



**SYLLABUS
MEDI - 813C**

Medicine Inpatient Clerkship

Course Description

The Medicine clerkship is an 8-week experience designed to expose students to in-patient experiences that will serve as a foundation throughout their professional lives as physicians.

The focus of this experience will be on developing an ample understanding of basic and clinical science. During the rotation, students will be challenged in areas of medical knowledge; patient care; interpersonal and communication skills; professionalism; practice-based learning improvement; and systems-based practice. The Medicine clerkship encompasses activities in several subspecialty areas. The development of problem-solving and clinical skills and the provision of compassionate and humanistic medical care and skills are also addressed. Students are expected to obtain and record complete medical histories, perform physical examinations, develop appropriate differential diagnoses, and monitor the progress of assigned patients. Students will participate in diagnostic and therapeutic procedures with other members of the patient care team and attend required departmental conferences and seminars.

While students are not expected to master all of Medicine by the end of this clerkship, students are expected to achieve a level appropriate for a third-year student gaining expertise in clinical medicine.

Instructor and Contact Information

Clerkship Director:

Amy Sussman, MD
520-626-0773
asussman@arizona.edu

Assistant Clerkship Director:

Saman Nematollahi, MD
520-626-6887
snematol@arizona.edu

Clerkship Coordinator

Kristina Waters, MLS
Undergraduate Medical Education
520-626-1574
Kew3@arizona.edu

Sites/Site Director

Inpatient Rotation: Medical students on the Medicine clerkship are assigned two - 4-week Inpatient rotations,

each being at a different location listed below:

- Southern Arizona Veteran's Administration Health Care System
- Banner University Medical Center – University Campus
- Banner University Medical Center – South Campus

Course Objectives

During this course, students will:

1. Learn to perform basic clinical procedures.
2. Appreciate how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system may affect their own practice.
3. Partner with other members with other members of the health care team to assess, coordinate, and improve health care.
4. Obtain an accurate medical history that covers all essential aspects of the history.
5. Learn to perform both a complete and an organ system-specific examination.
6. Write notes that are complete, accurate, and organized.
7. Present patients in the in-patient and ambulatory settings in a smooth and well-organized manner.
8. Use the scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics.
9. Use computer-based techniques to acquire new information and resources for learning.
10. Learn to demonstrate clear and professional communication with patients, families, and healthcare teams.

Expected Learning Outcomes

Upon completion of this course, students will be able to:

1. Demonstrate effective listening skills and the ability to elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
2. Demonstrate the ability to document and present patient data and clinical information in an organized, accurate, legible, and/or verbally clear manner.
3. Demonstrate the ability to encourage patients' health and wellness through appropriate patient education.
4. Demonstrate awareness of and responsiveness to the large context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
5. Advocate for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities.
6. Demonstrate understanding of the physician's role and responsibilities in promoting the health of the community and the underlying principles of preventive medicine and population-based health care delivery.
7. Be committed to carrying out professional responsibilities, adhering to ethical principles, and demonstrating sensitivity to diverse patient populations.
8. Demonstrate compassionate treatment of patients.
9. Show respect for patients' privacy, dignity and diversity of culture, ethnicity, religion, and sexual orientation.
10. Demonstrate integrity, reliability, dependability, and truthfulness in all interactions with patients, their families, and professional colleagues.
11. Demonstrate responsiveness to the needs of patients and society that supersedes self-interest.
12. Exhibit the skills to advocate for improvements in the access of care for everyone.

13. Demonstrate knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent.
14. Discern what is important and what is not in the clinical examination.
15. Perform a clinical assessment, formulate a differential, and participate in developing a management plan.
16. Demonstrate knowledge about (1) established and evolving core of basic sciences (2) application of sciences to patient care and (3) investigatory and analytical thinking approaches.
17. Demonstrate knowledge of the normal structure and function of the body as a whole and each of the major organ systems.
18. Demonstrate knowledge of molecular, cellular, and biochemical mechanisms in homeostasis.
19. Demonstrate knowledge of cognitive, affective, and social growth and development.
20. Demonstrate knowledge of altered structure and function of the body/organs in disease.
21. Demonstrate knowledge of the foundations of therapeutic intervention, including concepts of outcomes.
22. Recognize how patient diversity influences disease presentation, treatment, and outcome.
23. Demonstrate knowledge of legal, ethical issues, and controversies associated with medical practice.
24. Be prepared to practice medicine within the context of society and its expectations.
25. Demonstrate an awareness of the limits of their own personal knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into daily activities.
26. Demonstrate an understanding of the need for continuing education to improve practice and the use of an evidence-based approach to decide or reject experimental findings and approaches.
27. Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates.
28. Promote health behaviors through counseling individual patients and their families.
29. Demonstrate the ability to create and sustain a therapeutic and ethically sound relationship with patients and their families.
30. Demonstrate clear and professional communication with patients, families, and healthcare teams.

Course Objective and Learning Outcome Assessment Methods

Course Objectives/Learning Outcome	EPOs	Assessment Methods	Instructional Methods
CO-1 Perform basic clinical procedures	PC-03	Clinical evaluations, WBA	Clinical instruction Participation in patient care
CO-2 Appreciate how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system may affect their own practice	SBP-01	Clinical evaluations	Clinical instruction Participation in patient care
CO-3 Partner with other members of the healthcare team to assess, coordinate, and improve healthcare	SBP-06	Clinical evaluations	Clinical instruction Participation in patient care
CO-4 Obtain an accurate medical history that covers all essential aspects of the history	PC-01	Clinical evaluations, WBA, Written H&Ps	Clinical instruction Participation in patient care

CO-5 Perform both a complete and an organ system-specific examination	PC-02	Clinical evaluations, WBA	Clinical instruction Participation in patient care
CO-6 Write notes that are complete, accurate, and organized	ICS-03	Clinical evaluations, WBA, Written H&Ps	Clinical instruction Participation in patient care
CO-7 Present patients in the in-patient and ambulatory settings in a smooth and well-organized manner	ICS-03	Clinical evaluations, WBA	Clinical instruction Participation in patient care
CO-8 Use the scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics	MK-10	Clinical evaluations	Clinical instruction Participation in patient care
CO-9 Use computer-based techniques to acquire new information and resources for learning	MK-11	Clinical evaluations	Clinical instruction Participation in patient care
CO-10 Demonstrate clear and professional communication with patients, families, and healthcare teams.	ICS-01, ICS-02, ICS-03	Clinical evaluations, WBA	Clinical instruction Participation in patient care
LO-1 Demonstrate effective listening skills and the ability to elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills	ICS-02	Clinical evaluations, WBA	Clinical instruction Participation in patient care
LO-2 Demonstrate the ability to document and present patient data and clinical information in an organized, accurate, legible, and/or verbally clear manner	ICS-03	Clinical evaluations, WBA, Written H&Ps	Clinical instruction Participation in patient care
LO-3 Demonstrate the ability to encourage patients' health and wellness through appropriate patient education	ICS-04	Clinical evaluations	Clinical instruction Participation in patient care

LO-4 Demonstrate awareness of and responsiveness to the large context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value	SBP-08, SBP-09	Clinical evaluations	Clinical instruction Participation in patient care
LO-5 Advocate for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities	SBP-05	Clinical evaluations	Clinical instruction Participation in patient care
LO-6 Demonstrate understanding of the physician's role and responsibilities in promoting the health of the community and the underlying principles of preventive medicine and population-based health care delivery	SBP-07	Clinical evaluations	Clinical instruction Participation in patient care
LO-7 Be committed to carrying out professional responsibilities, adhering to ethical principles, and demonstrating sensitivity to diverse patient populations	PROF-03, PROF-08	Clinical evaluations	Clinical instruction Participation in patient care
LO-8 Demonstrate compassionate treatment of patients	PROF-01	Clinical evaluations	Clinical instruction Participation in patient care
LO-9 Show respect for patient's privacy, dignity, and diversity of culture, ethnicity, religion, and sexual orientation	PROF-03	Clinical evaluations	Clinical instruction Participation in patient care
LO-10 Demonstrate integrity, reliability, dependability, and truthfulness in all interactions with patients, their families, and professional colleagues	PROF-04	Clinical evaluations	Clinical instruction Participation in patient care
LO-11 Demonstrate responsiveness to the needs of patients and society that supersedes self-interest	PROF-05	Clinical evaluations	Clinical instruction Participation in patient care
LO-12 Exhibit the skills to advocate for improvements in the access to care for everyone	PROF-06	Clinical evaluations	Clinical instruction Participation in patient care
LO-13 Demonstrate knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent	PROF-08	Clinical evaluations	Clinical instruction Participation in patient care

LO-14 Discern what is important and what is not in the clinical examination	PC-04	Clinical evaluations, WBA, Written H&Ps	Clinical instruction Participation in patient care
LO-15 Perform a clinical assessment, formulate a differential, and participate in developing a management plan	PC-01, PC-02, PC-04, PC-05	Clinical evaluations, WBA, Written H&Ps	Clinical instruction Participation in patient care
LO-16 Demonstrate knowledge about (1) established and evolving core of basic sciences (2) application of sciences to patient care and (3) investigatory and analytical thinking approaches	MK-01, MK-09	Clinical evaluations, Written H&Ps, NBME Subject Exam	Clinical instruction Participation in patient care Clerkship didactic sessions
LO-17 Demonstrate knowledge of the normal structure and function of the body as a whole and each of the major organ systems	MK-02	Clinical evaluations, Written H&Ps	Clinical instruction Participation in patient care
LO-18 Demonstrate knowledge of molecular, cellular, and biochemical mechanisms in homeostasis	MK-03	Clinical evaluations, NBME Subject Exam	Clinical instruction Participation in patient care Clerkship didactic sessions
LO-19 Demonstrate knowledge of cognitive, affective, and social growth and development	MK-04	Clinical evaluations, BME Subject Exam	Clinical instruction Participation in patient care Clerkship didactic sessions
LO-20 Demonstrate knowledge of altered structure and function of the body/organs in disease	MK-05	Clinical evaluations, NBME Subject Exam	Clinical instruction Participation in patient care Clerkship didactic sessions
LO-21 Demonstrate knowledge of foundations of therapeutic intervention, including concepts of outcomes	MK-06	Clinical evaluations, NBME Subject Exam	Clinical instruction Participation in patient care Clerkship didactic sessions
LO-22 Recognize how patient diversity influences disease presentation, treatment, and outcome	MK-07	Clinical evaluations	Clinical instruction Participation in patient care
LO-23 Demonstrate knowledge of legal, ethical issues and controversies associated with medical practice	MK-08	Clinical evaluations	Clinical instruction Participation in patient care
LO-24 Be prepared to practice medicine within the context of society and its expectations	PC-08	Clinical evaluations	Clinical instruction Participation in patient care
LO-25 Demonstrate an awareness of the limits of their knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into daily activities	PROF-07	Clinical evaluations	Clinical instruction Participation in patient care Mid-clerkship evaluation

LO-26 Demonstrate an understanding of the need for continuing education to improve practice and the use of an evidence-based approach to decide or reject experimental findings and approaches	PBLI-04	Clinical evaluations	Clinical instruction Participation in patient care
LO-27 Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patient's families, and professional associates	ICS-01, ICS-05	Clinical evaluations, WBA, written H&Ps, formative standardized patient example delivering difficult news)	Clinical instruction, standardized patient practice, Participation in patient care
LO-28 Promote health behaviors through counseling individual patients and their families	PBLI-07	Clinical evaluations, WBA	Clinical instruction Participation in patient care
LO-29 Demonstrate the ability to create and sustain a therapeutic and ethically sound relationship with patients and their families.	ICS-01	Clinical evaluations. WBA	Clinical instruction Participation in patient care
LO-30 Demonstrate clear and professional communication with patients, families, and healthcare teams.	ICS-01	Clinical evaluations, WBA, formative standardized patient example (delivering difficult news)	Clinical instruction standardized patient practice, Participation in patient care

Required Didactic Session Topics

- Acid Base
- ACS/AMI Acute Coronary Syndrome and Acute Myocardial
- Acute Kidney Injury (AKI)
- Anemia
- Antibiotics
- Atrial Fibrillation (A FIB)
- Breaking Bad News
- Chronic Kidney Disease (CKD)
- Clinical Reasoning
- COPD
- Diabetes Mellitus
- Dyslipidemia
- Electrocardiogram (small groups)
- Grief sessions (processing patient death)*
- Heart Failure
- Hypertension (HTN)
- Medical Jeopardy (small groups)
- Rapid Response and Code Blue Preparedness
- Simulation (Code Blue- small group ASTEC)
- Thyroid Disease
- Radiology (how to read CXR and CT)

Students are provided with the schedule for the didactics and group sessions at the beginning of the clerkship rotation during orientation. The schedule is also entered in MedLearn.

Note: After participating in Orientation for Medicine, the slides, forms etc., will be forwarded to students for a quick reference regarding Medicine Inpatient Clerkship by the Clerkship Director.

*Grief Sessions are not offered in every clerkship block.

Assignments and Examinations: Schedule/Due Dates

Student Responsibilities in Medicine

- Participate fully and actively in all the activities of the healthcare team.

- Work up and follow patients as assigned by the resident (usually 1 per admitting day – up to 3 to 5 per week).
- Pre-round on all assigned patients before management rounds.
- Present patients on rounds. (See Write-ups & Oral Presentations).
 - Students will receive a weekly email from the Chief Resident as to where and what time rounds, morning report, conferences/presentations will be for that week.
- Perform written databases including the assessment and plan on all new admissions and present these to the faculty attending within 24 hours of admission. (See Write-ups & Oral Presentations)
- Write daily progress notes in the SOAP format on all assigned patients.
 - An H&P or SOAP note that has been edited/reviewed by your Attending or Sr. Resident is required and ready to be presented during your Mid-clerkship Feedback Meeting.
- Workplace-Based Assessment (WBA) – average of one WBAs required per week.
- Obtain a Mid-clerkship Feedback by the end of the fourth week on rotation.
 - Dr. Sussman’s administrative person will make mid-clerkship feedback appointments.
- Have all written orders cosigned by the resident or intern.
- Participate in Medicine Didactics every Wednesday afternoon (not to be confused with IM Residency -Academic Half Day on Thursdays)
 - A schedule with your Didactics & Small Group sessions, will be sent to you prior to being uploaded in MedLearn.
 - Please follow the schedule until you have been informed that MedLearn has been updated.
- Complete evaluation on your preceptors, sites, and the Clerkship in New Innovations.
- Log all Patient Cases & Procedure logs in MedLearn by the end of your rotation.
- Shelf Exam on the last Friday of the rotation.

Clinical Skills for Inpatient Rotations

General Description

During the 8 weeks of Inpatient Medicine, students are assigned to a ward team consisting of a faculty attending, a resident, one or two interns, and at times a 4th-year Sub-intern. The faculty attending has legal responsibility for all patients cared for by the team. The resident oversees the day-to-day operations of the team and works closely with the faculty attending. The team rounds as a group during management rounds, which occur daily, usually beginning at 0700 but the time is variable from site to site, and from attending to attending. Generally, the rounds end by 0900. Times for rounds on weekends are at the discretion of the faculty attending and the resident. Rounding time is variable depending on site so please ensure you check with your resident. Rotations are Monday - Friday, no weekends.

Intern’s Role

The intern can guide students in completing important daily tasks but due to their limited experience and heavy workload are less equipped to provide daily formal teaching. Comments on evaluations will be accepted but the evaluation calculated will not count.

Resident’s Role

The resident is the team manager and has an expected teaching role and will be able to answer most questions and provide students with goals and expectations. The resident will usually have some mini-lectures about very practical topics. The resident also knows about the styles of faculty Attendings and what they will likely expect of students.

Required Patient/Clinical *CONDITIONS*

Each patient/clinical condition/skill 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.

Observe: Student attentively observes patient care and/or the procedure being performed.

Clinical condition	Setting	Level of Student Responsibility
Abdominal Pain	Inpatient	Perform Perform history, physical exam, discuss differential diagnosis, and understand diagnostic workup
Altered Mental Status	Inpatient	Perform Perform history, physical exam and workup
Anemia	Inpatient	Perform Perform history, physical exam and workup
Chest Pain/Coronary Artery Disease	Inpatient	Perform
Cancer	Inpatient	Perform Perform physical exam and workup
Congestive Heart Failure	Inpatient	Perform Perform history, physical exam and workup
COPD	Inpatient	Perform Perform history, physical exam and workup
Deep Venous Thrombosis/Venous Thromboembolism	Inpatient	Perform Perform history, physical exam and workup
Diabetes Mellitus	Inpatient	Perform Perform history, physical exam and discuss screening/treatment
Dyspnea	Inpatient	Perform Perform history, physical exam, discuss differential diagnosis, and understand diagnostic workup
Fever	Inpatient	Perform Perform history, physical exam, discuss differential diagnosis, and understand diagnostic workup (with the guidance of the team members)
Fluid/electrolyte/acid-base disorder	Inpatient	Perform Workup and discuss therapeutic options
Gastrointestinal Bleed - Upper or Lower	Inpatient	Perform Perform history, physical exam and workup
History and Physical Exam	Inpatient	Perform Perform on patients in hospitals and clinics
Immunosuppressed	Inpatient	Perform Perform history, physical exam and workup

Liver Disease	Inpatient	Perform Perform history, physical exam and workup
Nosocomial Infection	Inpatient	Perform Perform history, physical exam and workup
Pneumonia	Inpatient	Perform Perform history, physical exam and workup
Kidney Failure - Acute or Chronic	Inpatient	Perform Perform history, physical exam and workup
Rheumatologic or Autoimmune Condition	Inpatient	Perform Perform history, physical exam and workup
Substance Abuse	Inpatient	Perform Perform history, physical exam and workup

Required Clinical *SKILLS*

Clerkship	Skills and Procedures	Setting	Level of Student Responsibility
Medicine	ABG Interpretation	Inpatient	Analysis of results in clinical setting
Medicine	Chest X-ray Interpretation	Inpatient	Review chest films on all admitted patients
Medicine	ECG Interpretation	Inpatient	Interpret ECG on at least one inpatient
Medicine	Heart sound interpretation	Inpatient	Perform history, physical exam and workup
Medicine	History and Physical Exam	Inpatient	Perform
Medicine	Obtain Informed Consent	Inpatient	Observe
Medicine	Paracentesis	Inpatient	Observe
Medicine	Rectal Exam	Inpatient	Perform exam with supervision
Medicine	Thoracentesis	Inpatient	Observe
Medicine	Urinalysis interpretation	Inpatient	Analyze lab results and discuss therapeutic options

- Every effort should be made to either perform or observe at least once, each of the above procedures: The Clerkship Director and Coordinator should be notified at least 2 weeks before the end of the clerkship if any of the above conditions have not been encountered.
- Many of the above procedures are performed by IR daily.

Alternative Experiences

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

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. An approved alternative experience list for the Medicine clerkship will be provided during orientation (slides).

Alternative Experience Resources:

<https://aquifer.org/courses/aquifer-internal-medicine/> (formerly SIMPLE)

[Clinicalproblemsolving.com](https://clinicalproblemsolving.com) (Podcast of clinical reasoning cases)

NEJM = New England Journal of Medicine (Free access through library www.ahsl.arizona.edu)

Patient Encounter and Duty Hours Log

MedLearn is a fully integrated "portal" in which students enter one system that manages the entire educational ecosystem and reporting.

Students are required to Login with your UA NetID and password at: medlearn.medicine.arizona.edu.

- **Duty Hours:** Students should log in daily to complete logging of duty hours. The Clerkship Director and/or coordinator will routinely review cumulative duty hours data and correct any systemic problems that prevent compliance with the stated duty hours policy. Students who stay over the limitations of duty hours on their own volition must provide a justification for the reason at the time the hours are recorded. Students will not be penalized for accurate reporting, nor will duty hours information be used to determine grades or for student evaluations. Duty hour reports will be retained in the electronic database systems. Grades will not be released until the student reports duty hours.
- **Patient Log:** Students should login daily to record your required patient encounters and skills as described above. All the required patient logs must be logged in by the end of the clerkship. If a student is unable to see a particular case, the Clerkship Director will assign an alternative experience. Students are ONLY to log alternative experience in MedLearn if it is approved by the Clerkship Director. Please see Required Patient/Clinical Conditions for a list of approved Alternative Experiences.

History & Physical Exam

Students are required to be observed by an attending, residents, and/or fellow at least once during the Medicine clerkship taking a medical history (partial or complete) and performing a physical exam (partial or complete). Students must document this observation in MedLearn. On the Log-in tab, choose H&P, and then enter the date of the observation, the name of the observer, and whether the observer was a faculty, resident, or fellow. It is only necessary to document one observation per clerkship.

Readings

The Medicine clerkship has no required list of books, texts articles, etc.; however, we strongly recommend students study as much as possible during any free time.

Resources for studying include books, websites (U-World), Aquifer cases, UpToDate search engine, Pocket Medicine (text) and podcasts including Core IM, Clinical Problem Solvers and Curbsiders.

Required or Special Materials

Scrubs, stethoscope, and white coat. If anything, additional is required, the student's team will let them know what to bring while on rounds.

Mid-Clerkship Formative Feedback

The mid-clerkship student assessment is intended to serve as feedback and a vehicle to show progress. This is not a formal evaluation and will not be included in the formal grading process. Students are expected to come prepared to their meeting with Dr. Sussman having completed their portion of the mid-clerkship feedback form and bring a copy of a History & Physical or SOAP note (or progress note) that has been reviewed/edited by an Attending.

Grading Scale and Policies

Grading for the Medicine Clerkship is determined by the following:

Workplace Based Assessment (WBA) (Minimum 8 WBAs required)	20%
Clinical Assessment	50%
NBME Shelf Exam	15%
Graded H & P	2.5%
Palliative Care SPC Experience	5%
Procedure Logs/Duty Hours/Log of Cases	2.5%
Professionalism	5%
Total	100%

Clinical Grade (50%): The clinical grade measures observable behaviors that demonstrate the ACGME's competencies including: Professionalism, patient care, interpersonal and communication skills; practice-based learning, medical knowledge, and systems-based practice.

- Clinical evaluations are a very important part of the final grade. To ensure that we provide a grade that reflects the ability and efforts of the student, it is important that we have as many evaluations as possible.
- An evaluation from each Attending and senior residents that students spent at least 5 days of inpatient service with is required. At least 2 attending evaluations per student are necessary from the outpatient rotations (minimum of 6 evaluations total for the clerkship). Both faculty and resident evaluations count toward the grade. Intern evaluations will be accepted for comments only.

WE ASK THAT YOU OBTAIN AN EVALUTION FROM EACH ATTENDING WITH WHOM YOU WORKED FOR FIVE DAYS OR MORE. (A minimum of 2 days that you have worked with an Attending will be accepted).

Students may not pick and choose amongst Attendings for evaluations. The evaluation process is through New Innovations. Evaluations are sent electronically to ALL the faculty members and residents with whom the students worked. Names of Attendings/Residents can be provided to the coordinator to verify teams.

- Clinical evaluation is based upon observable behaviors. We utilize the Common Assessment Format

which is used in most clerkships via New Innovations

- Since the number of evaluators may differ from student to student, the number of evaluators will be divided into the total score.
- The Clerkship Director may choose to eliminate an evaluation that is substantially different from most other evaluations. In general, this would be an evaluation that is at least 10 points lower than the other evaluators unless this evaluation is supported by written documentation.
- Faculty and resident assessment of student performance will be collected via the New Innovations online system. Summary assessment of student performance reports will be provided to students by clerkship coordinators after the end of the rotation and before grades are posted. All faculty and resident comments are also de-identified in the report.

Workplace Based Assessments (20%): Students are required to be assessed on a minimum of 4 different Entrustable Professional Activities (EPAs) during each clerkship and receive a minimum average of one WBAs per week for each week of patient interaction. A total of 8 WBAs are required during the Medicine clerkship.

A minimum of four of the following EPA's must be seen by the end of the Medicine Clerkship:

EPA 1: Gather a History and Perform a Physical Examination
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

The Clerkship Director may allow additional EPAs as part of the list of EPAs for this clerkship. Students are encouraged to talk to the Clerkship Director to obtain approval.

A grade of "Pass" is awarded for 20% of the grade when a student has completed:

- Minimum of 8 WBA forms submitted for an average of one per week for each week of patient interaction in the clerkship block.
- Minimum 4 different EPAs seen by end of each clerkship block.
- Minimum of 2 faculty members and 2 residents must complete WBA assessments for the learner. If no resident is present in a clinical block or rotation (e.g., rural rotations, some community clinic rotations), then only the attending assesses the learner a minimum of two times a week.

What constitutes "Fail" in WBA:

- Not meeting the minimum in one or more 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 is "all-or-none". That is, students are awarded 20% 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 clerkship grade. There is no remediation period.

NBME Shelf Exam (15%): Students Equated Percent Correct Score (raw score) will be converted into a Percentile Rank using the NBME Academic Year Norms graph, and the quarter (1-4) in which the exam was taken. The Percentile Rank may change over the course of the academic year in each quarter (e.g., a raw score that converts to a percentile of 15th in quarter 1 may fall in the 10th percentile in quarter 4 for the same raw score).

Retake exams will utilize the same method. The Equated Percent Correct Score (raw score) will be converted to the Percentile Rank for the quarter (1-4) in which the retake exam was taken.

Students must score at least in the 5th percentile to pass the shelf exam for Medicine. This is consistent with national norms for Medicine clerkships.

A student who retakes an examination because of failing on the first attempt is not eligible for a final clerkship grade of Honors or High Pass.

The shelf exam measures medical knowledge as assessed by multiple choice type questions in a clinical vignette format.

- The Shelf Examination is given at the end of the block. Students will be notified of the date, time, and location of the exam during orientation. There will be review sessions, but no practice exams or quizzes.

A student who does not pass on their first attempt at the exam can sit for a retake.

“Incomplete” to “Pass”. Generally, per policy the repeat exam can be taken only during non-academic periods. If the student fails the test after a second attempt, the student will fail the clerkship.

- The mean score is generally about 75 Equated % Correct Equivalent
- To obtain an honors grade for the course, the student will need to achieve an equated % equivalent equal to 80 or in the 65th percentile NBME Normed graph per their quarter on the shelf. This does not guarantee an Honors grade.
- To achieve a High Pass grade for the course, the student will need to achieve an equated percent in the 35th percentile NBME Normed graph per their quarter on the shelf. This does not guarantee a High Pass grade.

Shelf exams are scheduled at 8 am on the last day of the Clerkship. At this point, they are done virtually but if this changes, you will be informed.

Procedure Logs/Duty Hours/Log of Cases (2.5%): Patient log completion/Procedure logs and presentation to clerkship coordinator – 5% (This log must be completed by 5pm on the Monday following completion of the Shelf Exam.)

Professionalism Grade (5%): Professionalism accounts for 5% of your grade; it is an all or nothing component. A significant lapse and/or a pattern of lapses will result in a deduction of the full 5%. The Clerkship Director makes the final decision. It is expected that most students will receive full credit.

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 date. This includes but is not limited to the following:
 - MedLearn (Duty hours, H&P feedback, Patient Logs)
 - Surveys (e.g., MedLearn, New Innovations)
 - Written History and Physicals
 - SOAP Notes
 - Mid-Clerkship Formative Feedback Form
 - Return of books and other borrowed items
- Attend all didactics.
- Be accountable to your team members (i.e., not leaving prior to work being completed)
- Advocacy (patient, education - self-directed learning, and self-health)
- Professional behavior with colleagues, attendings, patients, and ancillary support staff
- Respond to emails in a timely manner (within 2 business days)
- Refrain from using cell phones during meetings/sessions/didactics.
- Always inform your team/preceptor of your whereabouts
- Be considerate to staff, faculty, residents, and/or patients.
- Be on time for required meetings/sessions and do not leave without permission or until dismissed.
- Sign-in for didactics or other activities when requested ONLY for yourself.
- Be punctual and comply with NBME Shelf Exam rules.
- Obtain advance permission from the Clerkship Director/Program Manager for absences from activities and/or wards; inform appropriate residents and/or attendings.

A clerkship reserves the right to assign a failing grade for the entire clerkship 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.

Final Grade Distribution:

The Department of Medicine, in keeping with the policy of the College of Medicine, will assign final grades using a cumulative, point-based system calculated with the above criteria. Final grades will be distributed using the following COM guidelines:

Honors: Top 25% of the clerkship cohort

High Pass: Next 26-50% of the clerkship cohort

The remaining cohort who did not meet the criteria for Honors or High Pass, and who met the minimum passing criteria will be awarded a grade of "Pass."

Appendix A: Medicine Subject Exam 2022-2023 Academic Year Norms

University Policies

Absence and Class Participation Policy

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 <https://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.

SUBJECT EXAMINATION PROGRAM

MEDICINE EXAMINATION

2022-2023 ACADEMIC YEAR NORMS



Equated Percent Correct (EPC) Summary Statistics

	Academic Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of Examinees	19,244	4,967	4,252	4,496	4,327
Mean	74.0	72.7	73.5	75.0	75.2
SD	8.9	8.9	9.0	8.4	8.7

Interpreting Academic Norms

- Norms are provided to aid in the interpretation of examinee performance.
- They make it possible to compare examinees' scores with the performance of a norm group.
- Norm group characteristics:
 - Examinees from LCME-accredited medical schools who took a form of this examination as an end-of-course or end-of-clerkship examination for the first time during the academic year from 8/1/2022 through 7/31/2023.

Quarterly Norms

- The percentile ranks for each quarter are defined using the school reported start date of the first rotation for this subject.
- Using the start date of the first rotation, examinees are assigned to the appropriate quarter based on the assumption that their test date would be at least four weeks later.
- For example, if a school's start date for the first rotation is March, then the performance of examinees from that school that tested in April, May or June would be represented in the first quarter.
- Since quarterly norms are based only on schools that supplied the start date of the first rotation for this subject, the number of examinees reported across quarters may not add up to the total norm group for the academic year.

Using the Table

- Locate an examinee's score in the column labeled "EPC" and note the entry in the adjacent column for the academic year or quarterly testing period of interest. This number indicates the percentage of examinees that scored at or below the examinee's equated percent correct score.

Percentile Ranks

EPC	Acad. Year	Q1	Q2	Q3	Q4
100	100	100	100	100	100
99	100	100	100	100	100
98	100	100	100	100	100
97	100	100	100	100	100
96	100	100	100	100	100
95	100	100	100	100	100
94	100	100	100	100	100
93	100	100	100	100	100
92	99	100	99	99	99
91	99	99	99	99	99
90	98	99	98	98	98
89	98	98	97	97	97
88	96	98	97	96	95
87	95	96	95	94	93
86	93	95	93	92	91
85	91	93	91	90	88
84	89	92	90	88	87
83	86	90	88	85	83
82	83	87	85	82	80
81	80	84	81	77	76
80	76	80	77	73	72
79	71	77	73	68	67
78	67	73	69	63	62
77	63	69	65	59	57
76	58	65	60	54	53
75	54	60	56	49	48
74	49	56	52	45	43
73	45	51	47	42	39
72	40	46	42	36	34
71	37	43	39	33	31
70	32	38	34	28	26
69	29	35	32	26	24
68	26	31	28	23	21
67	23	27	25	19	18
66	19	23	21	16	15
65	16	20	18	13	13
64	14	18	16	11	11
63	13	16	14	10	10
62	11	14	12	8	8
61	9	11	10	6	6
60	7	9	9	5	5
59	6	7	7	4	4
58	5	7	6	3	4
57	4	5	5	2	3
56	3	4	4	2	3
55	3	3	3	1	2
≤ 54	2	3	2	1	2