# Critical Care Selective Syllabus
## Academic Year 2022-2023

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Section A – Critical Care Selective Curriculum

Critical Care Information

Credit Hours: 4

Course Code: 847

Prerequisites: All students must successfully pass all pre-selective curricular elements to progress to the fourth year. Link to policy: Enrollment, Sequencing and Grading for Pre-Clerkships Policy

Selective Length: 4 weeks
Selective Website: Critical Care
Selective Resources: Oasis, SCCM Modules, One45, MyTIP

Selective Contacts

Selective Director Name: Robert Raschke, MD

Email: rraschke@arizona.edu
Office Location: HSEB B-578

Course Description

The Critical Care Selective 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

For a list and description of the Critical Care Selective sites, please see the following site: Elective Catalog

Critical Care Selective Learning Objectives

Each Critical Care Selective 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. Work effectively in a team with physicians, nurses and other healthcare professionals to optimize survival and minimize patient suffering in the ICU.
2. Perform a complete pertinent history and physical exam on the critically ill patient, synthesizing clinical data to provide a reasonable assessment and treatment plan.
3. Present a service of critically ill patients effectively at rounds, interpreting clinical data in the context of the patient’s illness and demonstrating an understanding of the most important priorities for the patient’s survival.
4. Recognize a patient requiring emergent care and initiate appropriate evaluation and management.
5. Demonstrate ability to prevent common complications of critical care including iatrogenic infections, ventilator complications, adverse drug events, and delirium.
6. Use a basic knowledge of shock to guide resuscitation of a critically-ill patient. This includes knowledge of how clinical tests can assist in the classification of shock, determination of the adequacy of oxygen delivery and choice of resuscitative measures.
7. Treat a life-threatening infection using a time-sensitive sepsis bundle and appropriate source control measures.
8. Order simple mechanical ventilator settings appropriately including continuous positive airway pressure, volume control and pressure support. Know when to use low-tidal volume ventilation and know when the patient is ready for extubation.
9. Order drugs effectively and safely in the ICU taking into account the increased risk for adverse drug effects in critically-ill patients.
10. Demonstrate knowledge of when a patient should be transfused with blood products in urgent and non-urgent situations with adequate knowledge of transfusion complications to assist a patient in informed consent.
12. Demonstrate empathy for ICU patients by understanding their particular vulnerability and aspects of suffering inherent in their experience in the ICU.
13. Develop rapport with a patient’s family with consideration of their cultural and spiritual needs adequate to facilitate a difficult discussion such as required to determine code status or withdraw life support.
15. Critically appraise a journal article regarding the efficacy of an ICU therapy. Develop an appreciation of the level of evidence for common ICU practices to inform clinical decision-making.
16. Present a topic in Critical Care Medicine incorporating a patient case history and entailing an effective review and critical appraisal of the literature.
17. Recognize the upstream social determinants of critical illness
18. Identify the signs of burnout in yourself or a colleague, and enlist appropriate assistance.
19. Be able to apply methods of improving your happiness and personal reliance.
## Critical Care Selective Requirements

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

Below is a list of procedures and diagnoses commonly encountered on the Critical Care Selective as well as an associated theme to reflect upon. These procedures and diagnosis must be completed during the selective.

<table>
<thead>
<tr>
<th>Required Procedures</th>
<th>Clinical Setting</th>
<th>Level of Responsibility</th>
<th>Alternative Experience</th>
<th>Associated Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABG Interpretation</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>ABG Interpretation</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Arterial line placement</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>NEJM Videos in Clinical Medicine - Arterial Line Placement</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Assessment of coagulopathy</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Hemostasis</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Central venous line placement</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>NEJM Videos in Clinical Medicine - Central Venous Access</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Chest x-ray interpretation</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Complete tutorial: Here</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>ECG interpretation</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Complete tutorial: Here</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Endotracheal intubation</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>NEJM Videos in Clinical Medicine - Endotracheal Intubation</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Management of arrhythmias</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Review &gt;5 videos on arrhythmias on Khan Academy: Here</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Management of elevated intracranial pressure</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Participate in the neurological ICU simulation</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Management of mechanical ventilation</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Clinical cases in mechanical ventilation online</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Obtain informed consent</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>UpToDate: Informed Consent</td>
<td>Behavioral and Social Sciences</td>
</tr>
<tr>
<td>Thoracentesis/Thoracostomy</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>NEJM Videos in Clinical Medicine - Thoracentesis</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Transfusion of blood products</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Participate in the transfusion simulation.</td>
<td>Evidence-Based Medicine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required Diagnosis</th>
<th>Clinical Setting</th>
<th>Level of Responsibility</th>
<th>Alternative Experience</th>
<th>Associated Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute kidney injury</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Acute kidney injury</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Delirium</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Read “Delirium and acute confusional states: Prevention, treatment, and prognosis” in UTDOL</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Electrolyte derangements</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Review ILM by Dr. Brigham Willis (posted to course website)</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>--------------------------</td>
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</tr>
<tr>
<td>End-of-life planning</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Participate in the ethics discussion session</td>
<td>Ethics</td>
</tr>
<tr>
<td>Ethical dilemmas in the ICU</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Participate in the ethics discussion session</td>
<td>Ethics</td>
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<tr>
<td>Good communication and professional rapport with a patient/family of a different cultural background than your own</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Participate in the family communication simulation</td>
<td>Behavioral and Social Sciences</td>
</tr>
<tr>
<td>Nursing care of ICU patients</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>N/A, students are required to have a significant interaction with the nurses during a nursing day or another equivalent experience</td>
<td>Interpersonal Education</td>
</tr>
<tr>
<td>Prevention of healthcare associated infection</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Read: “Infections and antimicrobial resistance in the intensive care unit: Epidemiology and prevention” in Up-to-Date online</td>
<td>Public Health, Prevention and Health Promotion</td>
</tr>
<tr>
<td>Don and duff personal protective equipment properly before entering the room of a patient with COVID19 infection</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Participate in the septic shock and MSOF simulations</td>
<td>Public Health, Prevention and Health Promotion</td>
</tr>
<tr>
<td>Respiratory failure</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Respiratory Failure (watch all parts of the video)</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Sepsis</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Participate in the septic shock simulation.</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Shock</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Participate in the case-based learning session on shock, and the simulation on septic shock.</td>
<td>Evidence-Based Medicine</td>
</tr>
<tr>
<td>Social determinants of health (upstream causes of critical illness)</td>
<td>Inpatient</td>
<td>Observe and Discuss</td>
<td>Watch video: Surgeon General addresses the AMA</td>
<td>Health Equity</td>
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**Px/Dx Alternative Experiences**

Students are expected to meet the required clinical experiences and procedures listed in the Px/Dx table above.

If the student does not encounter all the required clinical experiences as listed within the procedures and diagnoses table above, completed by the end of the Critical Care Selective, the student will remedy the deficiency by completing the alternative experience utilizing the process below:

1. The student is responsible for monitoring their Px/Dx log and communicating their progress and learning goals with supervising faculty throughout each selective. This will allow for
proactive attainment of these required encounters. If an alternative experience is needed for a procedure or diagnosis, the student must notify the Selective Director or designee a minimum of 7 days prior to the end of the selective.

2. The Selective Director will assign an alternative experience/requirement to be completed.

3. Once the alternative experience/requirement is completed, it will be logged in Oasis by selecting the type of Patient Encounter in the drop-down menu.

Please see section B for information related to Px/Dx Compliance

**Attendance Requirements**

All Selective 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 Selective Director. Please see section B for COM-P attendance policies. Students are generally required to work 20 shifts per 4-week rotation. A shift is defined as a normal workday on the clinical service on which a student is rotating, with a minimum of 8 hours and a maximum of 24 hours (as long as Duty Hours Policy is followed). Orientation and the academic half-days on the first Thursday also count as a whole shift. On subsequent academic half-days, a shift would consist of morning clinical duties plus the afternoon academic half-day. It is the student’s responsibility to make up any clinical shifts they may miss (for instance, on account of interviews) and to notify the fourth year Program Coordinator immediately if their schedule will not allow them to complete the required minimum of 20 shifts. Remember that clinical duty hours, orientation and academic half-days are combined when determining overall duty hours, which cannot exceed an average of 80 hours per week. Contact the Critical Care Director immediately if compliance with this requirement is in jeopardy.

Orientation and Academic Half-Days: Attendance is mandatory unless the student has been excused after discussion with the Selective Director or Program Coordinator a minimum of 48 hours ahead of time. Absences from orientation or academic half-days must be made up. Call the Program Coordinator for make-up information.

- Orientation: First Thursday of rotation, 8:00 a.m.-12:00 p.m.
- Academic Half-Day: All Thursdays of the rotation, 1:00 p.m.-5:00 p.m.

Some sites require overnight call, but in-house call should not exceed 24 hours, plus four hours for handoff of patient care.

**Required/Suggested Reading and Resources**

Required:

1. **SCCM Online Modules**
   Virtual Critical Care Rounds are provided through the Society for Critical Care Medicine (SCCM) website. Students are expected to complete all modules in either the VCCR Adult I or VCCR Pediatric II series based on the Critical Care rotation they are in. Each student will be provided with a login and password for both series. The ICU Orientation (found in the VCCR Adult series) should be completed prior to the rotation by all students.

   Adult Modules: Complete all 20 plus the double starred (**) module Peds TBI.
   Pediatric Modules: Complete all 15 plus the 5-double starred (**) modules in Adult.
• Adult Modules
  1. Virtual Critical Care Rounds I Pre-Test
  2. Advanced Cardiovascular Life Support (ACLS) and the Rapid Response Team (RRT)
  3. Airway Assessment and Management
  4. Antibiotics in the ICU
  5. Arrhythmias
  6. Basic Mechanical Ventilation #1 **
  7. Burns Management
  8. Critical Care Aspects of Hepatic Failure
  9. Critical Care for Older Adults
  10. Electrolytes
  11. Healthcare-associated Infectious Diseases
  12. ICU Orientation**
  13. Medical Errors
  14. Organ Donation
  15. Palliative Care in the ICU**
  16. Pharmacology and Pharmacokinetics**
  17. Shock
  18. Transfusion Medicine in the ICU**
  19. Trauma Script
  20. Virtual Critical Care Rounds I Post-Test

• Pediatric Modules
  1. Virtual Critical Care Rounds Pediatric II Pre-Test
  2. Cardiovascular Medications
  3. Arrhythmias
  4. Shock: Assessment and Therapy
  5. Sickle Cell Disease
  6. Acute Liver Failure
  7. Diabetic Ketoacidosis
  8. Status Epilepticus in Pediatrics
  9. Traumatic Brain Injury**
  10. Acute Kidney Injury in Children
  11. Pediatric Acute Respiratory Distress Syndrome
  12. Acute Severe Asthma
  13. Toxicology
  14. Oncologic Emergencies in the Pediatric Intensive Care Unit
  15. Virtual Critical Care Rounds Pediatric II Post-Test

2. NEJM resident 360° section on mechanical ventilation
3. NEJM procedural videos:
   • US guided internal jugular vein cannulation
   • Endotracheal intubation
4. Users guides to the medical literature - Journal of the American Medical Association (JAMA) provided
Suggested:


**Didactic/Interactive Learning/Simulations Sessions**

**Week 1 (In Simulation Center)**
- **Introduction to Critical Care Medicine** (Case-based discussion): goals of ICU care, vulnerability/suffering of the ICU patient and family, ICU complications, family communication, teamwork and burn-out.
- **ICU Pharmacology** (Case-based discussion): clinical use of sedation drugs, vasopressors, and antibiotics; Life-threatening adverse drug events.
- **Mechanical Ventilation** (on campus, hands-on workshop): how a ventilator works, terminology describing ventilator modes, evidence-base related to the selection of ventilator modes). This session utilizes an online ventilator simulator. [PREPARATORY ASSIGNMENT: Students should view the “NEJM Resident 360° section on mechanical ventilation]
- **Mechanical Ventilation**
- **ICU Procedures** (on campus, hands-on instruction): bag-mask- ing, endotracheal intubation, US-guided R IJ central venous line insertion. [PREPARATORY ASSIGNMENT: Students should view the NEJM videos on US-guided central line placement and intubation]
- **Intubation**
- **Central Line Placement**
- **Septic Shock** (on campus simulation): COVID-19 infection control procedures, definition of septic shock, clinical determination of the cause of shock using point of care ultrasound and other methods, antibiotic selection and administration, sepsis bundle, source control, oxygen delivery devices, indications for mechanical ventilation.
- **Multi-system Organ Failure** (on campus simulation): Management of ARDS, acute renal failure, and delirium, management of a pulseless electrical activity code arrest, iatrogenic complications of ICU drugs and other interventions.
- **Intracranial Hypertension** (on campus simulation): cerebral perfusion pressure and cerebral autoregulation, intracranial pseudo-compliance, ventriculostomy, causes of acute intracranial hypertension, treatment of intracranial hypertension).

**Week 2 (In Simulation Center)**
- **Medical Ethics** (Case-based discussion): autonomy of the compromised patient, futility, surrogacy, the doctor’s right to refuse to provide non-beneficial treatments, honoring cultural values, discrimination in the medical profession. [PREPARATORY ASSIGNMENT: Students should complete a reflective writing assignment and turn it in to CC program coordinator by
the end of Week Two of the rotation (Sunday at 11:59pm). This should be at least one side of one page and should describe an event that occurred during the month that affected the student emotionally – whether it made them angry, happy, frustrated, guilty – it’s up to the student. Students should pick an event they are willing to discuss during the session.

- **Family Care and Communication in the ICU** (on campus simulation): DNR discussion, withdrawal of support, cultural aspects of rapport and communication, spiritual care, ethical consideration of surrogate end-of-life decisions, futility, patient suffering, communication, compassion, and empathy.
- **Life-threatening Hemorrhage** (on campus simulation): basic principles of treating life-threatening medical and surgical hemorrhage, when to give hemostatic agents, platelets and FFP, role of hemoglobin in oxygen delivery, when to use the massive transfusion protocol.

**Week 3 (Virtual)**

- **Shock Resuscitation** (case-based discussion): types of shock, oxygen delivery /consumption, lactic acidosis, fluid resuscitation, vasopressors, inotropes.
- **On-call Emergencies** (remote simulation): individual medical students will deal with a series of bedside emergencies including chest pain, seizure, stroke, transfusion reaction, and arrhythmia.
- **Critical Appraisal of Literature in the ICU** (Students present articles they were assigned - Group discussion). Understand the level of evidence for common ICU practices and how to use the JAMA User’s Guides to the Medical Literature. [PREPARATORY ASSIGNMENT: Students will work in teams before the session critically appraising and integrating the articles they are assigned to answer specific questions. Team assignments, articles, questions and the “User’s guides to the medical literature” will be provided to the students prior to the session]
- **Personal Resilience in the ICU** (Case-based discussion): personal and environmental factors associated with burn-out, complications of burn-out, developing personal resilience. [PREPARATORY ASSIGNMENT: Students should complete and score the Maslach burnout inventory (which will be provided by email) and have it with them during the discussion]

**Week 4 (Virtual)**

- **Clinical Topic Presentations** by students. [PREPARATORY ASSIGNMENT: Prepare a PowerPoint case-presentation. This will be discussed during orientation and an example will be shared. The presentation should be based on a patient that the student took care of during the month. It should be about 15 minutes long, approximately 20 PowerPoint slides. It should describe the presentation, treatment and course of the patient, then focus on teaching important aspects of diagnosis, treatment or other aspects of the case that the student thought were the most important teaching points. Students are encouraged to make their presentations interactive and interesting – with an aim of teaching a short list of take-home points in such a way that the audience of other students will remember]
- **Feedback on the rotation**

**Observable Learning Activities/Other Requirements**

**Non-Clinical Score (104 points)**

The Selective Grading Calculator is posted in one45 for assistance calculating the Final grade.
### Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Potential Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Small Group Sessions</strong> - If assessment is satisfactory (all responses are “yes” or “not applicable” on the Small Group Facilitator form) 4 points are earned for each of 14 sessions.</td>
<td>56 points</td>
</tr>
<tr>
<td><strong>Online modules</strong> - through Virtual Critical Care Rounds (21 Adult or 20 Pediatric modules)</td>
<td>100% completion: 23 points 80%-99% completion: 15 points &lt;80% completion: 0 points</td>
</tr>
</tbody>
</table>

**Final Presentation** (see grading rubric below) 25 points

### Final Presentation Grading Rubric

<table>
<thead>
<tr>
<th>Categories</th>
<th>Standard</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content</td>
<td>Interesting topic covered in appropriate depth, evidence-based.</td>
<td>0-5</td>
</tr>
<tr>
<td>Organization</td>
<td>Structure and timing of talk is logical and easy to follow.</td>
<td>0-5</td>
</tr>
<tr>
<td>Patient case</td>
<td>Concise but including all pertinent features, clear that student understands the care the patient received.</td>
<td>0-5</td>
</tr>
<tr>
<td>Presentation</td>
<td>No technical glitches due to lack of preparation. Slides are simple and clear. Speaker interacts with audience and keeps them interested.</td>
<td>0-5</td>
</tr>
<tr>
<td>Questions</td>
<td>Mastery of topic and clinical case is apparent.</td>
<td>0-5</td>
</tr>
</tbody>
</table>

### Critical Care Selective Specific Assessment Process

#### Mid-Selective Formative Assessment

Assessment is the mechanism used to measure progress in learning over a given time period. A mid-rotation formative assessment with feedback is strongly suggested for every student. Student progress, achievements, strengths, weaknesses, and areas for improvement should be discussed. If at any point during the selective the student is at risk of not meeting expectations in one or more of the Educational Program Objectives (EPOs), in-person formative feedback with written documentation is **required**. Any significant deficiencies or concern should be communicated to the course director and/or Director of Selectives with written documentation that the feedback has been provided to the student. If deficiencies are noted late in the selective, timely feedback will be given. Students may be offered additional assignments to address weaknesses as approved by the course director and Director of Selectives. Student Affairs office will be notified of any deficiencies or failures.

Additionally, throughout the selective, faculty 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, etc.) that may be communicated in writing or verbally. The purpose of this feedback is to identify strengths and opportunities for improvement.

#### Summative Clinical Assessment

Students should request their end of rotation clinical assessment form from the UA faculty attending with whom they have spent the most time in direct patient care and had the best chance to
demonstrate their clinical skills and professional attributes. Attending physicians who have their faculty title can complete an end of rotation assessment form. 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. When only a single faculty member has been assigned to work with a student, this faculty member must provide the assessment for the student. The selective end of rotation assessment form is distributed through one45. Please detail the clinical grade determination process here - including PRIME+, NCATT, etc. and whether formative comments or resident feedback is used and how it is used and/or other assignments may be integrated.

Calculating the Final Grade

The Selective Director is responsible for determination of each student’s final grade based on the selective specific thresholds included in the table below. The final grade is determined by the composite score and the additional requirements listed below the table.

Clinical Score

Final grade determinations will be made using the table below.

<table>
<thead>
<tr>
<th>CLINICAL GRADE</th>
<th>NON-CLINICAL GRADE</th>
<th>FINAL GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>Pass</td>
<td>Honors</td>
</tr>
<tr>
<td>High Pass</td>
<td>Pass</td>
<td>High Pass</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Honors or High Pass or Pass</td>
<td>Fail</td>
<td>Fail</td>
</tr>
<tr>
<td>Fail</td>
<td>Pass or Fail</td>
<td>Fail</td>
</tr>
</tbody>
</table>

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

1. The clinical and/or non-clinical grade is Fail
2. Receive a final “Does not meet” on two or more different EPOs*
3. Achievement of a score of less than 70% from the “Non-Clinical” / Required Activities

* 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.

Additional Critical Care Selective Information

Selective Requirements

1. Completion of assigned site, faculty and end of the selective evaluations (see the Assessment and Evaluation of Students, Faculty and Curriculum Policy).
2. Online SCCM Modules
3. Reflective writing assignment
4. Participation in all on-campus sessions, or completion of approved make-up activities
5. Final Presentation
Helpful Tips

The best way to learn ICU is by seeing things happen in the ICU. Spend as much time as you can in the unit and volunteer to see as many patients, do as many procedures, talk to as many families as you can. The more you do, the more you will learn. If nothing is going on in the ICU, stay there to do your reading – you never know – the code bells could go off 5 minutes later, giving you an opportunity to participate.

Keep up with the selective assignments; do not leave them all for the end.

Working well with nurses is an essential skill in the ICU. Nursing day is a recommended experience. Ask your site director to arrange for you to spend a day with an experienced nurse in the ICU and get an idea what the nurses do – you might learn how to hang meds, operate intravenous infusion pumps, place a foley, place a feeding tube, and many other useful skills that will help you appreciate and work well together with nurses.
Section B – Selective Policy and Resources

General Information

Prerequisites: All students must successfully pass all 3rd Year curricular elements to progress to the fourth year. Link to policy: Credit Requirement Years 3 and 4 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 Selective Director, the PRO liaisons or in the student evaluations of the selective, 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.

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

Website and contact information for the Professional Resource Office can be located here.

Educational Program Objectives

The Educational Program Objectives (EPO) comprise competencies and the measurable objectives by which attainment of each competency can be assessed. The full text of the University of Arizona, College of Medicine – Phoenix Educational Program Objectives can be accessed in the Educational Program Objectives Policy and require dissemination as noted in the Orientation to EPOs and Curricular Unit Objectives Policy.
In addition to EPOs, the selective objectives are closely tied to student learning outcomes. UArizona College of Medicine - Phoenix measures these outcomes both quantitatively (via NBME shelf exams) and qualitatively (via behavioral competency assessments).

**Attendance Requirements**

All Selective 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 Selective Director and are not to exceed 0.5 days per week on average. Exceptions to this may be considered in consultation with the Selective Director and the Associate Dean for Student Affairs. Please link to the following policies:

- Attendance and Absence Years 3 and 4 Policy
- Leave of Absence Policy
- Attendance Expectations and Absence Reporting Requirements Policy

**Required Clinical Experiences: Procedures and Diagnosis (Px/Dx) log (Only Applicable to Critical Care)**

UArizona College of Medicine - Phoenix in accordance with the Core Clinical Skills Observation Policy, monitors and tracks the types of patients and clinical conditions that medical students must encounter, so as to remedy any identified gaps in patients, procedures, or diagnoses across clinical sites. Details of supervision expectations for student clinical encounters can be reviewed in the Faculty Supervision of Medical Students in Clinical Learning Situations Policy and the Faculty Supervision of Sensitive Physical Examination Policy. Procedures and clinical conditions will be recorded in the student’s Px/Dx log and reviewed with the site or Selective Director at the mid-selective and end of selective review.

Students are expected to meet the required clinical experiences and procedures listed on the integrated Px/Dx list, Global Px/Dx List. If not yet encountered in a previous clerkship, the clinical encounter must be completed before the conclusion of the designated clerkship, as described on the integrated Px/Dx list and detailed in each individual clerkship syllabus. All highlighted Px/Dx on the integrated Px/Dx list, and demarcated on each individual clerkship syllabus, must be encountered on the designated clerkship, even if also encountered on previous clerkship.

Across the fourth year, students must encounter the following clinical conditions, diagnoses, and procedures at the indicated level of student responsibility. The standardized levels of student responsibility include the following:

1. **Observe and Discuss**: this includes observing the key elements of care (e.g., physical exam, procedure, etc.) as they are performed by another member of the team and discussing the case, condition, and relevant clinical aspects with the team.

2. **Actively Participate in Care**: this includes Observing and Discussing, but also indicates increased active responsibility for the patient, such as performing a physical exam and workup, entering progress notes or history and physicals (H&Ps), presenting the patient on rounds, scrubbing into a case, and/or counseling or discussing prevention with the patient.
3. **Perform Procedure**: this includes Actively Participate in Care and is additionally defined as the student performing the procedure with supervision.

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

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

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

**Alternative Experiences**

If the student does not encounter all the required clinical experiences as listed on the Integrated Px/Dx link and detailed in each selective syllabus, the student will remedy the deficiency by completing the alternative experience with the appropriate Selective Director, utilizing the process outlined in the selective specific portion of the syllabus.

**Assessment Process**

**Formative Assessments**

Throughout the Selective, faculty (including Nurse Practitioners and Physician Assistants with faculty title), fellows, and residents engaged in student teaching and supervision will provide formative feedback in a variety of formats (e.g., review of progress notes, H&P, direct observation forms, informal verbal feedback, and written narratives, PRIME+ form, NCAT, etc.) that may be communicated by writing or verbally. The purpose of this feedback is to help students identify strengths and opportunities for improvement. Students should proactively request formative feedback on a regular basis and the required frequency for written formative feedback is outlined in the selective specific section of each syllabus.

Any significant deficiencies or concerns should be communicated by the faculty to the Selective and/or Site Director with written documentation that the feedback has been provided to the student.
deficiencies or problematic issues are noted late in the selective, timely feedback will be given by an 
assessor to offer the student the opportunity to improve. Ideally this should have occurred prior to 
assigning a score of a “Does not meet expectations” on an EPO. Selective Director maintains the ability 
to assign a summative level 1 for an egregious action even late in selective.

Summative Assessment

UArizona 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 form is to be completed by the 
faculty within two weeks of the rotation ending. This will allow for Selective Directors to complete the 
final grades as close to the four-week mark as possible. All end-of-rotation assessment forms and the 
selective final grade form can be viewed by students in six (6) weeks after the end of the 
selective according to the Final Grades Reporting Timeline Policy in accordance with the LCME.

What to do if an assessor is not listed in one or MyTip

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

Conflict of Interest

It should be noted that faculty at UArizona College of Medicine - Phoenix who are family members of 
the student, have a personal relationship with the student, or are 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 Selective grade will be determined by the Selective 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 selective grade will be divided into five categories: Honors, High Pass, Pass, Incomplete, or Fail (H, 
HP, P, I, F). Details regarding grading in the selective are included in the Grading and Progression for 
Electives and Selectives Policy.

* 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 selective specific portion of the syllabus.

Narrative Feedback

The Selective 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
Selective Director. The Selective 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 selective. 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 Selective 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 selective, 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 selective, 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 selective.

Once the student has successfully submitted their evaluation in narrative form within the second week after the selective 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 selective 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 Selective Director.

For more information, see the Assessment and Evaluation of Students, Faculty and Curriculum Policy.

Deadline Compliance

The following requirements must be completed as part of the selective 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 selective 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 selective. A
A grade of Incomplete will be given until requirements are met. All logs must be completed accurately.

- The Level one will be on a single professionalism EPO related to accountability. Compliance with these deadlines will be determined by CCBE and reported to the Office of Assessment and Evaluation.
- A summative Level 1 will be taken into account as part of a comprehensive assessment and final grade. All summative, or “final”, Level 1 ratings are tracked by the Office of Assessment and Evaluation in collaboration with the Office of Student Affairs. Cumulative Level ratings are retained throughout the student’s enrollment. See Competency Assessment Policy.

3. Completion of the mid-selective feedback forms (PRIME+) (see the Competency Assessment Policy).

4. Completion of assigned site, faculty, and end of the selective evaluations (see the Assessment and Evaluation of Students, Faculty and Curriculum Policy).

Additional Resources

Rural Health Professions Program

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

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

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

Urgent/Emergent Health Care Services

On-Campus and in the Immediate Phoenix Area

Students can access the list of local healthcare services on the UArizona College of Medicine - Phoenix website. Students are given a rectangular card that contains a list of emergency contact numbers and local healthcare service addresses and phone numbers. This card is placed in their identification holder along with their UArizona College of Medicine - Phoenix identification to allow easy access to healthcare information while at instructional sites. All information is also accessible on the wellness website at
wellness.arizona.edu.
For a list of emergency contact numbers please visit the College of Medicine’s website at the following link: Security - Emergency Numbers.

Off Campus Outside of the Metro Phoenix Area

Students may also contact the Associate Dean of Student Affairs or Associate Dean of Clinical and Competency Based Education.
All sites are assessed for student safety. Details of this assessment are included in the Training Site Safety Policy.
Faculty shall not provide health services for students if they are directly involved in the assessment of the students; however, in the event of an emergency, faculty should perform services to stabilize a student until the appropriate transfer of care can occur. Please see the Conflict of Interest - Physician- Student Health Services Relationship Policy.

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

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

Expectations for Mobile Communication

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

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, End of Rotation assessments, Final Grade Forms, and to access learning materials and schedules. General information about the selective rotations, such as syllabi, site information, learning objectives, materials for didactic sessions, links, etc. will be attached as handouts to each selective “course” under Handouts and Links within one45. one45 can be accessed at the web address: One45
Assessments are collected via one45, and automatic emails are sent to assessing attendings with instructions and reminders to complete. A list of pending and completed assessments can be reviewed in one45, if applicable. Students will use 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

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 (Only Applicable to Critical Care)

MyTipReport is an application (app) that the University of Arizona College of Medicine - Phoenix uses to collect formative assessments and end of rotation student self-assessment/reflection for the selective rotations. MyTipReport can be accessed via the app and at the web address: MyTipReport

Formative assessments are collected via MyTipReport, and automatic emails are sent to assessing faculty, fellows, or residents with instructions and reminders to complete. A list of pending and completed assessments can be reviewed in MyTipReport.

Student Use of University Sponsored Educational Material

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