setting	Level of Responsibility	Associated Theme
Abdominal Pain	Inpatient/ Outpatient	Actively Participates	Gerontology/ Geriatrics
Abdominal Wall and Groin Masses	Inpatient/ Outpatient	Actively Participates	Gerontology/ Geriatrics
Acid-Base Imbalance	Inpatient/ Outpatient	Actively Participates	Precision Medicine
Biliary Disease/ Jaundice	Inpatient/ Outpatient	Actively Participates	Evidence Based Medicine
Breast Disease	Inpatient/ Outpatient	Actively Participates	Behavioral and Social Sciences
Cardiothoracic Disease	Inpatient/ Outpatient	Actively Participates	Gerontology/ Geriatrics
Endocrine Disease	Inpatient/ Outpatient	Actively Participates	Precision Medicine
Fluid and Electrolyte Disorders	Inpatient/ Outpatient	Actively Participates	Precision Medicine
Hematologic Disease	Inpatient/ Outpatient	Actively Participates	Precision Medicine
Intra-Abdominal and Retroperitoneal Masses	Inpatient/ Outpatient	Actively Participates	Ethics
Liver and Pancreatic Disease	Inpatient/ Outpatient	Actively Participates	Behavioral and Social Sciences
Lower Gastrointestinal Disease/ Gastrointestinal Hemorrhage	Inpatient/ Outpatient	Actively Participates	Gerontology/ Geriatrics



Multisystem Trauma Evaluation and Management of Shock	Inpatient/ Simulation	Actively Participates	Cultural Competency
Perioperative Care	Inpatient/ Outpatient/ Simulation	Actively Participates	Cultural Competency
Postoperative Care	Inpatient/ Outpatient/ Simulation	Actively Participates	Cultural Competency
Wound Evaluation/ Skin and Soft Tissue Lesions	Inpatient/ Outpatient	Actively Participates	Cultural Competency

Faculty will provide alternative experiences when necessary to fulfill Px/Dx requirement.

### 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		≥74	Honors	≥85.5-100	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		≥59-73	High Pass	≥80.2-85.4	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	≥63.0-80.1	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	<63.0	Fail	



### **Addendum**

The Curriculum Committee has approved curriculum adaptations in response to the COVID-19 pandemic to ensure student's safety. Curriculum adaptations may include modifications to course expectations, requirements, assessment methods and the expectations for evaluations. For a full listing of curriculum adaptations for AY 2020-2021, please see the following document: [Curricular Adaptations](#)