THE UNIVERSITY OF ARIZONA

SYLLABUS - EMD 845 - CLERKSHIP
Integrated Emergency Medicine & Critical Care

Course Description

This clerkship is designed to provide students with an intensive patient care experience in the emergency department as well as the intensive care unit. Students will be given an overview of the principles and concepts of the specialty of Emergency Medicine, with emphasis on the common presenting complaints and procedures in the undifferentiated patient. Additionally, students will experience how treatment in the Emergency Department affects the patient's subsequent hospitalization. Critical care concepts, such as ventilation management, hemodynamic monitoring and pressor management, critical care pharmacology, and social and behavioral concepts affecting patient management at this level will be addressed. When not working clinically (14 shifts), students will be required to attend a minimum of 2 of the Emergency Department's teaching conferences/didactic sessions, have reading assignments, and complete Aquifer cases.

Attendance is required for the first day (Orientation and SIM Lab), Mid-Clerkship evaluation and the last Friday (exam day) of the rotation. The shift schedule during the rest of the month is flexible and will be developed by the Course Coordinator 2 weeks before the rotation begins. Please contact the Course Coordinator with any requests outside the mandatory dates at least 2 weeks before your rotation begins.

Director and Contact Information

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Course Objectives

During this course students will:

CO-1   Experience EM medicine from the perspective of critical care management to patient resuscitation to staffing critically ill patients with residents and faculty.
CO-2   Experience the complexities and challenges faced in the ICU.
CO-3   Develop the skills to evaluate an undifferentiated patient.
CO-4   Interpret the results of common diagnostic procedures and tests.
CO-5   Communicate and work effectively in a multidisciplinary treatment team.

CO-6   Describe the legal and ethical issues pertinent to the care of patients in both emergency medicine and ICU settings.

CO-7   Develop skills to safeguard patients, self, and healthcare team.

CO-8   Conduct oneself professionally as a physician.

Expected Learning Outcomes

Upon completion of this course students, through clinical shifts and SAEM M3 curriculum, will be able to:

PATIENT CARE

LO-01   Obtain an accurate history and physical examination focused on key problems

LO-02   Recognize immediate life-threatening illnesses

Patient management skills:

LO-03   Develop an evaluation and treatment plan Monitor the response to therapeutic interventions

LO-04   Make proper disposition and follow-up plans for the patient

Procedural skills:

LO-05   Learn the indications and contraindications for basic procedural skills

LO-06   Perform basic procedural skills

Health promotion:

LO-07   Discuss preventable injuries and illnesses

LO-08   Educate patients and ensure comprehension of their outpatient treatment plan

MEDICAL KNOWLEDGE:

LO-09   Develop the skills to evaluate an undifferentiated patient Development of a differential diagnosis:
   a.   Hierarchy based on the initial patient presentation and acuity
   b.   Be aware of worst-case diagnoses

LO-10   Develop a diagnostic and management plan for the evaluation of the patient, based on differential diagnosis

LO-11   Interpret the results of common diagnostic procedures and tests

PRACTICE-BASED LEARNING:

LO-12   Effectively use available information technology to solve patient care problems, improve knowledge base, develop case presentations

INTERPERSONAL AND COMMUNICATION SKILLS:

Humanistic qualities:

LO-13   Effectively communicate with patients and family members

LO-14   Show compassion and a nonjudgmental approach to all patients

LO-15   Work in a collegial manner within a health care team

Presentation skills:

LO-16   Present cases in a complete, concise, and orderly pattern

LO-17   Clearly delineate primary problems and management plan

LO-18   Effectively communicate with consultants and admitting services

LO-19   Complete documentation that is accurate, well organized, and appropriate for the level of care provided

LO-20   Present critically ill patients on grand rounds in an efficient and clear manner while on required ICU shifts (5).

PROFESSIONALISM:

LO-21   Be conscientious, on time, and responsible

LO-22   Stay for entirety of the shift or session

LO-23   Exhibit honesty and integrity in patient care

LO-24   Practice ethical decision making

LO-25   Demonstrate a sense of professionalism while working closely with residents and faculty.
  a. Exercise accountability
  b. Stay for entirety of the shift or session
  c. Maintain a professional appearance
  d. Be sensitive to culture issues (age, sex, culture, disability, etc.)
  e. Work in a collegial manner with other members of the healthcare team
  f. Practice self-directed learning (i.e., reading/learning outside of scheduled clinical duties)

SYSTEM-BASED PRACTICE:
LO-26   Make appropriate referrals from the ED

LO-27   Understand the role of emergency medicine in the community, including emergency medical services

LO-28   Understand how access to care impacts patient care

The learning objectives specific to this clerkship are based on the national EM M4 curriculum, most recently updated in 2010: *Acad Emerg Med* June 2010, 17 (6):640-3. Modifications of the national curriculum have been made to highlight strengths within our institution, and to incorporate critical care learning objectives.

Course Objective Assessment Methods

Course Objectives	EPOs	Assessment Methods	Instructional Methods
CO-01 Experience EM medicine from the perspective of critical care management to patient resuscitation to staffing critically ill patients with residents and faculty	All EPOs Apply	Daily Clinical Evaluations, Aquifer Cases, NBME Shelf Exam	Case conferences, Lectures, Sim, Clinical Experiences
CO-02 Experience the complexities and challenges faced in the ICU	All EPOs Apply	Daily Clinical Evaluations, Aquifer Cases	Case conferences, Lectures, Sim, Clinical Experiences
CO-03 Develop the skills to evaluate an undifferentiated patient	All EPOs Apply	Daily Clinical Evaluations, Aquifer Cases, NBME Shelf Exam	Case conferences, Lectures, Sim, Clinical Experiences
CO-04 Interpret the results of common diagnostic procedures and tests	MK-05, MK-06, MK-08, MK-09, MK-10, MK-11	Daily Clinical Evaluations, Aquifer Cases, NBME Shelf Exam	Case conferences, Lectures, Sim, Clinical Experiences
CO-05 Communicate and work effectively in a multidisciplinary treatment team.	All EPOs Apply	Daily Clinical Evaluations, Aquifer Cases	Case conferences, Lectures, Sim, Clinical Experiences

CO-06 Describe the legal and ethical issues pertinent to the care of patients in both emergency medicine and ICU settings.	All EPOs Apply	Daily Clinical Evaluations, Aquifer Cases	Case conferences, Lectures, Sim, Clinical Experiences
CO-07 Develop skills to safeguard patients, self, and healthcare team.	All EPOs Apply	Daily Clinical Evaluations, Aquifer Cases	Case conferences, Lectures, Sim, Clinical Experiences
CO-08 Conduct oneself professionally as a physician.	All EPOs Apply	Daily Clinical Evaluations, Aquifer Cases	Case conferences, Lectures, Sim, Clinical Experiences

Assignments and Examinations: Schedule/Due Dates

Completion of all 14 clinical shifts in this rotation are mandatory. There are a limited number of "open" shifts that will serve as backup shifts if an emergency arises. If a student is unexpectedly unable to work one of their shifts, they must email the coordinator to schedule a make-up shift. If a student is unable to work an assigned shift, it is their responsibility to find another comparable shift to work within the rotation. Like shifts may be traded with other students pending the coordinator's approval. It is the student's responsibility to ensure the master schedule accurately reflects their individual schedule. EACH shift will require an End of Shift evaluation (Qualtrics) completed by a faculty member or resident. During shifts students will need to request 4 WBAs (EPAs 2, 5, 7 and 9), additional information below.

Our expectation is that students will arrive on time and stay until the end of the shift. Students cannot leave shifts early. If a student is experiencing a slow shift, students are advised to use the time ask questions to the residents, attendings or faculty regarding the learning environment, review common ED procedures, or work on their Aquifer Cases, work on AMBOSS (or other program) NBME Style exam questions, read/study, etc.

Orientation – REQUIRED
Students are expected to attend the REQUIRED Orientation on the first day of the rotation. Students unable to attend will need to reschedule the rotation.

SIM Lab, Splinting Lab and FAST Lab - REQUIRED
Students are expected to attend the REQUIRED SIM Lab, Splinting Lab and FAST Lab on the first day of the rotation. Students unable to attend will need to reschedule the rotation.

Clinical shifts (9)
Students will work a total of 9 ED shifts in the month. These shifts will include weekends and night shifts. Attendance of the clinical shifts for this rotation is mandatory. EACH shift will require an End of Shift evaluation (Qualtrics) completed by a faculty member or resident.

Critical Care shifts (5)
Students will work a total of 5 ICU shifts in the month. During the ICU experience, students will attend and participate within grand rounds. This experience is mandatory in its entirety. On critical care patients or others in

the ICU, students will work through ventilator management, sepsis management, pediatric emergencies, hemodynamic monitoring and management, and social/psychological issues in the ICU. EACH shift will require an End of Shift evaluation (Qualtrics) completed by a faculty member or resident.

Lectures/Didactics/Online self-directed learning
The required lecture/didactics series for this course is **available online in MedLearn**. In addition to face-to-face teaching time on shifts, students will have the opportunity to perform self-directed learning in core Emergency Medicine topics. Students will find PowerPoint presentations and other self-directed modules on emergency medicine topics such as evaluation of headache, ob/gyn emergencies, and dermatologic emergencies. Students are required to review these presentations during their month in the ED—many of the topics will be found on the end-of-rotation exam.   The required lecture/didactics names are:

- VIDEO (40 min.): Pain Management and Opiate Addiction in the ED with Dr. Barbosa (1)
- VIDEO (45 min.): EM Pharmacy Medicine Lecture with Dr. Jarrel
- VIDEO (35 min.): Chest Pain Lecture with Dr. Iserson
- VIDEO (15 min.): EKG - Intro (Freedman, Wallace, Gluck)
- VIDEO (20 min.): Pain Management and Opiate Addiction in the ED with Dr. Shihab (2)
- VIDEO (35 min.): Mechanical Ventilator Management Lecture with Dr. Leetch
- VIDEO (30 min.): EKG "Fast and Slow Rhythms." with Drs. Freedman, Wallace, Gluck
- VIDEO (40 min.): Pain Management and Opiate Addiction in the ED with Dr. Mullett (3)
- VIDEO (55 min.): Advanced Trauma Life Support Lecture with Dr. Karra
- VIDEO (60 min.): Altered Mental Status Lecture with Dr. Bendall
- VIDEO (20 min.): EKG "Syncope, Peds, Misc." With Drs. Freedman, Wallace, Gluck
- VIDEO (35 Min.): Pain Management and Opiate Addiction in the ED with Dr. Bradshaw (4)
- VIDEO (60 min.): OBGYN Lecture with Dr. Arcaris
- VIDEO (60 min.): Abdominal Pain Lecture with Dr. Leetch
- VIDEO (20 min.): EKG "Ischemia & Infractions." with Drs. Freedman, Wallace, Gluck

In addition to watching the recorded videos, student should review the SAEM Curriculum online. The M3 and MS4 curriculum came out of a need to provide a framework for a consistent experience for students rotating through Emergency Medicine during their third year. The focus of this curriculum is the exposure of the student to core EM concepts. This material is meant to both supplement and be independent of the M4 curriculum, with certain topics geared towards the M3 student. The curriculum is divided into the MUST-SHOULD-CAN framework, with the goal of covering the MUST content as core clerkship material, regardless of type of student experience. The SHOULD and CAN material can be covered based on the resources and time available for each clerkship. The background for the curriculum, the full set of objectives divided into the MUST-SHOULD-CAN framework, and the guide for implementation of a third-year EM medical student curriculum are seen within the link below.
MS3 LINK: https://www.saem.org/about-saem/academies-interest-groups-affiliates2/cdem/for-students/online-education/m3-curriculum
MS4 LINK: https://www.saem.org/about-saem/academies-interest-groups-affiliates2/cdem/for-students/online-education/m4-curriculum

Emergency Medicine Residents' Teaching Conferences/Didactics
These lectures are excellent and a very valuable way for students to learn more about advanced topics in Emergency Medicine. The expectation is that students attend a minimum of 2 teaching conferences/didactics during the clerkship rotation.   Weekly emails will be sent to identify topics to the students rotating by the clerkship coordinator/manager. If students are scheduled for a shift on a Tuesday or Thursday, please attend your scheduled shift instead of attending conferences/didactics. Topics will vary in each rotation.

- University Tucson Campus Emergency Medicine resident conferences are held in room 5403 of the Arizona Health Sciences Center on Tuesday mornings from 8 am to noon.

- The South Campus Emergency Medicine resident conferences are held on the 2nd floor of the Abrams Building Room 2102 (3950 S Country Club Rd, Tucson, AZ 85714) from 8 am to noon on Thursday mornings.

NBME Shelf Exam
On the last day of the rotation, students will take the NBME shelf exam. Attendance is mandatory and there will be no reschedules. See below for additional information on NBME Final Exam.

MedLearn REQUIRED Logbook
Students are required to enter patient encounters into the MedLearn logbook. See listing within the Required Patient Encounters and Clinical Experiences table below.

Student Feedback Surveys
A final requirement for completion of this course is the completion of the course evaluation within New Innovations. Student will provide feedback on the Clerkship, the Clerkship sites and Clerkship instruction. Grades will not be released to the student until completion. **We hope to make this one of the best possible rotations available to fourth-year medical students, and student input is important in making that happen!**

Required Patient/Clinical Conditions

LOGBOOK: REQUIRED EM-CC Patient Encounters and Clinical Experiences				
Type of Patient/Clinical Condition	**Clinical Setting**	**Procedures/Skills**	**Level of Student Responsibility**	**Altern Exp**
Altered Mental Status	ER or ICU		Perform	Yes: Educational Reading and Handout
Orthopedic Injuries / Splinting	ER or ICU		Perform	Yes: Perform in SIMS Lab on mannequin
Abdominal Pain	ER or ICU		Perform	No
Cardiac Distress	ER or ICU		Assist	No
Respiratory Distress	ER or ICU		Assist	Yes: Observe in SIMS Lab on mannequin
Imaging/Sonography in Trauma	ER or ICU		Assist	No
	ER or ICU	**History and Physical Exam:** Then discuss differential diagnosis, present case, understand diagnostic workup, evaluate and treat patient, including ordering labs and pharmacology. All with guidance from team members.	Perform	No

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).

Patient Encounters, Clinical Experiences and Documenting Duty Hours

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 their UA NetID and password at: medlearn.medicine.arizona.edu.

Duty Hours: Due to the fact all students are scheduled for ten 9-hour shifts, and five days in the ICU, there should be no way to violate the duty hour policy for this rotation, therefore students are NOT required to log duty hours.

Per COM Policy, duty hours are only to be logged by students if they go over the standard hours. All Duty hours must be adhered to as per COM policies. If a student believes that they are at risk of violating duty hours, it is the student's responsibility to immediately report this to the Clerkship Coordinator and/or Clerkship Director.

Patient Log: Students must login daily to record their required patient encounters and skills as described above. All the required patient logs must be logged in by the end of the rotation.

Procedure Logs: Students must login daily to record their required procedures. All the required logs must be logged in by the end of the rotation.

If a student is unable to see a required patient encounter or required clinical experience, the Course Director will assign an alternative experience. Students are to request an alternative experience in MedLearn and notify the Director or Coordinator of the request via email. Students are ONLY to log alternative experiences in MedLearn, if it is approved by the Course Director.

MedDocs Link for Student Instructions: https://meddocs.medicine.arizona.edu/MedLearn/

Course Resources and Practical Tips

Electronic Health Record
A wealth of information about patients is contained in the electronic health record. The patient's name, chief complaint, room number, nurse, physician (attending, resident, and student), and notes about the patient's condition and evaluation are entered. Additionally, admitted patients' rows will contain information about the admitting service, assigned room, and whether admission orders have been written. All the staff pay close attention to what is written here. Placing orders and medical documentation within the electronic health record will facilitate patient care.

All new patients are entered into the electronic health record system and can be seen on Launch point. It is up to

students to watch the board for patients who have not been seen by a physician. Before you sign up for a new patient, check with the resident with whom you are working. They are responsible for all patients that you see and may not be able to safely see another patient at that time.

Staff

The ED staff consists of seasoned professionals, some of whom have been providing care for patients for decades. If students treat the staff with respect, they will find them uniformly eager to teach and just as eager to learn as the students are. Get to know them—they can be an asset in both caring for patients and in professional development. They will be helping you perfect bedside procedural skills such as IV placement, foley catheter and NG-tube insertion, and phlebotomy.

Registered Nurse (RN)

To work in the ED, a nurse must already have a significant amount of experience and expertise. Many have advanced training and are very accomplished with patient care. Listen to their advice and input. At any given time, a senior member of the nursing staff is assigned to be the charge nurse. The charge nurse is responsible for patient placement and flow of patients in the department. They also function as a resource for the nursing staff for the many unusual occurrences in the ED. The remainder of the nursing staff are assigned to specific geographic areas. Any staff member will be happy to help students with STAT or urgent orders.

Paramedic

As with the other ED staff, paramedics chosen to work in the ED have many years of experience. They can perform any of the skills and dispense any medications that they would ordinarily provide in a prehospital setting. They have experience in airway management, fracture stabilization, and spine immobilization that may be of great help to you in the department.

Patient Care Technician (PCT)

Patient Care Techs assist the nurse in patient care. They provide much of the hands-on care patients require and are trained in phlebotomy and performing EKGs.

New patients

When students arrive in the Emergency Department, they must find the senior resident or attending they are paired with and introduce themselves. During this rotation, students are expected to independently interview and examine patients, present them to the senior resident and/or attending, and manage them as they progress through their ED visit. Be cognizant of waiting times and workflow. ***Students should not pick up new patients within an hour of the end of their shift.***

Charting

The ED chart is a critical tool that provides information for continuity of care, will serve as the memory of patient care in the courtroom, and is the basis for charges assigned to the patient. Medical student notes are billable and discoverable in the "emergency room report" format. This format should be used at least once per shift (can be more if your teaching physician is amenable), and only when your history and physical exam were observed and repeated by a teaching physician (resident or attending). For all other patient encounters in which the student's history and physical exam was not observed and repeated by a teaching physician, please use the "medical student report notes" template in Cerner.

Students are required to **complete their charts before they leave the department**. **Do not use anyone else's sign on, as this makes it appear as if the note is theirs and constitutes fraud.**

Procedures

Medical students may perform procedures within these parameters: first, a resident and attending must agree that the proposed procedure is appropriate to your level of training and must be present during the procedure. It is not possible to bill for procedures performed by a medical student. The attending must be willing to forgo the opportunity to bill for this procedure.

Practical tips for students:

- Talk with your resident before the shift to learn specifics on how they would like to incorporate you into the flow of patient care. Have a differential diagnosis and management plan worked out *before* presenting your patient
- Look at X-rays and EKGs and evaluate them yourself before discussing with your resident or attending
- Check on labs frequently, write them on your own chart and show your resident (be prepared to have the results interpreted)
- Trauma patients and major resuscitations sometimes require multiple procedures at the sometime. Each member of the team has a job. Ask your resident before the patient arrives what job you should perform. If you do not have an active role in the resuscitation, put your heels against the wall. Don't be discouraged if you are asked to leave if the crowd becomes too big. We must always balance your education with providing good care for our patients.
- Don't worry about how many patients you are seeing or how many other residents are seeing.
- Your job is to learn emergency medicine not to be the fastest medical student.
- Learn a lot and have fun!

Mid-Clerkship Formative Feedback

At roughly halfway through their rotation, students are required to meet with the Clerkship Director for mid-month feedback. At this time, progress regarding patient encounters, critical care experience, and end-of-shift evaluations will be reviewed. 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. This meeting is intended to address your progress towards completing course objectives and give you an indication of how you are doing on your End of Shift Evaluations. If opportunity areas are identified, discussion with a student will take place and an improvement plan will be made to help with the remaining portion of their rotation to be successful.

Grading Scale and Policies

Emergency Medicine Grading Breakdown:

University of Arizona / COM Students	
14 Clinical Evaluations (Qualtrics)	50%
4 WBA Evaluations	20%
NBME Shelf Exam (Minimum is 66 for Passing)	15%
Aquifer Cases	10%
Professionalism	5%
Total	100%

All aspects of this rotation, including lecture/didactic activities, ED shifts, and critical care time are mandatory and will

impact the student's final grade. The final grade will be calculated based on your performance per the grading scale breakdown above. As per the Grading & Progression policy, students failing on any competency, fail the Clerkship.

The Final Grade Distribution, 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. Section D. Grading in Clerkships, 5b. The composite clerkship grade of "Honors" is awarded to students with composite grades in the top 25% of all student scores. "High Pass" will be awarded to those students whose score falls in the top 26-50% and meets one of the following conditions:

- Excelled in either the exam or the clinical grade but not both, or
- Who is outstanding in all areas and is close to an Honors score but does not achieve it.

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."

Grading and Progression Policy:
https://medicine.arizona.edu/internal-resources/student-affairs/policies-and-forms/grading-and-progression-policy-all-phases

Clinical Shift Evaluations/Clinical Grade (50%)
Cumulatively, the student's grade will be based on the overall mean from the Qualtrics End of Shift Clinical Evaluations totaling 50% of the grade. Students will provide an evaluation from each shift to a faculty member or resident that they worked with through Qualtrics.   A total of 14 end of shift evaluations are required for this portion of the grading.

Missing a submittal of an end of shift evaluation will result in a 7% deduction from the students' overall final grade.
 When a student works their entire shift but does not provide the end of shift evaluation link to the resident, attending or faculty that they worked with a 7% deduction from the students' overall final grade will be given for each missing evaluation.

Workplace-Based Assessments (20%): Total of 4 WBA submittals are required by each student. Students are required to be assessed on a minimum of the 4 different core EPAs during each clerkship and receive a minimum average of one WBA per week of patient interaction. Students must independently solicit their weekly WBAs from their evaluators either by presenting them with their WBA QR code or by emailing their individual Qualtrics link to the evaluator. The clerkship has identified the required EPAs to be 2, 5, 7, and 9 as being core EPAs for the clerkship. 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.
WBAs are graded per the Grading and Progression Policy.

REQUIRED Entrustable Professional Activities (EPA)
- EPA 2: Prioritize a differential diagnosis following a clinical encounter.
- EPA 5: Document a clinical encounter in the patient record.
- EPA 7: Form clinical questions and retrieve evidence to advance patient.
- EPA 9: Collaborate as a member of an interprofessional team.

A student is awarded 20% of the overall grade when a student has completed:
- A Minimum WBA average of one per week for each week of patient interaction in the clerkship block.
- A Minimum of 4 different Entrustable Professional Activities (EPAs) seen by end of each clerkship block. Each clerkship director sets the specific EPAs, and this must be documented and communicated to faculty and

students. The EM-CC Clerkship requires EPA numbers 2, 5, 7 and 9.
- A 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 average of once per 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 as per the COM Grading and Progression policy. There is no remediation period.**

NBME Shelf Exam (15%): The Equated Percent Correct Score (raw score) will be converted into a Percentile Rank using the NBME Academic Year Norms graph which is updated annually. Emergency Medicine grading guidelines for a passing score are based off of the NBME Subject Examination Program report. **The minimum passing score for the final exam is set at 66.** Retake exams will utilize the same method.

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.

A student who scores below the pass threshold (see chart) on the exam will be allowed to take the test one additional time to achieve a success pass of the NBME Exam. The repeat exam can be taken only during non-academic periods per EPC policy. If the student fails the exam on the second attempt, the student will fail the clerkship in accordance with the COM EPC policy and be required to take the clerkship rotation again.

Aquifer Cases (10%): During your rotation, students will complete Aquifer Cases. The types of cases include Diagnostic Excellence, Internal Medicine, Radiology, High Value Healthcare, Pediatrics and will be equivalent to 10% of the overall rotation grade. The Aquifer Cases are due on the last day of your rotation.

Professionalism (5%): The below Attributes of Professional Behavior describe behaviors that medical students are expected to develop during the course of their education, both in the classroom and in the community in which the educational mission operates. This document serves to promulgate these attributes to faculty, residents, students, staff, and community preceptors of the University of Arizona as explicit recognition of the shared responsibility for creating an appropriate environment for learning these attributes of professional behavior.

The Attributes are consistent with existing University of Arizona and Arizona Board of Regents (ABOR)policies, as well as established policies implemented in undergraduate medical education, graduate medical education, residency programs, Arizona Health Sciences Center departments, and clinical settings. In orientation, we present these top 10 professionalism attributes and tips. Policy Link: https://medicine.arizona.edu/internal-resources/professionalism

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 Professionalism throughout the

clerkships.

Students are expected to:
- **Complete credentialing paperwork and site-specific requirements such as, but not limited to, fingerprinting and drug screening, by the stated deadline.**
- **Reach full compliancy in My Clinical Exchange (Green thumbs up) TWO weeks prior to the rotation start date.**
- **Complete assignments by the due date. This includes, but is not limited to the following: MedLearn entries (Duty hours, H&P feedback, Patient Logs); Complete Surveys (New Innovations, Qualtrics); Complete Written History and Physicals; Write SOAP Notes, etc.**
- **Attend Mid-Clerkship Formative Feedback meeting and return the signed form**
- **Respond to emails in a timely manner (within 1 business day)**

- **Refrain from using smartphones during meetings/sessions/didactics**
- **Be considerate to staff, faculty, residents, patients, and other learners**
- **Be punctual for required all shifts, stay for your entire shift, and do not leave shifts without permission or until dismissed**
- **Obtain advance permission from the clerkship director/coordinator for absences from activities and/or wards; inform appropriate residents and/or attendings**
- **Comply with all NBME Shelf Exam rules**
- **Complete all/any of the required end of rotation evaluations in New Innovations and Qualtrics**
- **Attend 2 Seminars/Didactics/Core Lectures/Grand Rounds during the rotation. Sign in for didactics or other activities when requested, ONLY for yourself.**

Attributes for Professionalism:
- Communicate in a manner that is effective and that promotes understanding, inclusion, and respect for individuals' diverse characteristics.
- Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research, and patient care including advances in medicine.
- Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, cultural background, gender, disability, social and economic status, sexual orientation, or other unique personal characteristics.
- Strive for excellence and quality of care in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing one's own limitations.
- Uphold and be respectful of the privacy of others.
- Consistently display compassion, humility, integrity, and honesty as a role model to others.
- Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability.
- Maintain a professional appearance and demeanor and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.
- Promote wellbeing and self-care for patients, colleagues, and oneself.
- Be responsive to the needs of the patients and society that supersedes self-interest.

COMMUNICATION: Communicate in a manner that is effective and promotes understanding, inclusion, and respect for individuals' diverse characteristics.

ETHICAL & LEGAL UNDERSTANDING: Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research, and patient care including advances in medicine.

HUMANISM & CULTURAL COMPETENCE: Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, cultural background, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.

KNOWLEDGE: Demonstrates understanding of basic sciences (biological and social sciences) and application to patient care, including skill in critical thinking and problem-solving.
The pillars represent the behavioral application and practice of professionalism, which rely on the foundations underneath the pillars.

EXCELLENCE: Strive for excellence and quality of care in all activities and continuously seeking to improve knowledge and skills through lifelong learning while recognizing one's own limitations.

ACCOUNTABILITY: Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability. Maintain a professional appearance and demeanor and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.

RESPECT: Uphold and be respectful of the privacy of others. Consistently display compassion, humility, integrity, and honesty as a role model to others.

ALTRUISM: Promote well-being and self-care for patients, colleagues, and oneself. Be responsive to the needs of the patients and society that supersedes self-interest.

See Mistreatment definitions. The course director has 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, as per the Grading & Progression policy.

All educational activities for this rotation are mandatory, including the first day of orientation. Students are expected to attend orientation and SIM Lab on the first day of the rotation. If a student is unable to attend, they will need to reschedule their clerkship rotation. In addition, students will be assigned 14 shifts, these shifts will take place at the Tucson, and South Campuses. The schedule of shifts has been carefully created to provide students a mix of weekday/weekend; day/swing/night shifts and locations. Once the master schedule is finalized, students are responsible for attending all assigned clinical shifts. Changes to the schedule may be made but MUST be coordinated through the Clerkship Coordinator/Manager and must have a record of the shift swap so that they can update the master schedule.

In the case of illness, students should not work if their illness poses a threat to patients or if the student is physically incapacitated. In such circumstances, students are expected to seek medical evaluation and must contact the clerkship coordinator (by phone or by email).   Any missed shifts will have to be made up within the rotation or within the next rotation.

For other unexpected and excusable reasons for absence see the College of Medicine – Tucson absence policy here. Students are expected to notify the clerkship director or clerkship coordinator as soon as they know they will not be able to attend. Any missed shifts will have to be made up within the rotation or within the next rotation.

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 athttp://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; seehttps://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.

Edited 3/20/2024