



## **Pediatric Clerkship Syllabus Academic Year 2023-2024**

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## **Section A – Pediatric Clerkship Curriculum**

### **Clerkship Information**

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

Credit Hours: 6

Course Code: PEDP 835

Clerkship Length: 6 Weeks

UArizona Website: [Pediatrics Clerkship](#)

Clerkship Resources: [Pediatric Resources](#), [OASIS](#), [one45](#)

### **Clerkship Contacts**

**Clerkship Director:** Jorge Masuello, MD



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**Email:** [jmasuello@arizona.edu](mailto:jmasuello@arizona.edu)

**Office Location:** 1919 East Thomas Road  
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### **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**

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



## **Clerkship 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 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. When appropriate, addresses pediatric preventative care in a sick encounter.
4. Document 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 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 subspecialist or therapist; discharge instructions and education).
8. Provide age and culturally 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. Please see Section B for COM-P attendance policies.



### **Required/Suggested Reading and Resources**

Suggested:

1. The John Hopkins Hospital Harriet Lane Handbook, 22nd 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

This schedule can be found in [one45](#).

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

Below is a list of procedures and diagnoses commonly encountered on the Pediatric Clerkship, as well as an associated theme to reflect upon. If not yet encountered in a previous clerkship, each item from the list below must be completed by the end of the Pediatric Clerkship. All highlighted Px/Dx are required to be completed during the Pediatric Clerkship, even if encountered on previous clerkships. This means a student will be required to log an encounter for the highlighted Px or Dx items, indicating that it was seen during the Pediatric Clerkship timeframe.

[Global Px/Dx List](#)



Required Procedures	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
I was observed taking the relevant portions of the history for care of an infant	Inpatient or Outpatient	Perform Procedure	Aquifer Case 2	Public Health, Prevention and Health Promotion
I was observed performing the relevant portions of the exam on an infant	Inpatient or Outpatient	Perform Procedure	Aquifer Case 2	Public Health, Prevention and Health Promotion
HEADDDS interview	Inpatient or Outpatient	Perform Procedure	Aquifer Case 5	Public Health, Prevention and Health Promotion
Interpret weight, height, OFC, BMI	Inpatient or Outpatient	Perform Procedure	Aquifer Case 26	Public Health, Prevention and Health Promotion
Interpretation of vital signs (age 0- 1yr)	Inpatient or Outpatient	Perform Procedure	Aquifer Case 2	Public Health, Prevention and Health Promotion
Interpretation of vital signs (age 1- 5yr)	Inpatient or Outpatient	Perform Procedure	Aquifer Case 3	Public Health, Prevention and Health Promotion
Interpretation of vital signs (age 6- 12yr)	Inpatient or Outpatient	Perform Procedure	Aquifer Case 4	Public Health, Prevention and Health Promotion
Interpretation of vital signs (age 13-20yr)	Inpatient or Outpatient	Perform Procedure	Aquifer Case 5	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 in pediatric patient	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 27	Evidence-Based Medicine
Fever in pediatric patient	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 10 & 11	Evidence-Based Medicine
Growth and/or developmental delays and/or concern	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 26 & 28	Evidence-Based Medicine
Hyperbilirubinemia	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 8	Evidence-Based Medicine
Respiratory tract infection: upper and/or lower	Inpatient or Outpatient	Actively Participate in Care	Aquifer Case 12 & 14	Evidence-Based Medicine
Well-child exam: toddler	Outpatient	Actively Participate in Care	Aquifer Case 3	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

**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. Please see link for list and additional information: [Global Px/Dx List](#)



Students are responsible for proactively monitoring their Px/Dx log and communicating their progress and learning goals with supervising faculty throughout each clerkship. If the student does not encounter all the required clinical experiences as listed within the procedures and diagnoses table above by the end of the Pediatric Clerkship, the student will remedy the deficiency by completing the alternative experience utilizing the process below:

1. If an alternative experience is needed for a procedure or diagnosis, the student must notify the Clerkship Director or designee a minimum of 7 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, the student will log the experience 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.

### Observable Learning Activities/Other Requirements

Criteria	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 Social Determinants of Health modules	Up to 5 points

1. Bi-weekly quiz average score or Aquifer case completion: up to 10 points.  
Aquifer cases: Successful 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 [Aquifer](#) website.

If students choose bi-weekly quiz scores for up to 10 points, they must complete three bi-weekly quizzes (to be administered on Weeks 2, 4 and 6 of the clerkship). The quiz scores will be added and averaged scores with decimals below <0.5 will be rounded down; scores with decimals  $\geq 0.5$  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 direct observation cards, EHR self-assessment, duty hours and logging of procedure and diagnoses (Px/Dx): up to 5 points.
  - Incomplete diagnoses list will be a point deduction in the “Other” category.
  - Incomplete procedures will be a point deduction in the “Other” category.
  - Incomplete time logs will be a point deduction in the “Other” category.
  - Incomplete Direct Observation Card will be a point deduction in the “Other” category.
3. Completion of one of the three Social Determinants of Health modules. Those modules are found on the Aquifer website: [Aquifer](#)
  - Case 01: Overview of social and structural determinants of health.
  - Case 02: 2-year-old boy with fever and headache – Bao (Communication with Non-English speaking patients/families)



- Case 03: 2-year-old with pneumonia and probable empyema – Kenny (Addressing distrust of Western medicine)

## **Specific Assessment Process**

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

A mid-clerkship assessment for each student is required as per the [Competency Assessment Policy](#). 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 by writing or verbally. The purpose of this feedback is to identify strengths and opportunities for improvement.

During the Pediatric Clerkship, the student will request at least 1 PRIME+ per week via the [myTIPreport](#) app, and faculty or residents may contribute to this formative process. This will serve as an ongoing mid-clerkship formative assessment. Additionally, the Clerkship Director will meet with each student at a mid-point of the clerkship to check in, discuss the formative feedback, Px/Dx logging, duty hours, and any other questions or concerns the student or director may have.

### **Summative Clinical Assessment**

Significant interaction on the Pediatric Clerkship is defined as working with the students for at least 5 days. Attending physicians who have a faculty title can complete an end of rotation assessment form (EOR). 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 clerkship EOR assessment form is distributed through [one45](#). Resident and faculty feedback on the PRIME + forms will be used by the Site Directors and/or the Clerkship Director for their assessments.

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. This grading calculator is meant to be used as a tool, but final grade determinations will be made using the table below.



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	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	High Pass	≥77.70-88.19	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%)	≥63	Pass	≥64.00-77.69	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	Fail	

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

1. The clinical score is < 2.0
2. Receipt of 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.



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

### **General Information**

Prerequisites: All students must successfully pass all 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 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, 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 clerkship 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 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 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 each clerkship's syllabus, the student will remedy the deficiency by completing the alternative experience with the appropriate Clerkship Director, utilizing the process outlined in the clerkship specific portion of the syllabus.



THE UNIVERSITY OF ARIZONA

College of Medicine

Phoenix

## **Assessment Process**

### **Formative Assessments**

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

Any significant deficiencies or concerns should be communicated by the faculty to the clerkship 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. Ideally this should have occurred prior to assigning a score of <2.0 on an EPO. The Clerkship 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 formative assessment for each student is required as per the [Competency Assessment Policy](#). The mid-clerkship formative assessment will be completed by the Clerkship Director, Site Director or a designated faculty member at the student's primary clinical site using The University of Arizona College of Medicine mid-clerkship formative assessment form. The mid-clerkship formative assessment form is distributed through [myTIPreport](#). The PRIME+ form will serve as the mid-clerkship formative assessment. The student's mid-clerkship performance will be reviewed by the Clerkship Director, and a one-on-one meeting will occur between the student and the Clerkship Director to review mid-clerkship feedback.

### **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 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 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 Clerkship 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 Clerkship 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 Clerkship Director will ensure that an adequate amount of information is available prior to calculating the clinical score, which may include incorporating feedback from narrative formative feedback tools, preceptor feedback, and/or additional requested comments from faculty. After grades are submitted, no further information will be sought, nor will additional assessments be accepted.
- II. Exam Score: the NBME shelf exam score accounts for 30% of the composite score. A student who fails the shelf examination and is successful in the [retake](#) of the examination cannot be awarded any final grade higher than a “Pass” for the clerkship. (See [Clerkship Grading After Examination Failure Policy](#) for additional details.)
- III. Required Activities/“Other”: the required activities/“other” score accounts for 20% of the composite score. It is the point total for the other observable learning activities specific to the clerkship. Students must attain a minimum 60% of these points to pass the clerkship.

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

### **Calculating the Final Grade**

See the clerkship specific portion of the syllabus.

### **Additional Grading Criteria**

1. To obtain a final grade of Honors a student must achieve a clinical score of Honors in addition to a composite score of Honors and a shelf exam score of at least High Pass.
2. To obtain a final grade of High Pass a student must achieve a composite score that meets the

cut off for High Pass and at a minimum a clinical score of High Pass.

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**

The clerkship 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 Clerkship Director. The Clerkship 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 clerkship. Students are not permitted to select specific comments to be included or excluded in their narrative grade form. Students do not grade or summarize their own performance. Any concerns regarding narrative comments may be addressed to the Clerkship Director, Associate Dean of 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 clerkship, 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 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. The Office of Assessment and Evaluation will track this and report to the Clerkship 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 clerkship to remediate the duty hour or Px/Dx logging requirement. All logs must be completed accurately.
  - **A summative Level 1** will be given for any failure to properly complete the duty hour or Px/Dx log requirement by **Tuesday at 11:59pm** following the completion of the clerkship. **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 the mid-clerkship feedback forms (PRIME+) (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 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 are 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 The 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](#)

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.



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Phoenix

### **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 clerkship 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.