



## Longitudinal Integrated Clerkship Syllabus Academic Year 2023-2024

### Table of Contents

<b>Section A – Longitudinal Integrated Clerkship Curriculum</b> .....	2
General Information .....	2
LIC Contacts .....	3
Course Description .....	3
Clinical Sites .....	3
Learning Objectives .....	4
Requirements .....	5
Required/Suggested Reading .....	5
Interactive Learning/Simulations Sessions .....	5
Required Clinical Experience Logs: Procedures and Diagnosis Log (Px/Dx) .....	5
Specific Assessment and Evaluation Process .....	6
Formative Assessment .....	6
Summative Assessment .....	6
Observable Learning Activities/Other Requirements and Grading Table .....	7
Calculating the Final LIC Grade .....	7
Clerkship Specialty Grades in the LIC .....	8
Clerkship Specialty Specific Requirements .....	9
Emergency Medicine Clerkship .....	9
Family, Community, & Preventive Medicine Clerkship .....	10
Internal Medicine Clerkship .....	11
Obstetrics and Gynecology (OBGYN) Clerkship .....	13
Pediatrics Clerkship .....	14
Psychiatry Clerkship .....	16
Surgery Clerkship .....	18
Longitudinal Patient Care .....	20
Flagstaff LIC Information .....	21
Gila River Hu Hu Kam LIC Information .....	22
Payson LIC Information .....	23
San Luis LIC Information .....	24
<b>Section B – LIC Policy and Resources</b> .....	25
General Information .....	25
Professionalism Resource .....	25
Educational Program Objectives .....	26
Attendance Requirements .....	26
Assessment Process .....	27
Deadline Compliance .....	31
Additional Resources .....	31
Rural Health Professions Program .....	31
Urgent/Emergent Health Care Services .....	32
Expectations for Mobile Communication .....	33
Accessibility and Accommodations .....	33
One45: Curriculum Management System .....	33
OASIS: Course Schedule .....	33
myTIPreport Formative Assessment Application .....	33



**Section A – Longitudinal Integrated Clerkship Curriculum**

**General Information**

LIC Curriculum and Credit Hours:

<b>Curriculum included in LIC site curriculum*</b>	<b>Flagstaff</b>	<b>Gila River Hu Hu Kam</b>	<b>Payson</b>	<b>San Luis</b>
Ambulatory Medicine Selective	X	X	X	X
Emergency Medicine	-	X	X	-
Family, Community, and Preventative Medicine	X	X	X	X
General/Specialty Surgery	-	-	X	-
Internal Medicine	-	X	X	X
Intersessions 1-3	-	-	-	-
Longitudinal Patient Care	-	-	X**	-
Obstetrics and Gynecology	-	-	X	X
Pediatrics	X	X	X	X
Psychiatry	X	-	X	-
Experiential Mapping Questions	-	-	X	-
LIC Term 1	11 Credits	14 Credits	24 Credits	15 Credits
LIC Term 2	11 Credits	14 Credits	25 Credits**	15 Credits
<b>Total Credit Hours</b>	<b>22 Credits</b>	<b>28 Credits</b>	<b>49 Credits</b>	<b>30 Credits</b>

\*Curricular units not indicated are required to be completed outside of the formal LIC structure and site.

\*\*Longitudinal Patient Care (LPC) - one (1) credit included within the Payson LIC site.

**Course Code: MEDP 835**

Prerequisites: 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 Length: In addition to the table above, please see site specific requirements in the appendix.

LIC students are enrolled in sequential LIC Terms. Specialty experiences are integrated into the LIC terms as noted in the table above. Urban burst experiences may be required depending on availability of a given LIC's resources at any particular time. Please see LIC site appendix for further details.

Participants in the LIC will complete the same overall number of clinical training weeks in their Year 3 curriculum as their traditional curriculum counterparts (49 weeks).

Acts of nature, illness, and other circumstances may require last minute changes to the LIC curriculum and credits 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 the 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 LIC enables students in a rural healthcare setting to acquire clinical skills and medical knowledge in the 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 over 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 for their site in the table above. Students will also receive a separate grade in each term of the LIC curriculum.

### **Clinical Sites**

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

The Arizona Area Health Education Centers program provides annual grant funding to The University of Arizona College of Medicine-Phoenix (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.



## **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. PC 6, 7; MK 2, 4; ICS 1; P 1, 6, 8, 9; SAR 9
2. Provide holistic, patient-centered care that accounts for patient preferences and the resources available in a rural community. PC 3, 4, 7; MK 5, 8; ICS 1, 2; P 1, 5, SAR 3, 7
3. Recognize the dimensions of diversity in a rural community. PC 4; MK4; ICS 1; SAR 7
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. PC 6, 7; P 8; SAR 6
5. Formulate plans of care that account for the unique attributes of rural patients and communities. PC 4; MK4; CAQI 1; ICS 1; P 1, 5; SAR 7
6. Contribute to effective models of care coordination, including the chronic care model, by working in rural interprofessional and interdisciplinary teams. PC 7; P 8; SAR 1
7. Employ advanced communication skills in the area of telemedicine by learning to engage patients in shared decision making and maintain effective and humanistic interpersonal skills while utilizing telehealth tools. PC 1; ICS 1, 2; P 4
8. Engage in scholarly inquiry or work related to the needs of rural communities. MK 6; CAQI 5, 6; P 9; SAR 9

Students are also responsible for the specialty-specific objectives for which they are seeking a grade in each of the LIC terms. (See clerkship specialty specific requirements)

## **Student Outcomes**

Students will:

1. Demonstrate competency in 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 their clinical performance of the thirteen core Entrustable Professional Activities (EPAs).
4. Demonstrate satisfactory performance and maintenance of the Educational Program Objectives (EPOs).
5. Integrate into the rural community demonstrating professional relationships with patients, colleagues, faculty, and community.



## **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 COM-P attendance policies.

For their daily clinical assignments, each LIC student will be given their unique site assignments and scheduling requirements by their respective Site Director and/or site coordinator. Attendance at all assigned clinical shifts is expected.

### **Required/Suggested Reading**

Students are encouraged to use the clerkship-specific resources in one45 and/or D2L (varies by specialty) as they prepare for shelf exams and specialty-specific clinical experiences.

Required for the LIC: Site-specific required activities in the first two (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.

### **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 [Global Px/Dx](#) list and record all activities, including documenting the same activity each time they complete it, through myTIPreport. Students will complete required content for half of the specialties encompassed in their specific LIC site each term, including completing 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.

*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 Global 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, thereby avoiding experiential deficits. 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. Due to the nature of the LIC, additional time may 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 first term. These decisions will be made by the Site Director in consultation with the student.
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.*

### **Specific 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, physician assistants, and allied health professionals with faculty title, and resident physicians provide formative feedback via the myTIPreport app. myTIPreport is the tool 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 every 2-4 weeks during a meeting with the LIC Director or designee.

During clinical burst experiences away from the LIC site (this is site dependent, see appendix for your LIC site details), students will be evaluated using the PRIME+ formative assessment tool instead of the EPA assessments.

\* 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, visit the AAMC site for the 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 a grade of Honors, High Pass, Pass or Fail, based on a rubric described below. Students also earn specialty grades each term in the manner outlined below.

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

### 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. In each term, students receive up to five points for this assignment.	0-5 points
Longitudinal Patient Continuity Score	LIC Learning Objectives	Each LIC term, a Longitudinal Patient Continuity Score is derived from a narrative that documents the following three elements: a. Longitudinal patient summaries of at least three individuals or families that will include their medical conditions and related social determinants of health. b. A brief reflection on the significance of the longitudinal interactions on patient care. A reflection on the effect of longitudinal care on the student patient therapeutic relationship.	0-5 points
Clinical Evaluation Score	Clinical assessments of EPA/EPO achievement documented in myTIPreport after review and approval by LIC Director or designee.	Preceptor assessments are reviewed by the LIC Director (or designee) for satisfactory EPO performance. By the end of each LIC term, four myTIPreport EPA assessments should be documented in each EPA category. As a rule of thumb students should request an average of two EPA assessments per week, ideally prior to completion of the shift.	<b>5 Points: <math>\geq 2</math> EPAs requested per week (averaged over the term)</b> <b>0 Points: <math>&lt; 2</math> EPAs requested per week</b>

### Calculating the Final LIC Grade

The final LIC grade will be determined by the LIC Director using a rubric based on a 5-point scale/metric approved by the Curriculum Committee, the details of which are described under the “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). Grading in the LIC is additionally governed by the [Grading and Progression for Clerkships Policy](#).

Interactive learning session attendance is mandatory to pass the LIC. Didactic session absences must be excused by the LIC Site Director or LIC Director. Below is a listing of the components of the composite score for LIC:



Cumulative LIC Grade	
Honors	15 points
High Pass	≥ 12points
Pass	≥ 10
Fail	< 10 or failure on any individual metric or failure to attend any interactive learning or formative feedback session without proper approval.

### **Clerkship Specialty Grades in the LIC**

A Clinical Competency Committee (CCC) composed of the LIC 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 student assessments, including the end of rotation assessment, can be found in [One45](#).

Prior to the final three weeks of each LIC term, students declare which specialty clerkship grades they will pursue. They are encouraged to begin completing specialty requirements including NBME shelf examinations early in the term to avoid an excess of requirements accumulating at the end. As close as possible to half of the total specialty clerkship grades will be completed each LIC term (e.g. if seven [7] specialty grades are included in a site's LIC, three must be completed in one of the terms and four in the other). Students MUST pass the required elements of the LIC *and* the chosen specialties to pass a given LIC term.

- Failure in a specialty clerkship will require repeating that specialty clerkship in its entirety, and an LIC grade of Incomplete will be posted for that term until the specialty clerkship is successfully remediated.
- Failure of a LIC term will require repeating the LIC term in its entirety, including specialty requirements.
- Failure of a shelf exam for one 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 specialty 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. It is still possible for the student to receive a High Pass or Honors for their LIC term grade.
- Two Incomplete specialty grades will result in a pause in progress and the student may not begin a new curricular unit until incomplete requirements are completed.
- Two Incomplete LIC terms will result in a pause in progress and the student may not begin a new curricular unit until incomplete requirements are completed.

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





\*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](#).

\*\*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 attempted score.

**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	Student attendance and participation in required didactics determined by session leaders. One simulation session is required.	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.
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. Offer preventive advice and counseling for issues pertinent to family medicine.
5. Understand and apply cost-effectiveness and cost-benefit concepts in family medicine.
6. Differentiate when to use community resources to assist in both the medical and social needs of the patient.
7. 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.
8. 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	≥86.00-90.00	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	≥63.50-85.99	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	<63.50	Fail	



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

Academic Participation	Total
Interactive Learning Sessions attendance at their LIC site	10%
PICO clinical question and PowerPoint – additional information posted in One45-completed with their peers in Phoenix	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		≥76-81	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 ≥ 12 points (≥ 60%)	≥59-75	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 < 12 points (<60%)	<59	Fail	<63	Fail	



**Internal Medicine Observable Learning Activities/Other Requirements**

Academic Participation	Criteria / Items	Total
Aquifer internal medicine clinical decision-making assessment	<p><b>Why:</b> a different form of assessment than the shelf exam; assesses clinical reasoning skills and key clinical decision making, rather than medical knowledge and recall.</p> <p><i>EPA 2: Prioritize a differential diagnosis following a clinical encounter</i>  <i>EPA 3: Recommend &amp; interpret common diagnostic and screening tests</i>  <i>EPA 4: Enter &amp; discuss orders and prescriptions</i></p>	10% (Up to 10 points)
Ambulatory Aquifer cases  <i>EPAs 2, 3, &amp; 4</i>	<p>Completion of the required aquifer cases focusing on ambulatory medicine topics (15 cases total):            Case #'s: 5, 6, 8, 13, 14, 15, 16, 17, 18, 19, 23, 31, 32, 34, &amp; 35</p> <p>Due by midnight the last Sunday of the LIC term.            Successful completion of ≥14 cases = 5 points; 11-13 cases = 4 points; 8-10 cases = 3 points; 5-7 cases = 2 points; 1-4 cases = 1 point.</p> <p><b>Why:</b> Augments clinical ambulatory learning and helps prepare for the shelf exam (40-50% ambulatory topics)</p>	5% (Up to 5 points)
Clinical skills formative feedback portfolio	<p><u>Due by the midpoint of the LIC term:</u>  <b>CEX</b> (<i>EPA 1: Gather a history &amp; perform a physical exam</i>)  <b>OPS</b> (<i>EPA 6: Oral presentation of a clinical encounter</i>)</p> <p><u>Due by the last week of the LIC term:</u>  <b>H&amp;P Note</b> (<i>EPA 1: Gather a history &amp; perform a physical exam; EPA 5: Document a clinical encounter in the patient record</i>)  <b>PICO/EBM</b> (<i>EPA 7: Form Clinical questions &amp; retrieve evidence to advance patient care</i>)</p> <p>All assignments are due by 11:59pm on Tuesday during the specified week and are to be uploaded into OASIS (<i>see appendix for instructions</i>). Students are responsible for ensuring correct upload &amp; submission to OASIS.</p>	3% (3 points, all or nothing)
Learning session attendance and participation  <i>EPA 9: Collaborate as a member of an interprofessional team</i>	<p>Attendance and active participation in academic half day learning and simulation sessions on weekly half days (varies by LIC site).</p> <p>If a student has an excused absence during an academic half day, make-up work will be assigned. Only excused absences will be given the opportunity for makeup work. Unexcused absences or “no call, no show” for any learning session will result in forfeiting the points for that day.</p>	2% (Up to 2 points)
<b>Total Points Possible</b>	<b>20 points</b>	

## Obstetrics and Gynecology (OBGYN) Clerkship

### OBGYN 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 their 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.

### OBGYN 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	≥86.90-100	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		≥79-82	High Pass	≥77.80-86.89	High Pass	High Pass <b>IF</b> composite score is within High Pass range and clinical score is at least within High Pass range
≥2.0 - 2.29	Pass	Pass ≥ 12 points (≥60%)	≥64-78	Pass	≥64.50-77.79	Pass	Pass <b>IF</b> composite score is within Pass range and clinical score is at least within Pass range
< 2.00	Fail	Fail < 12 points (<60%)	≤63	Fail	<64.50	Fail	



### OBGYN 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 the OBGYN Clerkship Director when this has been submitted to set up a time to discuss the assignment.	2%

Students are provided a subscription to an OBGYN specific question bank through APGO called uWise. There are four (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 performs 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 with 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 tests 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%)	≥63-78	Pass	≥64.00-77.69	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%)	<63	Fail	<64.00	Fail	

**Pediatrics Observable Learning Activities/ Other Requirements**

Other Points	Total
Topic presentation will be done on site 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 three (3) Social Determinants of Health modules. Those modules are found on the [Aquifer](#) website.

- 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)



## **Psychiatry Clerkship**

### **Psychiatry Learning Objectives**

1. Elicit and accurately document a complete psychiatric history and the mental status examination.
2. Perform an appropriate physical exam on patients with presumed psychiatric disorders.
3. Perform screening exams for common psychiatric disorders.
4. Formulate a differential diagnosis and plan for assessment of common presenting signs and symptoms of psychiatric disorders.
5. Perform cognitive assessments to evaluate new patients and monitor patients with suspected cognitive impairment.
6. Discuss typical presentations of substance use disorders in general medical and psychiatric clinical settings.
7. Compare and contrast the clinical features and course of common psychiatric disorders that present with associated psychotic features.
8. Discuss the epidemiology of mental disorders and its effect on the healthcare system.
9. Discuss the psychiatric clinical assessment and differential Psychiatric diagnosis for children and adolescents.
10. Provide education about psychiatric illness and treatment options to designated patients.
11. Discuss the common, currently available psychotropic medications.
12. Discuss general features of common psychotherapies and recommend specific psychotherapy for designated patients in conjunction with or instead of other forms of treatment.
13. Discuss the roles of relevant different physician sub-specialties and non-physician healthcare disciplines.
14. Discuss the physician's role in advocacy for services for the mentally ill.
15. Discuss the mental health and mental health care disparities experienced by racial and ethnic groups and the factors that contribute to them.
16. Effectively analyze, evaluate, and synthesize information to provide effective, evidence-based patient care.
17. Recognize own limitations, admit error, and improve behavior when provided with constructive feedback.
18. Demonstrate an awareness of and practice ongoing reflection with legal, ethical and/or social issues related to the standards of medical practice including those unique to psychiatry.
19. Demonstrate sensitivity and compassion with insight and understanding of human emotions.
20. Demonstrate the ability to access databases for commonly prescribed abused medications during care of patients.





**Psychiatry 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	=20	≥88	Honors	≥88.50-100	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	=20	≥84-87	High Pass	≥82.90-88.49	High Pass	High Pass <b>IF</b> composite score is within High Pass range and clinical score is at least within High Pass range
≥2.0 - 2.29	Pass	Pass ≥ 12 points (>60%)	≥71-83	Pass	≥64.00-82.89	Pass	Pass <b>IF</b> composite score is within Pass range and clinical score is at least within Pass range
< 2.00	Fail	Fail < 12 points (<60%)	<71	Fail	<64	Fail	

**Psychiatry Observable Learning Activities/Other Requirements**

Academic Participation	Criteria	Item(s)	Total
Required	Outlined on evaluation form	Observed clinical interview	Up to 5 points
Required	Outlined on evaluation form	Case presentation	Up to 3 points
Required	Outlined on other cover sheet	Diagnostic screening tools (PHQ-9 & GAD-7)	Up to 2 points
Optional	Outlined on evaluation form	Journal article presentation	Up to 5 points
Optional	Submit certification	MAT on-line module	5 points
Optional	Submit completion attestation	Eating disorders module	5 points
Optional	Outlined on other cover sheet	Topical paper	Up to 5 points

Students must complete the required assignments and must select a minimum of two (2) out of the four (4) optional assignments to reach a total score of up to 20 points.



## **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 a 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	<p>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:</p> <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>	 Case Presentation.pdf <ul style="list-style-type: none"> <li>• Upload completed checklist on OASIS</li> <li>• Due 11:59 PM 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> </ol>	 Competency Checklist.pdf <ul style="list-style-type: none"> <li>• Upload completed checklist on OASIS</li> <li>• Due 11:59 PM Sunday by the end of chosen LIC Term</li> <li>• Failure to upload by deadline will forfeit all points</li> </ul>	10 Points



	10. Post-operative note 11. Admission orders 12. Clinic notes 13. Wound care and management 14. Patient/family communication 15. Arterial line 16. Breast exam  Rural clinical skills checklist: five additional rural-specific skills chosen by the LIC surgery Site Director.		
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**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



### **Flagstaff LIC Information**

LIC Credit Hours: 22 credits\*

- LIC Term I - 11 credits
- LIC Term II - 11 credits

LIC Length: 19 weeks in Flagstaff, AZ, 3 weeks of inpatient pediatrics in Phoenix.

LIC students are enrolled in two sequential LIC terms. Integrated specialty training takes place in Flagstaff, AZ; 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 COM-P scheduling requirements.

These are the clerkship specialties included in the Flagstaff LIC. See specialty clerkship requirements for details [here](#):

- Ambulatory Medicine Selective
- Family, Community, and Preventive Medicine
- Pediatrics
- Psychiatry

Additional clerkship year requirements must be completed:

- One-week Intersession I course at COM-P
- Four-week traditional block rotation in Neurology
- Six-week traditional block rotation in Obstetrics and Gynecology
- Eight-week traditional block rotation in Surgery
- Eight-week traditional block rotation in Internal Medicine
- Longitudinal Patient Care (LPC) course



### **Gila River Hu Hu Kam LIC Information**

LIC Credit Hours: 28 credits\*

- LIC Term I- 14 credits
- LIC Term II- 14 credits

LIC Length: 21 weeks in Sacaton, AZ, 3 weeks of inpatient pediatrics in Phoenix, AZ, and 4 weeks of inpatient internal medicine in Phoenix, AZ.

LIC students are enrolled in two sequential LIC terms. Integrated specialty training takes place in Sacaton, while a 3-week inpatient pediatric and 4-week inpatient internal medicine clinical bursts takes place at hospitals in Phoenix at some point during the LIC experience. Its placement in the academic calendar depends on COM-P scheduling requirements.

These are the clerkship specialties included in the Gila River Hu Hu Kam LIC. See specialty clerkship requirements for details [here](#):

- Ambulatory Medicine Selective
- Emergency Medicine
- Family, Community and Preventive Medicine
- Internal Medicine
- Pediatrics

Additional clerkship year requirements must be completed:

- One-week Intersession I course at COM-P
- Six-week traditional block rotation in Psychiatry
- Six-week traditional block rotation in Obstetrics and Gynecology
- Eight-week traditional block rotation in Surgery
- Longitudinal Patient Care (LPC) course



### **Payson LIC Information**

LIC Credit Hours: 49 credits\*

- LIC I Term - 24 credits
- LIC II Term (LPC- 1 credit) - 25 credits

LIC Length: 45 weeks in Payson, AZ, 3 weeks of inpatient pediatrics in Phoenix, AZ.

LIC students are enrolled in two sequential LIC 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 COM-P scheduling requirements.

These are the clerkship specialties included in the Payson LIC. See specialty clerkship requirements for details [here](#):

- Ambulatory Medicine Selective
- Emergency Medicine
- Family, Community and Preventive Medicine
- Internal Medicine
- Longitudinal Patient Care (LPC) course
- Obstetrics and Gynecology
- Pediatrics
- Psychiatry
- Surgery

Additional clerkship year requirements must be completed:

- One-week Intersession I course at COM-P
- Experiential mapping questions



### **San Luis LIC Information**

LIC Credit Hours: 30 credits\*

- LIC Term I - 15 credits
- LIC Term II - 15 credits

LIC length: 23 weeks in San Luis, AZ, 3 weeks of inpatient pediatrics in Phoenix, AZ, and 4 weeks of inpatient internal medicine in Phoenix, AZ.

LIC students are enrolled in two sequential LIC terms. Integrated specialty training takes place in San Luis, while a 3-week inpatient pediatric and 4-week inpatient internal medicine clinical bursts takes place at hospitals in Phoenix at some point during the LIC experience. Its placement in the academic calendar depends on COM-P scheduling requirements.

These are the clerkship specialties included in the San Luis LIC. See specialty clerkship requirements for details [here](#):

- Ambulatory Medicine Selective
- Family, Community and Preventive Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics

Additional clerkship year requirements must be completed:

- One-week Intersession I course at COM-P
- Four-week traditional block rotation in Neurology
- Six-week traditional block rotation in Psychiatry
- Eight-week traditional block rotation in Surgery
- Longitudinal Patient Care (LPC) course





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

### **General Information**

Prerequisites: All students must successfully pass pre-clerkship curricular elements to progress to the third year, and must have taken USMLE Step 1. 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 LIC Director, the PRO liaisons or in the student evaluations of the LIC, site, and faculty.
- The [Professionalism Conduct Comment Form](#) is an additional on-line mechanism for students to report any concerns, including those about supervision, across the four-year curriculum. This mechanism ensures confidentiality and is collected directly by the PRO.
- A professionalism lanyard card with a PRO QR code for direct, real time reporting of exemplary examples of professionalism or concerning professionalism/mistreatment behaviors has been distributed to each student.



The University of Arizona 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) are competencies and measurable objectives by which attainment of each can be assessed. The full text of The University of Arizona, College of Medicine – Phoenix EPO’s 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 LIC objectives are closely tied to student learning outcomes. The University of Arizona College of Medicine - Phoenix measures these outcomes both quantitatively (via National Board of Medical Examiners [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](#)

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

The University of Arizona 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 [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 Global Px/Dx list, and detailed in each individual clerkship’s syllabus. All highlighted Px/Dx on the Global 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 assigned 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:** 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:** 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:** 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 Px and each Dx. 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 Global 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.). Formative feedback will be developed continuously throughout the LIC experience and can be accessed by students and faculty via 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 above in the LIC grading table of this syllabus in Section A of the LIC syllabus and 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. The 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**

The University of Arizona College of Medicine - Phoenix has internal deadlines for the summative assessment forms to ensure the LCME 6-week requirement is met. The end of rotation (EOR) form is 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 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**

Contact the University of Arizona College of Medicine - Phoenix coordinator, ([PBC-Evaluation@arizona.edu](mailto:PBC-Evaluation@arizona.edu)) and the LIC Director.

### **Conflict of Interest**

It should be noted that faculty at The University of Arizona College of Medicine - Phoenix who are family members of the student, have a personal relationship with the student, or are/have been health service providers of the student, may not be involved in the academic assessment or promotion of the medical student as described in the [Conflict of Interest – Physician-Student Personal Relationship Policy](#) and the [Conflict of Interest – Physician-Student Health Services Relationship Policy](#).

### **Standardized Grading Process**

The final clerkship grade will be determined by the LIC Director, Specialty Clerkship Director, and Site Director using the composite score (consisting 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 EPO. When more than one EOR form is submitted for a student, the final EPO score is determined by averaging the scores on the EOR assessment for each EPO. The LIC 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 Grade

See the LIC Part A portion of the syllabus.

### Additional Grading Criteria

1. To obtain a final grade of Honors a student must achieve a clinical score of Honors in addition to a composite score of Honors and a shelf exam score of at least High Pass.
2. To obtain a final grade of High Pass a student must achieve a composite score that meets the cut off for High Pass and at a minimum a clinical score of High Pass.
3. Failure of the shelf exam on both initial and one retake attempt results in Failure of the clerkship and necessitates repeat of clerkship in entirety.

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

### **Narrative Feedback**

#### **LIC and Specialty Clerkships**

The LIC and specialty final grade form has two separate areas which include narrative feedback. The first area includes formative comments from the EOR forms (these are not included in the dean's letter/MSPE). The second area 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 LIC Director and specialty director grading team. The LIC Director has the discretion to include or not include comments based on their interpretation of which comments best summarize the student's performance over the entirety of the specialty clerkship experience and over the entirety of the corresponding LIC term. 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 myTIPreport. See clerkship specialty grades in the LIC. Any concerns regarding narrative comments may be addressed with the LIC 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 must be completed as part of the clerkship requirements.

1. Duty hour logging is due at the end of the rotation by **Sunday at 11:59pm**. See the [Duty Hours Policy](#) for specifics regarding duty hour limits, documentation of hours, and a FAQ section.
2. Required procedure/diagnosis (Px/Dx) logging is due at the end of the rotation by **Sunday at 11:59pm**.

#### **NOTE**

- **A formative Level 1** will be given if the duty hour or Px/Dx log requirement is not completed by the end of the rotation **Sunday at 11:59pm**. The student will have until Tuesday at 11:59pm following the conclusion of the LIC 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** following the completion of the LIC. **A grade of Incomplete** will be given until requirements are met. All logs must be completed accurately.
  - The Level 1 will be on a single professionalism EPO related to accountability. Compliance with these deadlines will be determined by the Clinical and Competency Based Education (CCBE) team 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. At times, housing options 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@arizona.edu](mailto:jcartsonis@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 University of Arizona 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 University of Arizona College of Medicine- Phoenix identification badge 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 University of Arizona College of Medicine- Phoenix 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](#).

The University of Arizona 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 also outlined on the student occupational exposure procedure card that each student receives at the beginning of their clerkship year.





### **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*. This may be reflected in the student's overall assessment (grade). 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 University of Arizona College of Medicine- Phoenix.

### **Accessibility and Accommodations**

The 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, EOR assessments, final grade forms, and may be used to access learning materials and schedules. In clerkships using only One45 for learning materials, 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](#). Clerkships additionally using D2L may house this information through the D2L clerkship page. D2L can be accessed at the web address: [d2l.arizona.edu](https://d2l.arizona.edu).

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

### **OASIS: Course Schedule**

The 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) used by the University of Arizona College of Medicine- Phoenix to collect formative assessments and EOR 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 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](#). Violations of the instructors' copyright may result in course sanctions and violate the Code of Academic Integrity.