



**SYLLABUS
MEDI 8500
Ambulatory Medicine Clerkship**

Course Description

This 4-week required clerkship offers medical students a broad perspective on ambulatory medicine and the practice of medicine. Students will see new and established patients in various general and specialty Outpatient Medicine clinics, as well as inpatient consult services.

Students will attend ambulatory medicine clinics or consult services each week as assigned. They will scrutinize available chart data, and in many cases, they will take a history, perform relevant physical examinations, and propose diagnoses and mechanisms of disease. Students will work to propose treatments/management plans based on underlying causes of disease (including basic mechanisms of action of disease or therapeutics). Their clinical encounters will be under the supervision of faculty physicians or physician trainees.

On time physical and mental attendance, engagement, and the ability to apply science and mechanisms of action, along with the critical application of evidence-based-research to clinical medicine are expected in the clinics as well as throughout the clerkship..

Instructor and Contact Information

Clerkship Director:

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Clerkship Associate Director:

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Clerkship Coordinator:

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Sites

- Southern Arizona Veteran's Administration Health Care System
- Banner University Medical Center – multiple sites in Tucson
- El Rio Osteopathic Medicine Clinic
- Community sites if available

Course Objectives

During this course, students will:

1. Challenge themselves to think with curiosity, to critically analyze, and to use problem-solving tactics.
2. Obtain, record, and communicate an accurate history and physical exam appropriately using a comprehensive or focused approach. If appropriate, will do thorough chart previews.
3. Interpret and synthesize the clinical information and apply knowledge of pathophysiology and the sciences to develop thoughtful and thorough differential diagnoses.
4. Begin to work on formulating a basic therapeutic management plan, based on mechanisms of action of diseases and of therapeutics.
5. Demonstrate a commitment to involving the patient in their own care and educating appropriately.
6. Produce (and timely submit) thorough and thoughtful notes to supervising physicians.
7. Advocate for quality patient care and assist patients in dealing with the “health care” system’s complexities as appropriate.
8. Use primary medical sources to further patient care and academic experiences.
9. Inquire about the cost-effectiveness of health care and resource allocation and the relationship to quality of care and public health.

Expected Learning Outcomes

Upon completion of this rotation, the student will be able to:

1. Provide patient care that is compassionate, respectful, and appropriate when evaluating adult patients in the outpatient and/or consultative settings.
2. Ask strategic questions about clinical presentation of disease, with reference to underlying pathophysiology and mechanisms of action of diseases, diagnostics, and therapeutics.
3. Pose key questions about public health associations of disease.
4. Apply knowledge of the basic sciences in the evaluation of clinical presentation
5. Apply knowledge of the basic sciences in postulated management of diseases
6. Apply medical knowledge and critical thinking to patient cases to generate appropriate differential diagnoses; be able to use clinical reasoning to support or refute the diagnoses.
7. Participate in the delivery of “healthcare” and be aware of the need to balance resources available with limitations encountered when caring for patients.
8. Demonstrate clear and professional communication with patients, families, and healthcare teams.
9. Be adept at managing one’s time and professional commitments, while furthering independent learning and professional development.
10. Be aware of social/structural determinants of health in assessing disease and interventions and to effectively advocate at individual and societal levels.

Course Objective Assessment Methods

Course Objective	EPO	Assessment Methods	Instructional Methods
1. Challenge themselves to think with curiosity, critical analytics, and problem-solving tactics.	MK-09 SBP 01 SBP - 02 SBP - 05 SBP – 07	Verbal feedback; verbal and/or written feedback	Case presentations and Consultants' Seminars to the clerkship director and colleagues' group
2. Obtain, record, and communicate an accurate history and physical exam appropriately using a comprehensive or focused approach.	PC-01, PC-02	WBA's; <i>in situ</i> verbal feedback from clinical preceptors	Learning at the chairside/bedside with preceptor
3. 3. Interpret and synthesize the clinical information and apply knowledge of pathophysiology and the sciences to develop thoughtful and thorough differential diagnoses.	MK-09, PC-05	WBA's; <i>in situ</i> verbal feedback from clinical preceptors	Learning at the chairside/bedside with preceptor; presentations to the clerkship director and colleagues
4. Begin to work on formulating a basic therapeutic management plan based on mechanisms of action of disease and of therapeutics.	MK-09, PC-05	WBA's; <i>in situ</i> verbal feedback from clinical preceptors	Learning at the chairside/bedside with preceptor; presentations to the clerkship director and colleagues

5. Demonstrate a commitment to involving the patient in their own care and educating appropriately.	PROF-02	WBA's; <i>in situ</i> verbal feedback from clinical preceptors	Learning at the chairside/bedside with preceptor; presentations to the clerkship director and colleagues
6. Produce (and timely submit) thorough and thoughtful notes to supervising physicians.	ICS-03	WBA's; <i>in situ</i> verbal feedback from clinical preceptors	Learning at chairside (in clinic) with preceptor
7. Advocate for quality patient care and assist patients in dealing with the "health care" system's complexities as appropriate.	SBP-05	Self-assessment; WBA's; <i>in situ</i> verbal feedback from clinical preceptors	Learning at the chairside/bedside with preceptor; presentations to the clerkship director and colleagues
8. Use primary medical sources to further patient care and academic experiences.	SBP-04	Formative real-time feedback (in the Consultants' Case seminars and <i>in situ</i> in clinical settings)	Learning at the chairside/bedside with preceptor; presentations to the clerkship director and colleagues
9. Inquire about the cost-effectiveness of health care and resource allocation and the relationship to quality of care and public health.	ICS-05	WBA's; <i>in situ</i> verbal feedback from clinical preceptors	Learning at the chairside (in clinic) with preceptor.

Assignments and Clinical Schedule

Students will attend 4-10 half-day ambulatory medicine clinics in a typical week, during which they will usually interview patients, take a history, perform relevant physical examinations, and propose thoughtful summary narrative statements and thorough differential diagnoses. These along with the treatment or management plans will be proposed and written under the direct supervision of faculty or training physicians. Specific schedules with tentative clinic locations will be provided to students at the start of each rotation. Schedules are determined based on faculty availability among other factors. These can change with little advance notice, and it is the students' responsibility to contact their clinic preceptors at least one working day in advance of each clinic to provide contact information and to request patient assignments.

Written Independent Learning & Productivity Plans will be submitted by each student to the clerkship coordinator and directors within 1 working day after the start of clerkship. A follow-up written accounting of accomplishments will be submitted by the close of week 4. These, as with all communications, will be mailed to both the Clerkship Coordinator and the Clerkship Directors.

During the clerkship each student will meet 1:1 with the clerkship director or associate director. During

this meeting, the student will have a Midpoint discussion and will also present a case. The case will be based on a patient they saw during this clerkship, and which prompts them to pose a question asking “why” or “how does this work”. The question should be researched and an “answer” gleaned from evidence found in primary medical/scientific literature should be presented to back up the student’s reasoning.

Required Patient/Clinical Conditions

Each patient/clinical condition has an associated minimum level of student responsibility. Definitions for each level of responsibility are below:

Perform: Student applies knowledge and demonstrates skills necessary to provide patient care and/or perform an indicated procedure under appropriate supervision.

Clerkship/Clinical Discipline or Procedures/Skills	Clinical Setting	Level of Student Responsibility
Allergies, Asthma, and/or Immune Impairment/Disorders	Outpatient	Perform 1. Evaluate potential causes based on clinical presentation and pathophysiology/basic science/epidemiology/SSDOH. 2. Develop differential diagnoses and/or “problem list” citing causes as per #1 above. 3. Recommend next steps (diagnostically and/or therapeutically)
Geriatric condition (e.g., frailty, memory impairment)	Outpatient or inpatient	Perform 1. Evaluate potential causes based on clinical presentation and pathophysiology/basic science/epidemiology/SSDOH. 2. Develop differential diagnoses and/or “problem list” citing causes as per #1 above. 3. Recommend next steps (diagnostically and/or therapeutically)
History and Physical Exam	Outpatient or inpatient	Perform
Hypertension	Outpatient or inpatient	Perform 1. Evaluate potential causes based on clinical presentation and pathophysiology/basic science/epidemiology/SSDOH. 2. Develop differential diagnoses and/or “problem list” citing causes as per #1 above. 3. Recommend next steps (diagnostically and/or therapeutically)
Polypharmacy or inappropriate medication	Outpatient or inpatient	Perform Evaluate the appropriateness/inappropriateness of each medication class for problems with omission and/or commission and recommend next steps (diagnostically and/or therapeutically)
Quality and Safety: Critical Review of a Patient Chart with discernment of omission and commission errors	Outpatient	Perform
Critical Assessment of role of environmental exposures in patient illness and health	Outpatient	Perform

Critical Assessment of role of Social/structural Determinants of Health (S/SDOH) in inpatient illness and health	Outpatient	Perform
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Alternative Experiences

If a student is unable to experience a required Patient Case/Clinical Condition, they must complete an alternative experience. All alternative experiences must be approved by the clerkship director and/or coordinator.

Instructions for how to submit an alternative experience request:

https://meddocs.medicine.arizona.edu/MedLearn_Clerkship_AltExp/

Direct link to submit an alternative experience request:

<https://medlearn.medicine.arizona.edu/clerkship/altexp>

Note, after submitting an alternative experience request, students must log the case in their logbook with an explanation that the requirement was satisfied through an alternative experience.

Duty Hours

Students are expected to be on rotations from roughly 8am to 5pm daily during regular weekdays except for UA or clinic holidays. Since there will be no call shifts, students do not need to keep a duty hours log in the Ambulatory clerkship.

Required or Special Materials

Stethoscope and respectful, professional attire and comportment; masking as appropriate

Mid-clerkship Formative Feedback

Students receive feedback from the course director in individual and/or group settings. Students are encouraged to contact the course director if they would like additional feedback on their performance, but importantly, the regular and frequent feedback from the clinic preceptors is invaluable and should be prompted by students if not forthcoming.

Approximately halfway through the scheduled rotation students will document feedback using the Mid-Clerkship Formative Feedback form. This will serve as a strategy to ensure adequate evaluation by the end of the rotation and to remedy any experiential gaps prior to the end of the rotation. Although the mid-clerkship feedback is not considered in the determination of your grade, completion is mandatory. Of course, any urgent issues should be immediately communicated with the clerkship director and coordinator and should not wait for the formal Mid-clerkship meeting.

Grading Scale and Policies

This course is graded Pass/Fail based on clinical performance, completion of assignments, successful

completion of the Workplace Based Assessment (WBA) requirement, and professionalism (of which honesty is a key component). Failure in any of the categories below will result in a failure of the course unless appropriate remediation is completed.

Grading for the Clerkship is determined by the following:

Clinical Attendance (physical and mental/professional presence)	P/F and comments in narrative if applicable
Workplace Based Assessment (WBA)	P/F and comments in narrative if applicable
Submissions and Presentation	comment in Narrative if applicable
Professionalism	P/F and comment in narrative
Total	P/F and comments in narrative

Clinic Attendance and Assessment: Clinical Attendance is based on timely, professional attendance. Clinic Assessment is based on the assessments completed by the preceptor(s) during (WBA) and after (New Innovations) your clinical time together. See the New Innovations evaluation form. as

Workplace-Based Assessment (WBA): Students are required to receive a 1 WBA per week average, for a total of 4 WBA's during the Ambulatory rotation, with EPA 2 and EPA 7 strongly encouraged as key components of this rotation.

Entrustable Professional Activities (EPA) Ambulatory Rotation

EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter

EPA 3: Recommend and Interpret Common Diagnostic and Screening Tests

EPA 5: Document a Clinical Encounter in the Patient Record

EPA 6: Provide an Oral Presentation of a Clinical Encounter

EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care

EPA 9: Collaborate as a Member of an Interprofessional Team

The director may allow additional EPAs as part of the list of EPAs for this rotation. EPA 1 is not advised if this is not your first clerkship. Students are encouraged to talk to the course director to obtain approval for other/additional EPAs.

A grade of "Pass" is awarded when a student has completed:

- 4 WBA forms have been submitted for an average of one per week for each week of patient interaction in the clerkship block.
- Students received a Pass (or did not receive a Fail) in each of the categories below:

What constitutes "Fail" in WBA:

- Not meeting the minimum WBA requirement(s), as listed above.
- Being evaluated by an individual who is not an attending or resident (e.g., peer, friend, family member, etc.). This constitutes academic dishonesty and is subject to the consequences outlined in the Honor Code policy, including academic dismissal.
- Note: Grading for WBA and other requirements listed above is "all-or-none". That is, students pass this component of grading for completing the minimum WBA requirements as outlined

above and in the policy. If students do not meet the minimum by the end of the last day of the rotation, they are awarded 0% for this portion of the final grade. There is no remediation period.

- Because this is a P/F course, the comments from WBA submissions may be used in your final narrative grade!

Components of Evaluations further detailed:

	Pass	Fail (examples only)
Attendance and Tardiness P/F	Clinical Shifts <ul style="list-style-type: none"> • Was not absent or late <i>without appropriate notification of clerkship coordinator (CC), clerkship director (CD), and preceptor</i> (*assessed by preceptors, coordinator, and director) • 	<ul style="list-style-type: none"> • • Failing to follow attendance and absence policy • Not preparing for clinic ahead of time (contact preceptor, preview charts)
	Required <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Professionalism	Clinical <ul style="list-style-type: none"> • Contacting your clinic preceptor at least 1 working day before you are scheduled for that clinic to give your contact info, to find out where clinic is, when you should arrive, and what patients you should prep for (and name of clinic in the EMR to use to prep for the clinic) <p>Having previewed all data in the charts (including External Rx View history of outside fills on medications), all Results data, and relevant notes.</p> <ul style="list-style-type: none"> • Promptly raises clinical care issues to the preceptor and/or appropriate health care team member • 	<ul style="list-style-type: none"> • Scattered participation in clinic; can't be found by health care team • Waiting until next clinic day to address concern about the patient that day • Not completing the appropriate sections of the patient note before end of clinic day • Endangering patient, team, or self intentionally or through egregious negligence • Failure to repeatedly incorporate feedback about medical knowledge topics into subsequent clinics •
	Education, Submissions, Communications, and Presentation, <ul style="list-style-type: none"> • Responds to clerkship director(s), coordinator(s), and other associated faculty in timely and respectful manner • <p>Submits required writing and presentation on time and according to instructions given in Orientation</p> <ul style="list-style-type: none"> • Previews clinical schedule to identify potential learning goals (*assessed by preceptors) • Reads primary literature to more fully understand patients' issues (*assessed by preceptors) • Turns in required submissions on time and according to directions Orientation 	<ul style="list-style-type: none"> • Not responsive to preceptor / clerkship admin in timely and respectful manor. • Fails to submit material on time • Fails to follow instructions for communication or submissions or absences or other delineated or assumed expectations (see Orientation) •

Advocacy Encouraged	<p>Clinical</p> <ul style="list-style-type: none"> Effectively recognizes and adequately advocates for patients' needs (especially those in need of advocacy) (*assessed by preceptors and/or CD) <p>Educational</p> <ul style="list-style-type: none"> recognizes and advocates for methods and experiences that would benefit students' education (*assessed by preceptors and/or CD) <p>Self and Societal</p> <ul style="list-style-type: none"> Ability to recognize and advocate for your own health and wellbeing and act with an understanding of best practices for personal and public health (*assessed by preceptors and/or CD) 	<ul style="list-style-type: none"> SSoDH clearly impacts patient's ability to follow medical advice and student does not take this into account in the care plan or clinical interview (e.g., payment for medications, travel time for care with provider/other providers, success adhering to diet change given food desert, etc.)
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This course reserves the right to assign a failing grade for the entire course if a student performs in an unprofessional manner in terms of interactions with patients and other health professionals, completing assignments, attendance at scheduled activities, or other inappropriate actions or activities.

The following list, while not exhaustive, should help to clarify what is included in the Professionalism grade throughout the clerkships.

Students will:

- Complete credentialing paperwork and site-specific requirements such as, but not limited to, fingerprinting and drug screening, by the stated deadline.
- Complete assignments by due dates. This includes but is not limited to the following:
 - Return of books and other borrowed items
 - Respond to emails in a timely manner (within 1 business day)
 - Be considerate to staff, faculty, residents, and/or patients, while not allowing oneself or others to be mistreated in any way.
 - Be on time for required meetings/sessions and do not leave without permission or until dismissed. Please use video during Zoom sessions.
 - Obtain advance permission from the Course Director/Course Coordinator for absences from activities and/or clinics; inform appropriate attendings.

University Policies

Absence and Class Participation Policies

Absences for any sincerely held religious belief, observance, or practice will be accommodated where reasonable. Refer to the [Religious Accommodation Policy](#).

Absences pre-approved by the University Dean of Students (or dean's designee) will be honored.

Classroom Behavior/Attendance Policy

To foster a positive learning environment, students and instructors have a shared responsibility. We want a safe, welcoming, and inclusive environment where all of us feel comfortable with each other and where we can challenge ourselves to succeed. To that end, our focus is on the tasks at hand and not on extraneous activities (e.g., texting, chatting, reading a newspaper, making phone calls, web surfing, etc.).

Students are asked to refrain from disruptive conversations with people sitting around them during lectures. Students observed engaging in disruptive activity will be asked to cease this behavior. Those who continue to disrupt the class will be asked to leave lectures or discussions and may be reported to the Dean of Students.

College of Medicine – Tucson Attendance Policy: <https://medicine.arizona.edu/form/attendance-policies-medical-students-com>

Threatening Behavior Policy

The UA Threatening Behavior by Students Policy prohibits threats of physical harm to any member of the University community, including to oneself. See <http://policy.arizona.edu/education-and-student-affairs/threatening-behavior-students>.

Accessibility and Accommodations

At the University of Arizona, we strive to make learning experiences as accessible as possible. If you anticipate or experience barriers based on disability or pregnancy, please contact the Disability Resource Center (520-621-3268, <https://drc.arizona.edu/>) to establish reasonable accommodations.

Code of Academic Integrity

Students are encouraged to share intellectual views and discuss freely the principles and applications of course materials. However, graded work/exercises must be the product of independent effort unless otherwise instructed. Students are expected to adhere to the UA Code of Academic Integrity as described in the UA General Catalog. See: <https://deanofstudents.arizona.edu/policies/code-academic-integrity>.

The University Libraries have some excellent tips for avoiding plagiarism, available at <http://new.library.arizona.edu/research/citing/plagiarism>.

UA Nondiscrimination and Anti-harassment Policy

The University is committed to creating and maintaining an environment free of discrimination; see <http://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy>

Our classroom is a place where everyone is encouraged to express well-formed opinions and their

reasons for those opinions. We also want to create a tolerant and open environment where such opinions can be expressed without resorting to bullying or discrimination of others.

Confidentiality of Student Records <https://www.registrar.arizona.edu/privacy-ferpa/ferpa>

University and COM-T Policies

See [University of Arizona Policies](#)

See [COM-T Student Policies](#)

Subject to Change Statement

Information contained in the course syllabus, other than the grade and absence policy, may be subject to change with advance notice, as deemed appropriate by the instructor.

Addenda:

Assessment Criteria for 1:1 Case and Research Presentation

Presentation of patient case

Does the student know what are the key data to present (and therefore are in the student's patient presentation) and what data are *not* relevant (and therefore *not* in the patient presentation)?

Did the student give a presentation of a patient case without having to use slides or without reading verbatim from notes?

Was the presentation of the patient findings successfully kept to 3 minutes or less?

Presentation of question

Was the student able to pose a "why" or "how does this work" deeper level question that shows the student's ability to apply curiosity and cause-effect thinking to a clinical presentation?

No: The student was only able to ask a basic "association" type of question without posing a question about mechanism of action or without asking a deeper level question such as: "Why does this appear this way based on what I learned about the pathophysiology underlying this disease?" type of question.

Yes: The student was able to pose a question about mechanism of action or ask a deeper level question such as: "Why does this appear this way based on what I learned about the pathophysiology underlying this disease?" type of question.

Discussion of findings in primary literature

Was the student able to demonstrate that they looked at original research, and were they able to apply the findings to help address the question posed above?

New Evaluations Assessment Form:

3 Conducts accurate history.

Yes	No	N/A
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4 Demonstrates competence in performing a physical exam.

Yes	No	N/A
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5 Clearly states when they are uncertain of data or when they do not know important findings.

Yes	No	N/A
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6 Applies basic science principles to the clinical encounter, (e.g., pathophysiology, medication mechanism of action, expected findings on tests/imaging).

Yes	No	N/A
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7 Supports decision making with appropriate medical reasoning (e.g., prioritizing differential diagnoses, lab tests, imaging).

Yes	No	N/A
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8 Critically evaluates medical literature/scientific evidence & applies it to clinical decision-making.

Yes	No	N/A
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9 Contacts preceptor at least 1 working day before start of clinic to accept patient and reading assignments.

Yes	No	N/A
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10 Demonstrates punctuality, accountability & honesty.

Yes	No	N/A
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11 Prepares for patient encounters in advance (eg: has read about the patients' condition, reviewed written notes).

Yes	No	N/A
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12 Accepts constructive criticism & modifies behavior.

Yes	No	N/A
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13 Please select any skills below that you have seen the student perform:

- ☐ Questions economic and High Value variables in decision making or uses adequate references to make cost:value suggestions.
- ☐ Demonstrates awareness of structural and social determinants of health that might impact a patient.
- ☐ Demonstrates curiosity or higher level problem-solving.
- ☐ Demonstrates awareness of public health implications of patient's care.
- ☐ Advocates for patient, public health, systems improvements.
- ☐ Has successfully assessed (e.g. evaluated with history/physical AND suggested well-reasoned diagnoses) for a patient you would consider a complex clinical encounter?

14 Please provide comments on the overall performance of a student.

Education, Submissions, Communications, and Presentation

Clinics

Attend every scheduled clinic THIS IS REQUIRED!

Email your contact info and request for patient assignments and presumed time/location to preceptor (at least 1 day before clinic scheduled)

Come to clinic prepared & engage fully in clinic

WBA's

Weeks 1-4 obtain 4 WBA's from at least 3 clinic preceptors by last day of clerkship

Independent learning plans

Week 1 Tuesday send* proposed plan for independent learning (no more than ½ page)

Week 4 Friday send* progress on learning plans (due by 4th Friday)

Midpoints

Week 1 notice scheduled meeting times– let JJ/TW know if you cannot make the assigned time!

Week 2 fill out form yourself as self-assessment and sign it; send signed midpoint form to TW, RH and JJ the day before your scheduled 1:1 meeting

Case presentation

Week 2 present to clerkship director at midpoint 1:1 meeting; follow up email with title, question, references and what you did well/what to improve

MedLearn Entries

Week 4 enter log book attestation of diseases, attestation of reviewed H&P/SOAP note (1)

Week 1-4 immediately enter any absences into MedLearn

Note: you do not need to report duty hours

Preceptor Feedback

Week 4 please write a short statement about preceptor(s) who you felt were excellent (and why) so I can send to preceptor and their supervisors

Requirements

Weeks 1-4 It is your responsibility to make sure that all your requirements have been fulfilled and submitted!

You will need to be able to do this without reminders from us!

Above all, I expect honesty and professionalism during this clerkship! These are necessary to pass, and failure to do so will be noted in the final grade narrative.

Revised 02/21/2024.