



Pediatric Clerkship Syllabus
Academic Year 2020 -2021
CC Approved 12/10/2019

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General Clerkship Information

Credit Hours: 6

Course Code: PEDP835

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

Clerkship Length: 6 Week Rotation

Clerkship Website: [Pediatric](#)

Clerkship Resources: [Pediatric Resources](#)

Clerkship Contacts

Clerkship Director Name: Jorge Masuello, MD



Office phone: 602-320-7410
Email: jmasuello@phoenixchildrens.com
Office Location: 1919 East Thomas Road
Phoenix, AZ 85016

Course Description

The Pediatric Clerkship utilizes a variety of well-supervised clinical settings exposing students to a broad array of patients as well as organized interactive learning experiences and directed readings allowing motivated students to establish a solid foundation of skills and knowledge for their future career choices.

Clinical Sites

Phoenix Children's Hospital
Valleywise Health Medical Center (formerly MIHS)
Banner Payson Medical Center, Payson, AZ
Mountain Park Health Center
Tsehootsooi Medical Center, Fort Defiance, AZ
Ponderosa Pediatrics, Prescott, AZ
Gila River Health Care Hau'pal (Red Tail Hawk) Health Center
Deming Pediatrics, Deming, NM

Yuma Regional Medical Center, Yuma, AZ
Chiricahua Community Health Centers, Douglas, AZ
Cobre Valley Regional Medical Center, Globe, AZ

* Ancillary sites for supplemental educational experiences may be assigned per clerkship. Students are responsible for their own transportation to and from, and parking fees at, clinical sites as indicated in the [Clinical Site Placement and Transportation Policy](#).

Professionalism Resource

The Professional Resource Office (PRO) provides guidance, support and information to students on professionalism issues. The PRO supports students in the development of strong, positive professional practices with peers, faculty, patients and the broader community through effective communication and conflict management.

- Professionalism concerns may be reported directly to the Clerkship Director, the PRO liaisons or in the student evaluations of the clerkship, site, and faculty.
- The [Professionalism Conduct Comment Form](#) is an additional on-line mechanism for students to report any concerns, including those about supervision, and it exists across the four-year curriculum. This mechanism ensures confidentiality and is collected directly by the Professional Resource Office.

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

Beth Schermer and Rosemarie Christofolo are the liaisons for the Professional Resource Office. They can be reached by telephone, text or email.

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

Rosemarie Christofolo
480-862-4963
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Educational Program Objectives

The Educational Program Objectives (EPO) comprise competencies and the measurable objectives by which attainment of each competency can be assessed. The full text of the University of Arizona, College of Medicine – Phoenix Educational Program Objectives can be accessed in the [Educational Program Objectives Policy](#) and require dissemination as noted in the [Orientation to EPOs and Curricular Unit Objectives Policy](#).

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



Clerkship Specific Learning Objectives

Each Pediatric Clerkship objective listed below has been mapped with relevant Competencies, i.e., Patient Care, Medical Knowledge, Clinical Appraisal and Quality Improvement, Interpersonal and Communication Skills, Professionalism and Societal Awareness and Responsiveness and is available within One45.

1. 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.

Clerkship Requirements

Attendance Requirements

All clerkship experiences are mandatory, and any absence must be recorded via the absence tracking system. To submit an absence request please use [Formsite](#)
Excused absences will be remediated as deemed appropriate by the Clerkship Director and are not to exceed 0.5 days per week on average. Exceptions to this may be considered in consultation with the Clerkship Director and the Associate Dean for Student Affairs. Please see the:

- [Attendance and Absence Years 3 and 4 Policy](#).



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

Suggested Reading

1. [The John Hopkins Hospital Harriet Lane Handbook, 20th Edition](#) by Branden Engorn & Jamie Flerlage - a handbook designed to be used as a point of care reference for quick education, laboratory values and formulary needs.
2. [Blueprints Pediatrics, 6th Edition](#) by Bradley S. Marino and Katie S. Fine
3. [Pre-Test Pediatrics 13th Edition](#) by Robert J. Yetman and mark D. Hormann – 500 USMLE-style questions and answers with detailed explanations for right and wrong answers.

These will be made available to you by the Clerkship Coordinator during Orientation

Didactic/Interactive Learning/Simulations Sessions (Schedule)

1. Abdominal Pain
2. Adolescent's common complaints
3. Breastfeeding
4. Common problems in neonates
5. Cough and wheezing
6. Endocrinology Review
7. Ethics session
8. Fever and Rashes in Children
9. Fussy baby
10. Neurology Review
11. Pediatrics Radiology
12. Recognition of the Sick Child
13. Rheumatology cases
14. Telephone Interview: Neonatal Jaundice
15. Well child exam and Preventative Pediatrics

Required Clinical Experience Logs (PX/DX)

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

The standardized levels of student responsibility include the following:

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



more active responsibility for the patient, such as performing a physical exam and workup, entering progress notes or history and physicals (H&Ps), presenting the patient on rounds, scrubbing into a case, and/or counseling or discussing prevention with the patient.

3. Perform Procedure: This category includes *Actively Participate in Care* and is additionally defined as the student performing the procedure with supervision.

* To best prepare you for the NBME and your future career in medicine, the following scaffolding should provide the outline for the minimum understanding of each Dx and each Px. In the spirit of self-directed learning, your approach to mastery of each component is up to you.

List for each Px:

1. Explain the anatomy and pathophysiology related to the Px
2. Define relevant pharmacology to the Px
3. Summarize the informed consent process (including risks, benefits, indications and alternatives) for the Px
4. Compare associated imaging modalities for the Px
5. Analyze potential complications and prevention or management strategies for the Px
6. Understand post procedural care, patient education and anticipatory guidance for the Px
7. THEME: Reflect upon the assigned theme objective related to Px. See addendum for objectives.

List for each Dx:

1. Define the key epidemiological characteristics of Dx
2. List the risk factors for acquiring Dx
3. Describe the pathophysiology of Dx
4. Create a differential diagnosis algorithm for Dx
5. Develop and initiate an effective treatment plan for Dx
6. Obtain a relevant history and physical examination for Dx
7. THEME: Reflect upon the assigned theme objective related to each Dx. 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.

Required Procedures	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
HEADDDS interview	Outpatient or Inpatient	Perform Procedure	Aquifer Case 5	Public Health, Prevention and Health Promotion
Interpret weight, height, OFC, BMI	Outpatient or Inpatient	Perform Procedure	Aquifer Case 26	Public Health, Prevention and Health Promotion
Interpretation of vital signs (age 0- 1yr)	Outpatient or Inpatient	Perform Procedure	Aquifer Case 2	Public Health, Prevention and Health Promotion
Interpretation of vital signs (age 1- 5yr)	Outpatient or Inpatient	Perform Procedure	Aquifer Case 3	Public Health, Prevention and Health Promotion



Required Procedures (cont.)	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
Interpretation of vital signs (age 13-20yr)	Outpatient or Inpatient	Perform Procedure	Aquifer Case 5	Public Health, Prevention and Health Promotion
Interpretation of vital signs (age 6- 12yr)	Outpatient or Inpatient	Perform Procedure	Aquifer Case 4	Public Health, Prevention and Health Promotion
mCHAT (autism screening tool)	Outpatient	Perform Procedure	Simulation	Public Health, Prevention and Health Promotion
PEDS tool (development screening tool)	Outpatient	Perform Procedure	Simulation	Public Health, Prevention and Health Promotion

Required Diagnosis	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
Abdominal pain	Outpatient or Inpatient	Actively Participate in Care	Aquifer case 27	Evidence-Based Medicine
Fever	Outpatient or Inpatient	Actively Participate in Care	Aquifer case 10 & 11	Evidence-Based Medicine
Growth and/or developmental delays and/or concern	Outpatient or Inpatient	Actively Participate in Care	Aquifer case 26 & 28	Evidence-Based Medicine
Hyperbilirubinemia	Outpatient or Inpatient	Actively Participate in Care	Aquifer case 8	Evidence-Based Medicine
Respiratory tract infection: upper and/or lower	Outpatient or Inpatient	Actively Participate in Care	Aquifer case 12 & 14	Evidence-Based Medicine
Well-child exam: infant	Outpatient	Actively Participate in Care	Aquifer case 2	Public Health, Prevention and Health Promotion
Well-child exam: school-age	Outpatient	Actively Participate in Care	Aquifer case 4	Public Health, Prevention and Health Promotion
Well-child exam: toddler	Outpatient	Actively Participate in Care	Aquifer case 3	Public Health, Prevention and Health Promotion

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 Clerkship Director or designee a minimum of seven days prior to the end of the clerkship.
2. The Clerkship Director will assign an alternative experience/requirement to be completed.
3. Once the alternative experience/requirement is completed, it is logged in one45 by selecting the appropriate radio button under Setting and Patient Encounter.



Assessment and Evaluation Process

Formative Assessments

Throughout the clerkship, faculty (including Nurse Practitioners and Physician Assistants with faculty title), and residents engaged in student teaching and supervision will provide formative feedback in a variety of formats (e.g. review of progress notes, H&P, direct observation forms, informal verbal feedback and written narratives, PRIME+ form, NCAT, etc.) that may be communicated in writing or verbally. The purpose of this feedback is to identify strengths and opportunities for improvement.

Any significant deficiencies or concern should be communicated to the Clerkship and/or Site Director with written documentation that the feedback has been provided to the student. In the event that deficiencies or problematic issues are noted late in the clerkship, timely feedback will be given by an assessor to offer the student the opportunity to improve, and ideally should have occurred prior to assigning a score of <2.0 on an EPO. Clerkship/Selective Director maintains the ability to assign a summative level 1 for an egregious action even late in clerkship.

Mid-Clerkship Formative Assessment

A mid-clerkship assessment for each student is required as per the [Competency Assessment Policy](#). The mid-clerkship assessment will be completed by the Clerkship Director, Site Director or a designated faculty member at the student's primary clinical site using the College of Medicine mid-clerkship assessment form. The clerkship mid assessment form is distributed through One45. This form includes performance criteria as well as a portion for narrative comments. The student's mid-clerkship performance must be reviewed in a one - on - one meeting with a Clinical Site Director or designee, and the student and Clinical Site Director or designee must sign the mid-clerkship assessment form as an acknowledgement of the assessment.

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

Summative Assessment

The University of Arizona - COM-P has internal deadlines for the summative assessment forms in order to make sure the LCME 6-week requirement is met. The end of rotation forms are to be completed by the faculty within two weeks of the rotation ending. This will allow for the Clerkship Directors to complete the final grades as close to the four-week mark as possible. All end-of-rotation assessment forms and the clerkship final grade form will be available to be viewed by students in One45 six (6) weeks after the end of the clerkship according to the [Final Grades Reporting Timeline Policy](#) in accordance with the LCME.

End of Rotation Assessment

Attending physicians, who have their faculty title, can complete an end of rotation assessment form. Weekly PRIME + forms with formative comments are completed by attendings or residents and they, as



well as formative preceptor comments from review of the Electronic Health Record Self Assessment Tool assignment, are used by the Site Directors or the Clerkship Director to fill out the end of rotation assessment.

Significant Interaction on the Pediatric Clerkship is defined as working with the student for at least 5 days. In the instance that only one end-of-rotation assessment is submitted, it will be a collaborative assessment from the preceptors who had significant interaction with the student. Where only a single faculty member has been assigned to work with a student, this faculty member will provide the assessment for the student. The clerkship end of rotation assessment form is distributed through One45. Resident feedback on the PRIME + forms will be used by the Site Directors and/or the Clerkship Director for their assessments.

What to do if an assessor is not listed in One45

Contact UA coordinator, (PBC-Evaluation@email.arizona.edu) and Clerkship Director.

Conflict of Interest

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

Standardized Grading Process

The final clerkship grade will be determined by the Clerkship Director using the composite score (comprised of clinical score, exam score, “other” score), and additional criteria for grading approved by the Curriculum Committee (explained further in the “calculating the final grade” section below). The final clerkship grade will be divided into five categories: Honors, High Pass, Pass, Incomplete, or Fail (H, HP, P, I, F). Details regarding grading in the clerkships are included in the [Grading and Progression for Clerkships Policy](#). Below is a listing of the components of the composite score:

- I. Clinical Score: The clinical score accounts for 50% of the composite score and serves as the qualifier for the overall grade. The clinical score is calculated through assessment of student performance within each individual Educational Program Objective (EPO). When more than one End of Rotation form is submitted for a student, the final EPO score is determined by averaging the scores on the end of rotation assessment for each EPO. The Clerkship Director will ensure that an adequate amount of information is available prior to calculating the clinical score, which may include incorporating feedback from narrative formative feedback tools, preceptor feedback, and/or additional requested comments from faculty. Once grades are submitted, no further information will be sought nor will additional assessments be accepted.
- II. Exam Score: The NBME shelf exam score accounts for 30% of the composite score. A student who fails the shelf examination and is successful in the [retake](#) of the examination cannot be awarded any final grade higher than a “Pass” for the clerkship. (See [Clerkship Grading After Examination Failure Policy](#) for additional details)



- III. Required Activities/“Other”: The Required Activities/ “OTHER” score accounts for 20% of the composite score. It is the point total for the other observable learning activities specific to the clerkship. Students must attain a minimum 60% of these points in order to pass the clerkship.

**Each component of the grade, including the composite score, will be rounded to the hundredths place except for the NBME shelf exam, which is a round number.*

Observable Learning Activities/Other Score

Other Points	Total
Bi-weekly quiz average score or Aquifer case completion	Up to 10 points
Simulation and teaching conference participation + completing clerkship requirements.	Up to 5 points
Completion of one of three Culture in Health (CHC) modules.	Up to 5 points

1. Bi-weekly quiz average score or Auifer case completion: up to 10 points.
Aquifer cases: Successfully completion of 26 cases or more = 10 points; 21-25 = 9 points; 15-20 = 8 points; 13-14 = 7 points, 11-12 = 6 points; 9-10 cases = 5 points; 7-8 cases = 4 points; 5-6 cases = 3 points; 3- 4 cases = 2 points; 1-2 cases = 1 point. The Aquifer cases are found on the www.aquifer.org website, OR
 - If the student chooses the bi-weekly quiz scores to obtain the 10 points, there are three bi-weekly quizzes (to be administered on Weeks 2, 4 and 6 of the clerkship). The scores will be added and from the average of the three scores, those scores with decimals below <0.5 will be rounded down; scores with decimals >0.5 will be rounded up. The final average score of the three bi-weekly quizzes will be multiplied by .10.
2. Simulation and teaching conference participation + timely submission of SCO (observation cards), duty hours and logging of procedure and diagnoses (PDX): up to 5 points.
 - Incomplete diagnoses list will be a point deduction the “Other” category.
 - Incomplete procedures will be a point deduction the “Other” category.
 - Incomplete time logs will be a point deduction the “Other” category*.
 - Incomplete SCO will be a point deduction the “Other” category.

Completion of one of the 3 Culture in Health modules. Those modules are found on the Aquifer website www.aquifer.org.

1. CHC 01: 6-year-old girl with seizures – Lily (Navajo culture)
2. CHC 02: 2-year-old boy with fever and headache – Bao (Communication with Non-English speaking patients/families)
3. CHC 03: 2-year-old with pneumonia and probable empyema – Kenny (Addressing distrust of Western medicine)



The Clerkship Director, prior to calculating the clinical score, will ensure that the minimum number of required assessments are available to calculate the clinical score. Once grades are submitted by the 6-week LCME deadline, no further information will be sought nor will additional assessments be accepted.

Calculating the Final Grade

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

CLINICAL (50%)		Required Activities/ OTHER (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Qualifies for		Score	Qualifies for	Score	Qualifies for	
≥2.6 - 3.0	Honors		≥78	Honors	≥88.2-100	Honors	Honors IF 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 IF 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 IF 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	

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

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

* For the purpose of assessment in the clinical years, an individual EPO rating of level 1.5 will not be considered a level 1 as defined in the [Competency Assessment Policy](#).



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

1. Duty hour logging: Logging of required duty hours is due at the end of the rotation by **Sunday at 11:59pm**. See the [Duty Hours Policy](#) for specifics regarding duty hour limits, documentation of hours, and a FAQ section.
2. Required clinical encounter logging: Procedure/Diagnosis, or “PX/DX/TX” logging is due at the end of the rotation by **Sunday at 11:59pm**.

NOTE:

- **A formative level 1** will be given if the duty hour or Px/Dx log requirement is not completed by **Sunday at 11:59pm**. The student will have 2 days to complete the duty hour or Px/Dx log requirement. All logs must be completed accurately with the date of the encounter within the date range of the clerkship.
 - **A summative Level 1** will be given for any failure to properly complete the duty hour or Px/Dx log requirement by **Tuesday at 11:59pm**. **A grade of Incomplete** will be given until requirements are met. All logs must be completed accurately with the date of the encounter within the date range of the clerkship.
 - The Level one will be on a single professionalism EPO related to accountability. Compliance with these deadlines will be determined by the Office of Assessment and Evaluation and reported to the Clerkship Director.
 - A summative Level 1 will be taken into account as part of a comprehensive assessment and final grade. All summative, or “final”, Level 1 ratings are tracked by the Office of Assessment and Evaluation in collaboration with the Office of Student Affairs. Cumulative Level ratings are retained throughout the student’s enrollment. See [Competency Assessment Policy](#).
3. Completion of the Mid-clerkship Feedback form (see the [Competency Assessment Policy](#)).
 4. Completion of assigned site, faculty and end of the clerkship evaluations (see the [Assessment and Evaluation of Students, Faculty and Curriculum Policy](#)).

Additional Grading Criteria

1. To obtain a final grade of honors a student must achieve a clinical score of honors in addition to a composite score of honors.
2. To obtain a final grade of high pass a student must achieve a composite score that meets the cut off for high pass and at a minimum a clinical score of high pass.
3. The student who fails the shelf examination and is successful in a retake of the shelf examination cannot be awarded any grade higher than a Pass for the clerkship. See the [Clerkship Grading After Examination Failure Policy](#) for more detail.

A level 1, 1.5, 2, 2.5 or 3 is generated for each EPO based on the scale below as described in detail in the [Competency Assessment Policy](#).



Level 1 - Failure to meet even minimal expectations; the only grade that is appealable and the only grade that is tracked via advisor/ SA dean/ student progress committee

Level 1.5 - Acquiring necessary skills/behaviors to meet expectations

Level 2 - Meeting expectations

Level 2.5 - Acquiring skills/behaviors to exceed expectations

Level 3 - Exceeding expectations

A final summative level 1 can be generated for an EPO based on the following ways:

- a) If two or more separate faculty raters assign a rating of level 1 on the same individual EPO on an End of Rotation form, this will result in a Level 1 regardless of the average score.
- b) Assigned by Clerkship Director based on prolonged demonstration of performance not meeting expectations, a substantial incident, extreme behavior or other events that warrant the summative level 1 as determined by the Clerkship Director.

Feedback

Narrative Feedback

The Clerkship final grade form includes two separate areas which include narrative feedback. The first area includes formative comments from the End of Rotation forms, the second includes formalized summative comments which will be included in the Dean's Letter (MSPE). The summative final comments are generally not a direct cut and paste but rather a sample summary determined by the Clerkship Director. The Clerkship Director has the right to include or not include comments based on their interpretation of which comments best summarize the student's performance over the entirety of the clerkship. Students are not permitted to pick specific comments to be included or excluded in their narrative grade form. Students do not grade or summarize their own performance. Any concerns regarding narrative comments may be addressed to the Clerkship Director, Associate Dean Clinical and Competency Based Education or Associate Dean of Student Affairs. (See the [Student Progress Policy](#) for more information.)

Required Student Evaluation

Student evaluation of the clerkship, sites, and assigned didactics is required. The student must complete the evaluations online in the required time frame. All comments will be expected to model constructive feedback using the W3 model and must contain references and comments to specific behaviors and/or events (positive or negative).

If the student does not complete the required evaluations within one week after the end of the clerkship, the student will be assigned a formative level 1 for the EPO targeting giving and receiving constructive feedback and will be required to submit the missing evaluation data in narrative form within the second week after the clerkship.

Once the student has successfully submitted their evaluation in narrative form within the second week after the clerkship the student will have successfully demonstrated meeting expectations in Professionalism.



If the student has not successfully submitted their evaluation in narrative form within the second week after the clerkship the student will be considered as having not met expectations and a Summative Level 1 rating for the EPO targeting giving and receiving constructive feedback, will be automatically assigned. Office of Assessments and Evaluation will track this and report to Clerkship Director.

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

Helpful Tips and Additional Resources

Rural Health Professions Program

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

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

Contact Information: Director, RHPP - Jonathan Cartsonis, MD

Email - jcartsonis@email.arizona.edu, 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

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

Assessments are collected via One45, and automatic emails are sent to assessing attendings with instructions and reminders to complete. A list of pending and completed assessments can be reviewed in One45, if applicable. Students will also use One45 to log observed procedures and diagnoses at clinical sites. Please note that students are able to use their smartphones to make log entries on-the-go, if allowed by site policy.

For Students: One45 will continue as your curricular clerkship management system and will still be used to complete evaluations and access learning materials. It will also house the schedule, objectives, and

materials for your didactic sessions, similar to how your blocks were organized in the MS2 year.

OASIS: Course Schedule

The University of Arizona College of Medicine Phoenix uses a web-based scheduling system, Oasis. It maintains site information, student schedules, course catalog, and various other details that are pertinent to the clinical rotations. Oasis has detailed, up to the minute course information and allows students to request schedule changes. All students will use this resource for any scheduling purpose throughout their 3 and 4 year of clinical rotations.

Student Use of University Sponsored Educational Material

Statement of Copyrighted Materials: All lecture notes, lectures, study guides and other course materials (besides the required reading) disseminated by the instructor to the students, whether in class or online, are original materials and reflect the intellectual property of the instructor or author of those works. All readings, study guides, lecture notes and handouts are intended for individual use by students. You may not distribute or reproduce these materials for commercial purposes without the express consent of the instructor. Students who sell or distribute these materials for any use other than their own are in violation of the Arizona Board of Regents Intellectual Property Policy (Available at [Arizona Board of Regents Intellectual Property Policy](#)). Violations of the instructors' copyright may result in course sanctions and violate the Code of Academic Integrity.



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](#)