Class of 2027

Clerkship Student Manual

THE UNIVERSITY OF ARIZONA
College of Medicine
Tucson

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About the College of Medicine – Tucson

The University of Arizona College of Medicine – Tucson provides state-of-the-art programs of medical education, groundbreaking research opportunities, and leading-edge patient care. Founded on the campus of the University of Arizona in 1967 as the state's only MD degree- granting college and a resource for the people of Arizona, today the UA College of Medicine ranks among the top medical schools in the nation for research and primary care. From an initial class of just 32 students, the UA College of Medicine today has graduated more than 4,000 physicians. College of Medicine students, faculty, staff, and alumni today continues more than 50 years of service in advancing medical care and knowledge in Arizona—and around the world.

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Clerkship Phase Expectations and College of Medicine - Tucson Educational Program Objectives

The MD Program at the College of Medicine is designed to train highly skilled physicians dedicated to improving patient care and advancing the state of medical knowledge.

The clerkship phase of study is defined as the 12-months of eight core clerkship courses: Ambulatory Medicine, Family and Community Medicine, Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery. The Intersessions I & II and Transition to Clerkship courses are also included in this phase of the curriculum. The Clerkship Phase includes clinical site participation at sites throughout the community and rural Arizona. The learning during this phase is comprised of the comprehensive and longitudinal care of patients in a clinical setting, as well as interactive learning sessions and simulation activities. Students are challenged in six educational competencies central to the practice of medicine: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice and population health. These Educational Program Objectives can be found in their entirety on the COM-T website.

The clerkship experiences at the University of Arizona College of Medicine -Tucson campus are intended to expand your breadth of knowledge of medicine based on the foundation of your pre-clerkship training at our institution. The clerkships are full-time learning experiences and Curricular Affairs works closely with each department to identify, recruit, and maintain a wide array of sites that offer a range of individualized learning experiences around a core set of goals and specific patient encounters.

Learning experiences are unique to everyone, and it is important to understand the learning process can and does occur through many avenues. Both passive (i.e., observing and/or shadowing) and active learning (i.e., hands- on) serve the educational mission and provide you with the necessary skills to become a safe and effective future physician. At any given site, we have a diverse array of learners, including residents; therefore, hands on participation is often not possible. While it is unlikely that you will actually perform a laparoscopic appendectomy or deliver a baby by yourself, learning is occurring while holding the laparoscopic camera and by observing the birth process. Your expectations of the clerkships need to be realistic considering the learning environment and the presence of other learners.

Remember, much can be gained by a positive attitude, a desire to learn, and focused observation.

Clerkship Organization and Requirements

Clerkship Directors and Coordinators Contact Information

The clerkship directory can be found by clicking here.

Clerkship Syllabi

Please refer to MedLearn for each clerkship's syllabus. The syllabus outlines expectations for each clerkship and includes course objectives, learning outcomes, didactic topics and required clinical patient type/condition/procedures and skills.

Sites

Our Clerkships rotate to various sites throughout the community and in rural areas of Arizona. The sites for each individual clerkship rotation may vary depending on the availability of the preceptor and slots available per rotation. Please reference Student Assignments to Instructional Sites or contact the Clerkship Coordinator directly for site selection procedures or additional site information and availability prior to beginning your rotation.

In the event you are assigned to a site with faculty who is or has been a personal healthcare provider for you, this is a conflict of interest. If this occurs, as soon as the site assignment is known, you and/or your site faculty must inform the clerkship coordinator and director of the conflict to allow ample time for site re-assignment.

Attendance Requirements

All clerkship experiences are mandatory including NBME Shelf Exams, Clerkship OSCE, Transition to Clerkships, and Intersessions I & II. Any absence must be recorded in MedLearn a minimum of 30 days prior to the anticipated absence. Excused absences will be remediated as deemed appropriate by the Clerkship Director. When encountering issues recording absences in MedLearn, submit a "Give Feedback" form to have your issue addressed by the MedLearn team. For additional information on Attendance Requirements, please see the:

- Attendance and Absence Policy
- Leave of Absence Policy

Medical Student Duty Hours

The Duty Hour Policy is created to parallel Accreditation Council for Graduate Medical Education (ACGME) standards, with the understanding that medical students are supervised in all patient care activities and do not make independent patient care decisions. As a result, the Duty Hour Policy for medical students follows ACGME stipulations for a PGY 2 resident and will support maximum educational benefit for students. Students are required to document duty hours in MedLearn and adhere to the Medical Student Duty Hours Policy for all clerkship rotations.

Formative and Summative Assessment

Mid-Clerkship Formative Feedback

A mid-clerkship assessment for each student is required. The mid-clerkship assessment will be completed by the Clerkship Director, Site Director, or a designated faculty member at the student's primary clinical site using the College of Medicine – Tucson Mid-Clerkship Assessment Form. This form includes performance criteria, as well as a portion for narrative comments. The student's mid-clerkship performance must be reviewed in a one-on-one meeting with a Clinical Site Director or designee, and the student and Clinical Site Director or designee must sign the Mid-Clerkship Assessment Form as an acknowledgement of the assessment. The timing of the mid-clerkship assessment is during a specific window of dates as specified by policy and LCME, but generally is expected to be at the mid-point of each clerkship rotation.

Assessment of Student Performance

Faculty and resident assessment of student performance will be collected via New Innovations, an online medical education management system. The system is used by the clerkships to collect data on (1) faculty assessment of student performance, (2) student feedback on instruction, (3) student feedback on sites, and (4) student feedback on clerkships. Assessment data contributes to the determination of student grades and feedback provides information on the effectiveness of instruction, educational experiences at sites, and the clerkships as a whole.

Faculty and residents with whom you have worked will be requested to complete the Assessment of Student Performance in New Innovations through a schedule matching system based on student rotations and dates of service that are the same as each of the faculty and residents. An email will be automatically sent by the system to evaluators as evaluations become available as well as periodic reminders thereafter until completed. If there are questions about how evaluations are matched to faculty and residents, students should discuss the process with the Clerkship Coordinator.

For your access to New Innovations, your Net ID serves as your username and password:

Institution login:	University of Arizona - UA (CAPS)
Username:	Assigned net ID (CASE SENSITIVE)
Password:	Net ID Single Sign On password

URL: https://www.new-innov.com/UA/login.aspx

Student Assessment of Clerkship, Site and Instruction

Students must complete program evaluation surveys for each assigned site within a clerkship, the clerkship rotation as well as evaluations of attendings and residents in New Innovations. **Clerkship grades will be withheld unless surveys are completed within two weeks of the clerkship's end date**.

Student feedback data is reported by Curricular Affairs to the clerkship directors in aggregate in the form of a composite, de-identified report twice per academic year in January and July. All student comments are also de-identified in the report.

If you have any questions, please consult with the Clerkship Coordinator, or email the Clinical Education team in Curricular Affairs at clerkshipadmin@arizona.edu

An Introduction to Workplace Based Assessment (WBA)

WBA is a reliable, valid form of assessment in use in medical education for over ten years. WBAs are used to provide regular assessments of student progress across Entrustable Professional Activities (EPAs). The transparency in student progress in clerkship, the autonomy provided to the student in seeking their own assessments and feedback, reduction in bias in grading, and alignment with our school's competency-based education philosophy were all reasons approved at TCCS and TEPC committees to adopt WBAs for clerkship.

Below are short videos outlining the WBA process:

Introduction
https://arizona.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=189e983e-dd20-4c74-85e2-accc00ff8cda

Entrustment Scale
https://arizona.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=efb984bb-6054-4208-9a18-accc00ff9323

Feedback Habits
https://arizona.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=e7008d3e-53b5-43db-acf3-accc00ff986a

Acting on Feedback
https://arizona.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=28914dfe-5566-4ba0-b342-accc00ff9d35

Getting Ready for WBA in Clerkships

Where to Store your QR Code and URL for WBA

Saving your QR code:
1. Save or flag the email so you can refer to it throughout your clerkship phase.

2. Take a screen shot of your QR code and save it in your 'Favorites' photo album or any other easily accessible location on your phone (e.g., text it to yourself, save it as a document in your files, save it in your notes, etc.)
3. Print your QR code and attach it to the back of your badge or insert it in your badge holder.

Saving your URL:
1. Save or flag the email so you can refer to it throughout your clerkship phase.
2. Copy and paste the link to your notes on your phone or computer so that you can easily find it to be able to send it to the faculty.
3. Save it as a bookmark on your desktop or phone web browser. Follow the instructions online at: https://www.howtogeek.com/196087/how-to-add-websites-to-the-home-screen-on-any-smartphone-or-tablet/

Preparing To Receive Feedback

A key part of being a successful learner is being able to receive feedback. In preparing for growth this year – and throughout your career – there are three skills:
1. Deliberate practice. Deliberate practice is pinpointing something specific to improve and getting feedback on it. Watch this 3- minute video from Dr. Angela Duckworth, who explains how deliberate practice works: https://www.youtube.com/watch?v=5itYr20uUtk
2. Growth mindset. Feedback is only effective if you can receive it and integrate it. Learn more about growth mindset in this 3-min orientation video: https://www.youtube.com/watch?v=_qlCa4LIabg
3. The third key step is grit. Grit is to persevere and be passionate over time; it is a quality of endurance over time. Your ability to stay engaged in your growth over time matters in clerkship – and throughout your career. Learn more about Grit from Dr. Angela Duckworth (6 mins): https://www.youtube.com/watch?v=H14bBuluwB8

How to Ask Faculty and Residents to complete a WBA

Asking for feedback is a natural part of our professional days, and a key tool in our professional growth. Acknowledging that there is a power differential between students and faculty, fellows, or residents, several resources will be shared during the Transition to Clerkship block.

Getting Familiar with the EPAs

What are EPAs?

Entrustable Professional Activities (EPA) were published by the AAMC in 2014 as the activities all medical students should be able to perform upon entering residency, regardless of their future career specialty. EPAs provide a practical approach to assessing competence in real-world settings and impact both learners and patients.

For more information, visit https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme/core-epas

Which EPAs will students be assessed on?
Throughout the Clerkship Phase, students will be assessed on 8 different EPAs which are listed below.

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
EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility
EPA 9: Collaborate as a Member of an Interprofessional Team

Each clerkship has agreed to assess students on a minimum of 4 different EPAs. It is important that students are aware of the EPAs that correspond to each clerkship so that they can meet the assessment requirements. The table below outlines the EPAs that will be assessed in each clerkship.

Table 1. EPAs by Clerkship

	AMB	EMCC	FCM	NEURO	MED	PEDS	PSYCH	OB/GYN	SURG
EPA 1	X		X	X	X	X	X	X	X
EPA 2	X	X	X	X	X	X	X	X	
EPA 3	X		X	X	X	X		X	
EPA 5	X	X	X	X	X	X	X	X	X
EPA 6	X		X	X	X	X	X	X	X
EPA 7	X	X	X		X		X		
EPA 8									X
EPA 9		X				X	X		

WBA EPA Requirements

Students are required to be assessed on a minimum of 4 different EPAs during each clerkship. Students should only be assessed on the EPAs selected for that clerkship which is shown in Table 1. Failure to meet these WBA EPA requirements for a clerkship will result in receiving a grade of 0 and failing the clerkship.

How to Complete WBA

1. Ask "Can you please assess me on (insert name of presentation, task or procedure)?"

2. Show your QR code and/or email the URL to your unique assessment form to the attending or resident assessing you.
   a. If you show the QR code, the attending or resident uses the photo function to scan the QR code. Your unique assessment form will appear on their web browser

3. Confirm the attending or resident has the form loaded on their device.

The following assessment is for:

Student photo

Wilma Wildcat

Please proceed if the information above is correct.

Student name

4. Confirm that the picture and student name on the survey is correct.

Together with the student, please select the EPA-based skill to be assessed: (This form includes only EPAs 1-3, and 5-9.)

○ 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

○ EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility

○ EPA 9: Collaborate as a Member of an Interprofessional Team

5. Tell the attending or resident which EPA you want to be assessed on. The EPA list is available on the form.

6. Complete the presentation, task, or procedure

7. Ask the attending or resident to complete their assessment.

   a. They may use speech-to-text to enter in comments.

Related to the EPA being assessed:

What is the student doing well?

(These comments may be used in the student's summative evaluation/MSPE)

Please be specific and try to limit your comments to 1 or 2 sentences. You may use speech-to-text to complete this question.

Other than reading more, what are the specific next steps the student should work on to improve their skill set?

(These comments are private and will not be used in the student's summative evaluation/MSPE)

Please be specific and try to limit your comments to 1 or 2 sentences. You may use speech-to-text to complete this question.

My email address is:

Email

8. Before selecting 'Submit', the attending or resident needs to enter in their name and identification number.

I am a:

○ Faculty

○ Resident

○ Preceptor faculty at community site

○ Fellow

9. Once submitted, a confirmation email goes to the attending or resident who completed the assessment. If you have falsely filled in a WBA, the attending and resident will be alerted, as will the Office of Curricular Affairs.
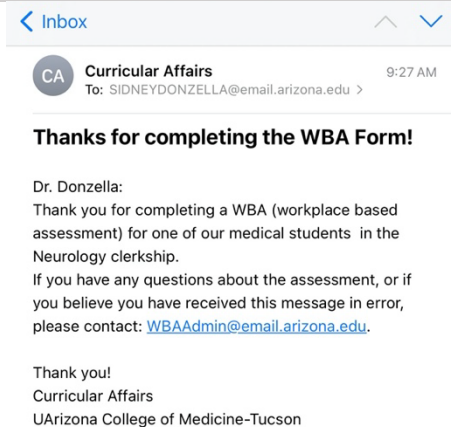
10. After the rater submits the WBA, your dashboard will be updated in 24 hours. Check your dashboard often to keep track of your progress in each clerkship.
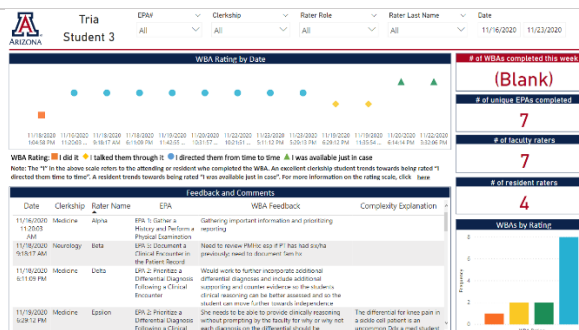
If you encounter issues obtaining WBAs, please contact your clerkship coordinator and/or director, the Clinical Education Team (wbaadmin@arizona.edu).

Grading for WBA

A grade of "pass" is awarded for 20% of the grade when a student has completed:
- A minimum of an average of one completed WBA form 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.
- A minimum of 2 faculty members and 2 residents must complete WBA assessments for the learner where possible. 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.
Students can and are encouraged to obtain more than the required minimum number of WBAs.

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 <u>not</u> 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.

Accessing your WBA dashboard

Each student will have a personal, secure WBA dashboard. Clerkship directors and coordinators will have a summative dashboard, showing all students within their specific clerkship. Curricular Affairs staff have a summative dashboard showing all students in all clerkships.

Students can access their personal WBA dashboard at any time. To access the dashboard, go to https://bids.medicine.arizona.edu/. Click the "Med Reports" dropdown on the top and select "For Students." From there, students should be able to click on "WBA Clerkship – Students" and select "Access the Reports." Note, dashboards only update when a WBA is submitted, and dashboards are only updated one time a day. WBAs will likely not appear on dashboards the day they are submitted by the preceptor. If a WBA does not appear the day after it was submitted, please let the clerkship coordinator know.
If you encounter issues, please email WBAAdmin@email.arizona.edu

Orientation to the WBA dashboard

The dashboard provides a summary of the key information needed to ascertain if you are meeting the minimum requirements for the WBA part of your grade, as well as the ability to see your progress over time.

A sample dashboard with fake student data is below:
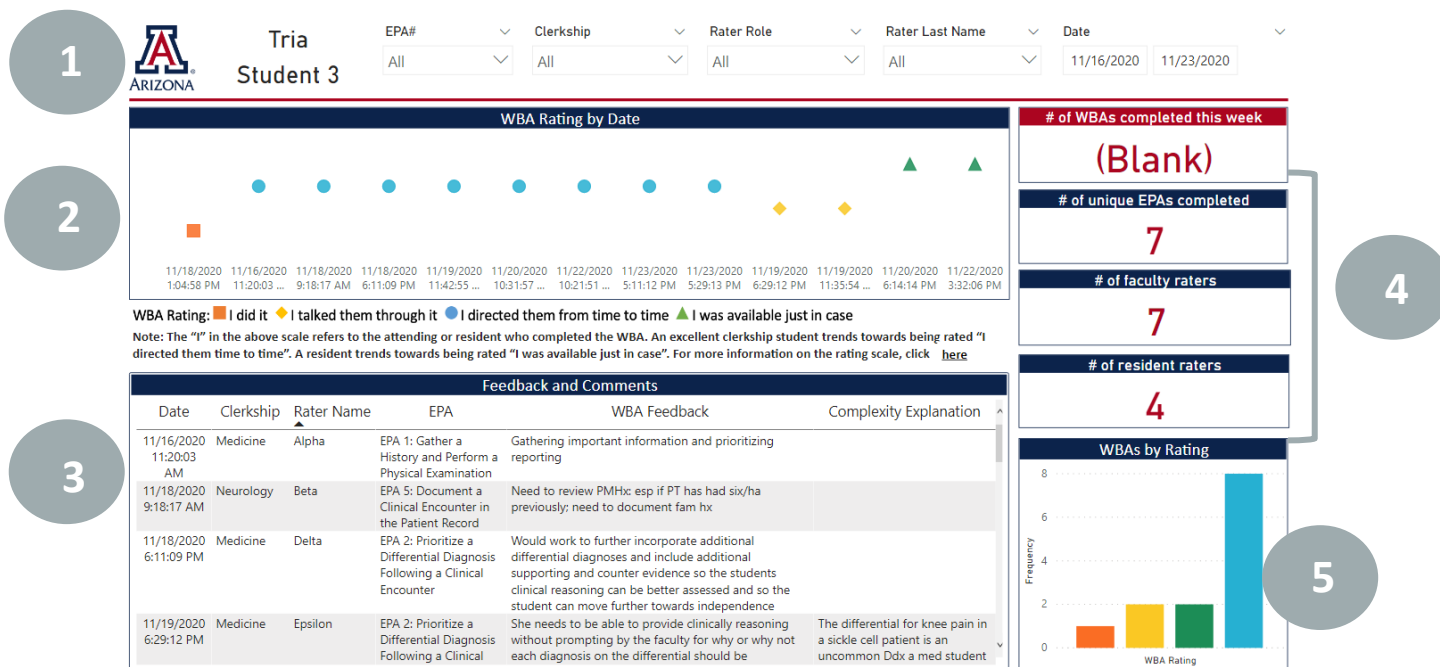
Dashboard Features:
Section 1: Filters. Click on the drop-down arrow to select, which filtered data to display. To remove the filter, click on the selected item again. You can apply multiple filters at once to create a more precise review of the data.

Section 2: <u>Summary of Progress to Date</u>. This section shows your WBA scores by date, so you can see how you are improving over time. You can filter by date, to see how you are doing at midpoint and final in each clerkship, as well as across the clerkship year.

Section 3: <u>Feedback and Comments</u>. The comments entered by the attending or resident on each WBA can be searched, reviewed, and filtered.

Section 4: <u>Summary of Progress</u>. This panel provides a quick overview of the minimum metrics you must meet to pass the clerkship. You can filter by date to see how you are doing at the midpoint, and at the end of the clerkship.

Section 5: <u>Summary of Ratings to Date</u>. This graph provides an overview of how entrustable you are becoming across all EPAs. It will shift over time to reflect your growing entrustment.

WBAs and the Mid-Clerkship Formative Feedback Form

How to complete the mid-point feedback form for each clerkship

In addition to the traditional Mid-Clerkship Formative Feedback Form, questions related to the WBAs have been added.

Students are required to have their dashboard loaded on a device (phone, tablet, laptop, etc.) and to filter their dashboard to correspond to the appropriate clerkship. Students will show their dashboard to the evaluator so that they can accurately complete this section of the form. If the student is concerned about experiencing technical difficulties when presenting the dashboard, they can provide screenshots of the dashboard within 24 hours prior to the meeting and present the still image.

A sample of the WBA-related questions on the Mid-Clerkship Formative Feedback Form is provided below:

Workplace-based assessment: Check-In
Is the student meeting the minimum requirements of:
   At least 1 WBA submitted per week, for each week so far in the rotation? ___ Yes ___ No
   On track to be assessed on at least 4 different EPAs seen by the end of the rotation: ___ Yes ___ No
   On track to be assessed by at least 2 faculty and 2 residents by the end of the rotation: ___ Yes ___ No
Written Comments: *What clinical progress/growth is noted in the student's WBAs to date?*

Frequently Asked Questions

How will I know how I'm doing on achieving the minimum requirements?
The dashboard is always available to you to search and review progress to date.
 Midpoint clerkship meetings should focus on if you are meeting the minimum requirements and discuss a plan on how to achieve the requirements.

Do WBAs need to be completed in the first week of a clerkship block?
For clerkships starting with a week of orientation, simulation or other activities, students are <u>not responsible</u> for WBAs that week, though they may choose to use simulation events as a way of practicing asking for feedback using the WBA form. That is, the average of 1 WBA per week applies only to the number of weeks focused on patient encounters.

Can I complete WBAs all in one week or in a shortened time in the patient interaction weeks?

No. The point of WBAs is to continually seek feedback and show growth over time. Students, therefore, need to be collecting WBAs across each week of clinical interaction within a clerkship block.

What if I miss one WBA in a week? Can I make it up?
There are no formal WBAs labelled "make up" WBAs. As per policy, students must complete an *average* of 1 WBA for each week of patient interaction throughout each clerkship. Additionally, as a key reason for WBAs is showing a growth in your abilities over time, students need to be collecting WBAs across each week of clinical interaction within a clerkship block.

Can I make up WBAs after a clerkship block has finished?
Students cannot make up WBAs after the clerkship has finished. "Extra" WBAs completed in one clerkship cannot roll over to another clerkship. Failure to meet the minimum requirement of 1 per week of patient encounters within the clerkship block will result in a grade of 0.

What if I don't complete the minimum required WBAs, EPAs, or a variety of assessors?
As per policy, students would receive a grade of 0 for this part of the clerkship grade.

Who do I contact if I need help with the WBA form or dashboard?
Please email WBAAdmin@email.arizona.edu with any technical issues regarding the WBA form or dashboards.

Grading Criteria

The grade in a clerkship is based on a student's performance in the six competencies. The final grade is a composite grade, using a formula designed by each clerkship director, the common assessment form, test scores, and other evaluation tools. The composite clerkship grade is divided into four categories: Honors, High Pass, Pass, or Fail (H, HP, P, F). The grading rubric for each clerkship is as follows:

CLERKSHIP	GRADING RUBRIC	
Ambulatory Medicine (Graded P/F)	Clinical Assessment	50%
	Workplace Based Assessment	20%
	Preparedness and Proactiveness	5%
	Advocacy	5%
	Professionalism	20%
Family & Community	Please refer to clerkship syllabus for more information on grading.	
Medicine	Clinical Assessment	50%
	Workplace Based Assessment	20%
	NBME Shelf Exam	15%
	Graded H & P	2.5%
	Palliative Care (SP Experience)	5%
	Procedure Logs/Duty Hours/Log of Cases	2.5%
	Professionalism	5%
Neurology	Clinical Assessment	50%
	Workplace Based Assessment	20%
	NBME Shelf Exam	15%
	OSCE	10%
	Professionalism	5%
OB-GYN	Clinical Assessment	50%
	Workplace Based Assessment	20%
	NBME Shelf Exam	15%
	H & P	5%
	OSCE	5%
	Professionalism	5%

Pediatrics	Clinical Assessment	50%
	Workplace Based Assessment	20%
	NBME Shelf Exam	15%
	Student Attending	10%
	Professionalism	5%
Psychiatry	Clinical Assessment	50%
	Workplace Based Assessment	20%
	NBME Shelf Exam	15%
	OSCE	10%
	Professionalism	5%
Surgery	Clinical Assessment	50%
	Workplace Based Assessment	20%
	NBME Shelf Exam	15%
	OSCE	10%
	Professionalism	5%

Professionalism accounts for 5% of the student's overall grade. A significant lapse and/or a pattern of lapses will result in a deduction. The Clerkship Director has full authority to determine the final professionalism grade, including deducting full or partial credit. In addition, lapses in professionalism may be reflected in the student's summative evaluation and Medical Student Performance Evaluation (MSPE).

The following list, while not exhaustive, should help clarify what is included in the Professionalism grade throughout the clerkships. In addition, students are expected to follow the College of Medicine – Tucson policies for Professionalism and Integrity.

Students will:

- Complete credentialing paperwork and site-specific requirements such as, but not limited to, fingerprinting and drug screening, by the stated deadline. Credentialing Policy can be accessed here.
- Complete assignments by their due date. This includes, but is not limited to, the following:
  - MedLearn (Duty hours, H&P feedback, Patient Logs)
  - Surveys (e.g., New Innovations)
  - Logged Observed History and Physicals
  - Mid-Clerkship form
  - Return of books and other borrowed items
- 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 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/Coordinator for absences from activities and/or wards per policy; 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.

NBME Shelf Exam

All clerkships except for Ambulatory Medicine administer the NBME Shelf Exam on the last day of each rotation to all students. The Clerkship Coordinator will notify students regarding the time to report and testing location. **Each student will take the electronic NBME shelf exam with their personal laptop.** The time allotted for the exam is 2 hours and 45 minutes.   For students required to retake a failed Shelf Exam, please see the Grading and Progression Policies in the **Grading In Clerkships** section.

Shelf Exam scores and individual NBME score reports are emailed directly from NBME to students no later than Wednesday following the exam. Passing norms for each clerkship are different and based on national norms. Please refer to each clerkship's syllabus for more information.

The score report emailed from NBME include the student's Equated Percent Correct (EPC) score. Students must use this score to determine their percentile. Instructions for how to determine the percentile are emailed by the clerkship coordinator.

Academic Participation Requirements

COM Requirements for Student Participation in Clerkship Phase

1. **Basic Life Support (BLS):** A valid Basic Life Support course completion card is required for student participation in the Clerkship Phase. This requirement must be completed prior or during Transition to Clerkships. Certification is valid for two years. Proof of certification must be submitted to the Student Affairs office and kept in the student record.
2. **Mask Fit Testing:** Prior to beginning the Transition to Clerkship course, students must have been fitted for respirators that fit tightly to their face in accordance with OSHA protection standards. The University of Arizona CUP Program administers the UA Respiratory Protection Program. Proof of certification must be submitted to the Student Affairs office and kept in the student's record.
3. **Observed History and Physical:** Students are required to be observed at least once per clerkship taking a medical history (partial or complete) and performing a physical exam (partial or complete). Students must document this observation in MedLearn. Under the H&P tab on your home page, enter the date of the observation, the name of the observer, and whether the observer was a faculty/preceptor or resident. It is necessary to document only one observation per clerkship.

Student Health & Safety

The safety and security of our students is of utmost importance. Students should review all relevant safety, emergency contact information, hospital codes, evacuation plans, security policies, and procedures at assigned locations. Emergency contact information for the student and for the facility where they are assigned should be distributed to each party and maintained in a previously identified location. For additional information and policies related to student health and safety, please visit the [College of Medicine – Tucson Student Policies](#), Student Safety and Security section.

Active Shooter/Armed Individual on UA Campus

When an active shooter is in your vicinity, quickly determine the most reasonable way to protect your own life. Students, employees and visitors are likely to follow the directions of instructors, supervisors and administrators during an active shooter situation. See [Active Shooter/Armed Individual](#) link for more information.

- Run
- Hide
- Fight

For away rotations, please identify and follow site procedures

Student Occupational Exposure

In the event a student is exposed (i.e. needle stick, inhalation, mucus membrane or skin exposure, or percutaneously to infectious agents and/or hazardous materials including blood/body fluids) while engaged in a university-sponsored educational program, the student must seek and obtain prompt medical attention, including counseling, prophylactic drug treatment, and baseline and follow- up laboratory values, as necessary. See [Student Occupational Exposure Policy](#)

Urgent/Emergent Health Care Services

If a student participating in a preceptorship or a rural health professions placement located outside Tucson or Phoenix requires urgent or emergency health service, their preceptors will refer the student to another member of the practice or another physician who can competently care for the student and

who is not involved in the academic assessment or promotion of the medical students. The preceptor will retain the authority to countermand this provision if the student requires more immediate attention than would be possible through a referral for care. The preceptor will assure that the medical student is directed to services in a timely manner. In the event of any emergency related to the student from the University of Arizona College of Medicine - Tucson, the Student Affairs office should also be contacted:

Tucson
Office of Student Affairs
Dr. Richard Amini, Associate Dean of Student Affairs
Contact number **520-626-6216**

Disability Resources

The University of Arizona is committed to inclusion and accessibility. The Disability Resource Center (DRC) is the campus department designated by the University to determine and provide access to university classes, programs, and activities for disabled individuals on main campus, Banner University Medical Center – Tucson, Banner University Medical Center - South, College of Medicine – Phoenix, and UA Online. Through an interactive process, DRC facilitates access either through determination of a reasonable accommodation or by redesigning aspects of a university experience. The processes are designed to be convenient for students.

Accessibility and Accommodations
It is the University's goal that learning experiences be as accessible as possible. If you anticipate or experience physical or academic barriers based on disability or pregnancy, please let the Clerkship Coordinator know immediately. You are also welcome to contact Disability Resource (520-621-3268) to establish reasonable accommodations.

Disability Resource Center
1224 E. Lowell St.
Tucson, AZ 85721
disability@arizona.edu

Please note, implementing accommodations can take several days to weeks, depending on the request. It is the student's responsibility to timely seek accommodations and the student must allow adequate time for the interactive process. Accommodations may not be available on short notice and testing will not be delayed for pending requests. Accommodations will not be granted retroactively.

Disability Insurance
The College of Medicine has secured a group disability insurance plan through Guardian for all medical students. This plan is both comprehensive and affordable and does not require any pre-issuance testing or medical examinations.

Credentialing Requirements

Medical Students must complete the mandated credentialing documentation that is required by each of our clinical partner institutions and provide the required documents. Each clinical affiliate may have additional paperwork and/or specific to their site. The Clerkship Coordinator will work with you to be sure all appropriate documentation is completed and submitted prior to any on-site experiences. The full Credentialing Policy can be accessed here.

The College of Medicine – Tucson has collaborated with myClinicalExchange to house required documents that are designed to allow medical students to electronically submit important paperwork to

the College of Medicine – Tucson and clinical partner institutions.

MedLearn

During the clerkship phase, students use MedLearn to log duty hours, required clinical patient encounters and alternative experience submissions.

Duty/Shift Hours Entry
Students may be required to log their on-shift and off-shift hours in certain rotations to maintain compliance with program requirements.

Logbook Case Entries
To ensure timely progress, students are advised to update their logbook with required cases on a weekly basis. This practice is crucial for staying on track for completion prior to the mid-clerkship feedback session.

Alternate Experience Submissions
Should a student be unable to complete a required logbook case, they have the option to request an alternate experience, as outlined in the course syllabus. These requests must be submitted for approval to the course coordinator.

Entering in Duty Hours:

- Click the **"Clerkship"** tab from the navigation menu
- Choose **"Duty Hours"** from the dropdown options
- Press the **"Log Hours"** button to add duty hours
- Choose the "**Hour Type**"
- Fill in the shift date, start time and shift length
- Click submit to finalize the entry

Note: You are only able to enter and edit entries for the duration of the rotation.

Entering Logbook Entries:

- Select the **"Clerkship"** tab from the navigation menu
- Choose **"Logbook"** from the options
- Click the **green "Log Entry" button**
- Use the **"Rotation" dropdown** to pick your current course.
- From the **"Clinical Tasks" dropdown**, select or search for the task you need to log.
- Fill in all fields marked with red asterisks (*required fields*).
- Click **"Save"** to submit your entry.

After submission, you'll be directed to a page displaying all your previous entries and a tracking of your requirements.
The **completion percentage** is shown at the bottom of the page and is interactive for more details.
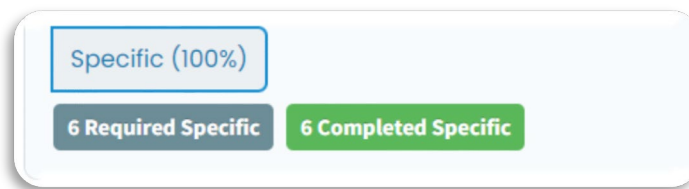
Submitting an Alternative Experience Requests
- Click the green "**New Request**" button
- Select your course from the **dropdown list**
- Click the **Case/Procedure dropdown** and select the requirement for which you are requesting an exception
- Enter the **Site** and the **Alternative experience**.
- Provide a written explanation in the designated field.
- Click **"Submit"** to send the request

After submission you are taken to a list of your prior submissions, where you can also see the course coordinator approval status.

For more information on how to use MedLearn and other College of Medicine – Tucson educational applications, please visit MedDocs for Students by clicking here.

Required Clinical Patient Encounters and Educational Applications

While enrolled in each clerkship, students are required to experience and document several required clinical patient encounters/conditions in MedLearn. A list of required clinical patient encounters/conditions can be found in each clerkship's syllabus. It is the student's responsibility to review this list for each clerkship and ensure compliance by the end of each clerkship rotation.

Alternative Experience

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

Please refer to each clerkship's syllabus for more information on alternative experiences.

Duty Hours

This policy describes how to schedule and document medical student duty hours. Rules are designed to protect patient and student health, and to comply with the latest standards defined by the Accreditation Council for Graduate Medical Education (ACGME). The policy can be accessed by clicking here.

Student Data Entry Policy

This policy outlines expectations for students logging duty hours, required clinical conditions/patient encounters (experience logbooks), alternative experiences, and History and Physical Exams (H&Ps) for each clerkship in MedLearn.

Zoom Etiquette for Curricular Sessions

Zoom may be used for remote curriculum delivery in the clerkship phase of the MD program. This guide has been assembled to share expectations and tips for successful participation while using Zoom.

Arriving at your Zoom session
Log-in to the Zoom application on your laptop for the best functionality. It is best to download the Zoom Client.

Display your full name in Zoom, rather than an alias. For example, "Mike Martinez" is fine but "#1MedStudent Smith" doesn't help your colleagues address you appropriately. This is the equivalent of wearing a name tag in person.

Plan to arrive to each Zoom session 5 minutes prior to the session.

Body language and presentation
As is the case with in-person meetings and presentations, eye contact in video calls can be a very important factor. In a formal context, such as a presentation or providing patient care, speak while looking at camera lens, to simulate looking at your audience; this increases your presence and authority, as well as building trust and engagement with your peers and facilitators. **For the duration of the Zoom session, students must have their camera turned on, unless otherwise instructed by the course director/instructor.**

Remember you can encourage and respond to your colleagues non-verbally with nodding and smiling. When attending a synchronous lecture, Speaker View is recommended to focus attention on the lecturer and maximize content on screen.

Camera positioning, microphone testing, and internet connections
Ensure your camera is elevated to give straight-on perspective during your call. Adjust the camera positioning and check before starting the call to ensure you are framed properly; center yourself in frame horizontally and position your eyes within the top third of the screen. Obtain a high-quality web camera if you are using a desktop. For laptops, the built-in camera should be adequate.

If possible, use a headset. This will greatly reduce the chance for audio feedback and improve your voice quality for those who are communicating with you. Headsets that connect via USB are the best choice. Test your microphone and video settings beforehand to ensure that all technical aspects are working properly, you are set up correctly, and you are visually prepared to participate in the Zoom.

When possible, connect to the Internet with a physical cable connection, not Wi-Fi. This will give you much greater speed and service. A laptop or desktop is preferred over a Smartphone or tablet. Anticipate unexpected outcomes, such as physical or technical interruptions, with patience.

If you are having video refresh issues, you should consider turning off *Enable HD* in your video settings. If that does not help, with permission, you can turn off your video. This is not ideal for your participation in the Zoom meeting, so you should continue to engage using audio and chat, as appropriate.

Lighting & backgrounds
Position the camera so that you are facing a light source. A light source behind you (backlighting) will prevent your colleagues from seeing your expression since your face will not be visible. The best lighting is natural light, though direct sunlight may cause your eye strain or the appearance of overexposed video; if no natural light is available, use a lamp. You may have to rearrange furniture to get the best setup for Zoom.

Make sure you are aware of your surroundings when enabling your video. Bright lights and movement or other distractions may detract from others' ability to concentrate on the topic at hand.
Select a plain, uncluttered background. If you do not have access to a location that would provide a plain background, then we suggest using a virtual background. Please note that virtual backgrounds can cause visual pixelation, and video distortion if you move around as you participate. Select a virtual background that is not distracting to your colleagues. If you have trouble with your video, you may need to disable virtual backgrounds because they do need a lot of CPU power.

Discussion and questions
While in the Zoom meeting, keep your audio muted unless you are speaking. This keeps noise distraction to a minimum. Pressing and holding the space bar is a quick way to unmute your audio. You will be muted again when you release the space bar. Please note that this quick method will not work if you are typing in the chat.

For large groups or lecture sessions, please check the method of question collection. The lecturer may pause and ask for questions over audio, or you may be asked to submit questions over chat to be collected by a moderator and shared with the lecturer.

Chat is a useful feature in Zoom. Professional communication is expected in the chat. Please keep chat conversations on topic as a sign of respect for your faculty and classmates. Your moderators can see all chats, even private messages to other students.

In addition to chat, there are reaction buttons (thumbs up and clapping) that can be used in informal situations.

Other tips
Remove any distractions you can before you start or join a video call, including the following:
- Silence personal devices
- Set up in a quiet location
- Use ethernet cable instead of Wi-Fi for a stable experience. The UA Health Sciences Library is open, and students may book rooms to attend using UACOM-T Wi-Fi use 630 AM-midnight, Monday to Friday. There are also hotspots around campus.
- Don't check email/phone/web while on Zoom meeting, as other participants can easily tell when you are distracted.

Avoid participating outside. Wind and background noise may muffle your voice or prevent others from being heard.

Minimize the number of programs running while using Zoom. Close all unnecessary applications during your call to maximize processing power to be used on the quality of your Zoom session. Ideally, this would be Zoom and the program where you take notes, like OneNote.

Academic Policies and Institutional Resources

Alcohol and Substance Use/Abuse

[The University of Arizona Statement on Drug Free Schools and Campuses:](#) Under Federal legislation entitled the Drug Free Workplace Act of 1988, and the Drug Free Schools and Communities Act of 1989, no institution of higher education shall be eligible to receive funds or any other form of financial assistance under any federal program, including participation in any federally funded or guaranteed student loan program, unless it has adopted and implemented a program to prevent the use of illicit drugs and abuse of alcohol by students and employees.

Indian Health Service (IHS) Drug Regulations for Clinical Sites

Housing on tribal lands is subject to federal law in addition to tribal law. Federal law prohibits the sale and use of alcohol on tribal lands; it also prohibits the possession of any alcoholic beverage, including, but not limited to beer, wine, and spirits. While students are at an IHS site, they are expected to be respectful guests and abide by these laws. Alcohol is not allowed and failure to comply could result in arrest and citation by tribal officers, as well as disciplinary action by the University.

The only exception to this law is when the tribal body and state have legally authorized the use, possession, and sale of alcohol. If you have any questions or concerns, contact your Clerkship Coordinator.

Note: While Arizona has instituted a cannabis program, this substance is prohibited at most IHS sites and tribal reservations.

[University of Arizona Statement on Drug Free Campus](#)

Tohono O'odam	[Alcohol - Chapter 12](#) [Marijuana -Chapter 13: Section 13.6](#)
Hopi Code	[Chapter 15: §3.15.1](#) [Alcohol – 3.15](#) [Marijuana – 3.15](#)
Navajo Code	[Alcohol and Marijuana §119](#)
Apache Code	[Alcohol - Health & Safety Code Section 11.1](#) [Marijuana - Criminal Code - Section 2.56](#)

Professionalism and Integrity

There are numerous policies that define and outline best practices of professionalism. The College of Medicine has established a comprehensive policy for the community, titled [Policy Regarding Professionalism and Reporting Misconduct for Faculty and Learners](#). This comprehensive document provides information regarding the definition of professionalism and related policies.

The [Professional Conduct Comment Form](#) provides a process for faculty, residents, fellows, medical students, and staff to comment upon either **exemplary professional behavior OR lapses in professional behavior** demonstrated by faculty, residents, fellows, medical students, or staff in the learning environment at the University of Arizona College of Medicine. For additional information and policies related to professionalism,

please visit the College of Medicine – Tucson Student Policies, Professionalism and Integrity section.

For additional guidelines and information see the Mistreatment Guidelines and the Office of Institutional Equity.

Informed Consent Regarding Pelvic Examination: SB 1027

According to TITLE 32, CHAPTER 32, ARTICLE 1, of the ARIZONA REVISED STATUTES, it is an act of unprofessional conduct for anyone to perform or supervise an individual who performs a pelvic examination on an anesthetized or unconscious patient without first obtaining the patient's informed consent to the pelvic examination, unless the performance of the pelvic examination either:
1. Is within the scope of the surgical procedure or diagnostic examination to be performed on the patient for which informed consent has otherwise been obtained.
2. In the case of an unconscious patient, is required for diagnostic purposes and is medically necessary.

Library

The Health Sciences Library is open to UAHS affiliates with an active Cat Card. Find resources for medical students, reserve books, reserve study rooms, and e-books. To enjoy the library resources, students must log in with their UA NetID and password for full access. Start your library search by clicking here, type in a keyword, then click on "Sign-In" and continue to sign-in using your UA NetID credentials.

Clerkship specific library resources can be accessed be clicking here.

Student Development

The Office of Student Success aim is to support all students in meeting their academic potential through the delivery of evidence-based academic support services and resources. We work in collaboration with departments, units, and offices across the college to empower students to develop a life-long learner mindset in pursuit of academic excellence. The Office of Student Development offers the following services: peer tutoring, individualized study plans, learning specialists, USMLE Step 1 and 2 exam preparation, NBME practice exams for Step 1, Step 1 retakes, block exam reviews, block remediation assistance, workshops/presentations, and subject-specific exam preparation. To make an appointment with the Office of Student Development, please contact your learning specialist. Contact information can be found by clicking here.

COMhelp

COMHelp is COM-T's communication web portal for all your IT needs. COMHelp will support all services provided by our team, such as email, iPad applications, MedLearn, ExamSoft, Oasis, and UAccess.

Cerner

Please contact the Banner Health IT Help Desk at 602-747-4444, Option 1 if you experience issues logging into/accessing Cerner.

Parking and Transportation Services

The Department of Parking and Transportation Services provides creative solutions for campus access and promotes alternative transportation for faculty, staff, students, and visitors at the University of Arizona.

Visit the website to find out more information on parking permits and visitor parking.

Ombudsman

The Ombudsman provides a mechanism for medical students, residents, and fellows to seek advice and guidance from a neutral, third-party physician who is not involved in medical student, resident, or fellow evaluation and/or advancement. The Ombudsman will be available to serve as a sounding board for learners to voice any concerns regarding acts of unprofessional behavior (abuse, mistreatment, indiscretions, etc.) on the part of any constituents of Banner - University Medicine (faculty, staff, other learners). The Ombudsman can only provide guidance and advice to the individuals seeking assistance so that they feel supported in the decision they choose to make regarding the issue. The Ombudsman is not empowered to change a decision or intervene on an individual's behalf. The Ombudsman offers confidential process; information is only shared with permission. The only exception to confidentiality occurs when we believe that disclosure is necessary to address an imminent risk of serious harm.

Ombudsman: William Adamas-Rappaport, MD, wdr@arizona.edu

Policies and Procedures

Attendance and Absence
Attendance and Absence Policy
Commitment to Underserved People Program Attendance Policy
Leave of Absence Policy
Medical Student Duty Hours Policy

Grading and Progression
Effects of Infectious and/or Environmental Disease or Disability on Medical Student Learning Activities Policy
Grade Appeals Policy
Grading and Progression Policy
Honor Code Policy and Committee Procedures and Process for Dismissal
Student Appeals Committee Procedures
Student Progress Committee Procedures and Process for Dismissal
Teacher-Learner Compact
Technical Standards for Medical Students

Graduation Requirements
Curriculum & Enrollment Policies
Policy on Curricular Change

Professionalism and Integrity
Access, Community & Belonging - Statement
Attributes of Professional Behavior
Credentialing Policy
Code of Academic Integrity
Fingerprinting and Background Checks
Interactions with Industry/Conflict of Interest
Mistreatment Guidelines
Non-Discrimination and Anti-Harassment Policy
Office of Institutional Equity
Professional Conduct Comment Form
Professional Conduct Policy
Professionalism Policies Overview
Protected Health Information and HIPAA Policy
Social Media Guidelines for Individuals
Student Code of Conduct
Student Disciplinary Procedures
Student Dress Code
Student Preferred Name and Pronouns Policy
Student Progress Committee Procedures and Process for Dismissal
Student Use of Electronic Medical Record Policy
Student Use of University-Sponsored Educational Material

Student Safety and Security
Active Shooter/Armed Individual
Gross Anatomy Lab Rules and Regulations
International Travel Policy

Subject Name

Class of ----

Rotation: Location

Evaluation Dates

Evaluated by: **Evaluator Name**

Class of ----

Class of 2027 - Assessment of Student Performance in_____Clerkship

1 **CONFLICT OF INTEREST OPT-OUT: I am unable to assess this student's performance due to a conflict of interest (e.g., I have a personal association with the student/family; I have provided health care for the student; I am the student's Society mentor.)**

○ Yes, A Conflict of Interest Exists No

○ **How long did you work with this student?**

> Curricular Affairs Specific Questions

○ Less than 1 day 1-

○ 3 days

○ 4-7 days (half-week to 1 week)

○ 2 weeks

○ 3 weeks

○ 4 weeks or more

> MEDICAL KNOWLEDGE

3 **Demonstrates the ability to apply knowledge to specific clinical situations.**

Far Below Expectations - NEVER applies basic science or clinical knowledge to clinical situations.	Below Expectations - INCONSISTENTLY applies basic science or clinical knowledge to clinical situations.	Meets Expectations - GENERALLY applies basic science and clinical knowledge to clinical situations.	Above Expectations - OFTEN applies basic science and clinical knowledge to clinical situations.	Far Above Expectations - CONSISTENTLY applies basic science and clinical knowledge to clinical situations.	N/A
○	○	○	○	○	○

4 **Demonstrates an understanding of psychosocial influences on illness and treatment.**

Far Below Expectations - NEVER understands or recognizes the importance of psychosocial influences in discussing individual patient care.	Below Expectations - INCONSISTENTLY understands or recognizes the importance of psychosocial influences in discussing individual patient care.	Meets Expectations - GENERALLY understands or recognizes the importance of psychosocial influences in discussing individual patient care.	Above Expectations - OFTEN understands or recognizes the importance of psychosocial influences in discussing individual patient care.	Far Above Expectations - CONSISTENTLY understands or recognizes the importance of psychosocial influences in discussing individual patient care.	N/A
○	○	○	○	○	○

5 Demonstrates critical thinking and clinical decision making.

Far Below Expectations - NEVER uses critical thinking and clinical decision making skills. Inconsistent and varied in their thought processes on how to approach the care of patients.	Below Expectations - INCONSISTENTLY uses critical thinking and clinical decision making skills. Inconsistent and/or varied in their thought processes on how to approach the care of patients.	Meets Expectations - GENERALLY uses critical thinking and clinical decision making skills. Inconsistent and/or varied in their thought processes on how to approach the care of patients.	Above Expectations - OFTEN uses critical thinking and clinical decision making skills. Has a HIGH level of comfort in thinking through how to approach the care of patients.	Far Above Expectations - CONSISTENTLY uses critical thinking and clinical decision making skills. Has an ADVANCED level of comfort in thinking through how to approach the care of patients.	N/A
○	○	○	○	○	○

6 Exhibits an appropriate fund of knowledge and an understanding of basic pathophysiological processes.

Far Below Expectations - NEVER understands basic pathophysiogical processes. Lacks in an appropriate level of fund of knowledge.	Below Expectations - INCONSISTENTLY understands basic pathophysiogical processes. At times, lacks in an appropriate level of fund of knowledge.	Meets Expectations - GENERALLY understands basic pathophysiological processes. Can apply an appropriate level of fund of knowledge to clinical situations.	Above Expectations - OFTEN understands basic pathophysiological processes. Has STRONG fund of knowledge to apply to clinical situations.	Far Above Expectations - CONSISTENTLY understands basic pathophysiological processes. Has VERY STRONG fund of knowledge to apply to clinical situations.	N/A
○	○	○	○	○	○

PATIENT CARE

7 Conducts accurate history & physical exams (EPA 1).

Far Below Expectations - NEVER includes important findings from H&P and organization or cohesiveness is lacking in H&P.	Below Expectations - INCONSISTENTLY includes important findings from H&P, and/or organization or cohesiveness is lacking in H&P.	Meets Expectations - GENERALLY includes important findings from H&P. The H&P is generally organized and cohesive.	Above Expectations - OFTEN includes important findings from H&P. The H&P is generally organized and cohesive.	Far Above Expectations - CONSISTENTLY includes important findings from H&P. The H&P is generally very organized and cohesive.	N/A
○	○	○	○	○	○

8 Develops an appropriate differential diagnosis list following a clinical encounter (EPA 2).

Far Below Expectations - NEVER gathers or synthesizes data to inform an acceptable differential diagnosis list. Lacks MAJOR basic medical knowledge to reason through and create multiple differential diagnoses.	Below Expectations - INCONSISTENTLY gathers or synthesizes data to inform an acceptable differential diagnosis list. Lacks SOME basic medical knowledge to reason through and create multiple differential diagnoses.	Meets Expectations - GENERALLY gathers or synthesizes data to inform an ACCEPTABLE differential diagnosis list. Has ADEQUATE medical knowledge to reason through and create multiple differential diagnoses.	Above Expectations - OFTEN gathers or synthesizes data to inform a GOOD differential diagnosis list. Has a GOOD level of medical knowledge to reason effectively and create multiple differential diagnoses.	Far Above Expectations - CONSISTENTLY gathers or synthesizes data to inform a STRONG differential diagnosis list. Has a STRONG level of medical knowledge to reason effectively and create multiple differential diagnoses.	N/A
○	○	○	○	○	○

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9 Appropriately documents a clinical encounter in the patient record (EPA 5).

Far Below Expectations - The student's documentation of the clinical encounter in the patient record is NEVER completed and/or is disorganized.	Below Expectations - The student's documentation of the clinical encounter in the patient record are INCONSISTENTLY completed and/or is disorganized.	Meets Expectations - The student's documentation of the clinical encounter in the patient record are GENERALLY completed and/or is organized. Organizes written notes that are sufficient and clearly convey progress of patient and development of problem. (For example, note follows SOAP/ problem-oriented format).	Above Expectations - The student's documentation of the clinical encounter is OFTEN completed and/or is organized, only OCCASIONALLY needs editing/revisions.	Far Above Expectations - The student's documentation of the clinical encounter is OUTSTANDING, completed and is organized, and DO NOT need editing/revisions.	N/A
○	○	○	○	○	○

10 Recommends common diagnostic and screening tests (EPA 3).

Far Below Expectations - NEVER able to explain the basic principles behind standard tests that were performed on assigned patients. NEVER able to explain or misinterprets findings from standard tests.	Below Expectations - INCONSISTENTLY able to explain the basic principles behind standard tests that were performed on assigned patients. INCONSISTENTLY able to explain or misinterprets findings from standard tests.	Meets Expectations - GENERALLY able to explain the basic principles behind standard tests that were performed on assigned patients. Also able to explain or interpret findings from standard tests.	Above Expectations - OFTEN able to explain the basic principles behind standard tests that were performed on assigned patients. Is able to explain the relative value of a test compared to alternatives.	Far Above Expectations - CONSISTENTLY able to explain the basic principles behind standard tests that were performed on assigned patients. Is able to explain the relative value of a test compared to alternatives. The student initiates ADVANCED conversation about additional tests that would be appropriate.	N/A
○	○	○	○	○	○

11 Recognizes when a patient needs urgent/emergent care and can initiate evaluation and management (EPA 10).

Far Below Expectations - NEVER able to recognize when a patient needs urgent/emergent care. NEVER develops or recommends appropriate or safe treatment or management plan.	Below Expectations - INCONSISTENTLY able to recognize when a patient needs urgent/emergent care. INCONSISTENTLY develops or recommends appropriate or safe treatment or management plan.	Meets Expectations - GENERALLY knows when a patient needs urgent/emergent care and can articulate basic considerations of treatment or management plan after initial work up. (Treatment plan includes examples such as next steps for monitoring patient, therapeutics to start now, and follow-up or care).	Above Expectations - OFTEN recognizes quickly when a patient needs urgent/emergent care. Provides a plan for follow-up tests, treatment and continued care of the patient.	Far Above Expectations - CONSISTENTLY recognizes quickly when a patient needs urgent/emergent care. Provides comprehensive and ADVANCED plan for follow-up tests, treatment and continued care of the patient.	N/A
○	○	○	○	○	○

12 **Provides an appropriate oral presentation of a clinical encounter (EPA 6).**

Far Below Expectations - The student's presentations of the clinical encounter are NEVER complete and/or disorganized during one-on-one, rounds, team meetings.	Below Expectations - The student's presentations of the clinical encounter are INCONSISTENTLY complete and/or disorganized during one-on-one, rounds, team meetings.	Meets Expectations - GENERALLY, the student's presentations of the clinical encounter are complete and organized. Provides sufficient and organized presentation of patient findings during one-on-one, rounds, team meeting, etc.	Above Expectations - OFTEN, The student's presentations of the clinical encounter are WELL-DONE, accurate and complete and only OCCASIONALLY needs editing/revisions.	Far Above Expectations - CONSISTENTLY, the student's presentations of the clinical encounter are OUTSTANDING, accurate and complete and DOES NOT need editing/revisions.	N/A
◯	◯	◯	◯	◯	◯

INTERPERSONAL & COMMUNICATION SKILLS

13 **Demonstrates effective listening skills.**

Far Below Expectations - NEVER asks patient and family if they have questions. Becomes distracted or inpatient when patient or family asks questions. Dismisses patient or families when they raise concerns.	Below Expectations - INCONSISTENTLY asks patient and family if they have questions. Becomes distracted or inpatient when patient or family asks questions and/or asks patient or family to repeat themselves. Dismisses patient or families when they raise concerns.	Meets Expectations - GENERALLY encourages open-ended questions and addresses questions from patient/family. Listens to other patient presentations by colleagues and residents, attendings and asks questions when appropriate. Uses appropriate non-verbal communication skills, such as looks person in the eyes, pays attention.	Above Expectations - OFTEN steps up independently (but respectfully) to actively listen to patient/family concerns. Listens and actively participates in other patient presentations by colleagues and residents. Uses excellent listening skills with patients/families/health care professionals.	Far Above Expectations - CONSISTENTLY steps up independently (but respectfully) to actively listen to patient/family concerns. Listens and actively participates in other patient presentations by colleagues and residents. Uses excellent listening skills with patients/families/health care professionals and applies information gathered from patient interactions.	N/A
◯	◯	◯	◯	◯	◯

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14 **Creates & sustains a therapeutically & ethically sound relationship with patients and their families.**

Far Below Expectations - NEVER uses medical jargon appropriately (e.g. patient and family do not understand). Does not attempt to answer question(s) posed by patient and families.	Below Expectations - INCONSISTENTLY uses medical jargon appropriately (e.g. patient and family do not understand). Fails to appropriately answer question(s) posed by patient and families.	Meets Expectations - GENERALLY uses terminology that can be understood by patients and families. Provides patient/family with clear instructions and clear explanations for tests and procedures ordered.	Above Expectations - OCCASIONALLY verifies understanding of patient's message by summarizing or restating it to the patient. Knows how to provide CLEAR instructions and explanations to patients/families.	Far Above Expectations - CONSISTENTLY verifies understanding of patient's message by summarizing or restating it to the patient. Is able to clarify any misunderstandings and knows how to provide OUTSTANDING instructions and explanations to patients/families.	N/A
○	○	○	○	○	○

15 **Collaborates as a member of an interprofessional team (EPA 9).**

Far Below Expectations - NEVER obtains important information from and/or inform nursing, house staff, attendings of important information related to assigned patients.	Below Expectations - INCONSISTENT in obtaining important information from and/or inform nursing, house staff, attendings of important information related to assigned patients.	Meets Expectations - GENERALLY provides basic information to nurses, housestaff, attendings, ancillary team care providers for patient care. Gathers and communicates pertinent and appropriate information from other health care professionals (e.g. referrals/consults, handoffs).	Above Expectations - OFTEN works and communicates as a HIGHLY functioning team member, providing and receiving information about his/her patients' care with all health care professionals (nurses, house staff, attendings, ancillary health care providers).	Far Above Expectations - CONSISTENTLY works and communicates as a OUTSTANDING functioning team member, providing and receiving information about his/her patients' care with all health care professionals (nurses, house staff, attendings, ancillary health care providers).	N/A
○	○	○	○	○	○

PROFESSIONALISM

33

16 **Demonstrates punctuality, accountability, honesty.**

Far Below Expectations - The student is ALWAYS late without approval or informing supervisors. Student does not arrange to complete tasks when absent. Student is not prepared for meeting or task.	Below Expectations - The student is SOMETIMES late on several occasions without approval or informing supervisors. Student does not arrange to complete tasks when absent. Student is not prepared for meeting or task.	Meets Expectations - The student arrives ON TIME for all activities, is prepared in advance for appropriate activities, obtains appropriate approval for necessary absence or late arrival, informs appropriate supervisors and colleagues when absent or late and arranges for work to be completed regardless of absence or tardiness.	Above Expectations - OFTEN, the student STEPS UP MORE THAN USUAL to assist team or others to prepare in advance. The student arrives ON TIME for all activities. Assists team or others in starting on time, completing task on time, and being accountable for the work completed.	Far Above Expectations - CONSISTENTLY, the student GOES ABOVE AND BEYOND to assist team or others to prepare in advance. The student is always prepared and arrives ON TIME for all activities. Assists team or others in starting on time, completing task on time, and being accountable for the work completed.	N/A
◯	◯	◯	◯	◯	◯

17 **Demonstrates respect for: physicians (residents/attendings), other health care professionals (nursing, clinic, hospital personnel) & peers.**

Far Below Expectations - NEVER acknowledges the effort and values of others contributions, by exhibiting a demanding attitude or impatience with others. Frequently interrupts and acts as if s/he does not have time to wait for answer. Speaks rudely or inappropriately to others.	Below Expectations - INCONSISTENTLY acknowledges the effort and values of others contributions, by exhibiting a demanding attitude or impatience with others. Frequently interrupts and acts as if s/he does not have time to wait for answer. Speaks rudely or inappropriately to others.	Meets Expectations - GENERALLY acknowledges the effort and values of other's contributions. Pays attention while others are talking and allows others to speak without interruption. Speaks respectfully to others. Displays appropriate body language.	Above Expectations - OFTEN the student goes out of their way to explicitly demonstrate respect to others (e.g. tells staff how s/he appreciates their assistance; compliments others on the task they accomplish).	Far Above Expectations - CONSISTENTLY the student goes out of their way to explicitly demonstrate respect to others (e.g. tells staff how s/he appreciates their assistance; compliments others on the task they accomplish).	N/A
◯	◯	◯	◯	◯	◯

18 **Demonstrates respect for: patients and their families.**

Far Below Expectations - NEVER acknowledges the patient and/or family, by exhibiting a demanding attitude or impatience with others. Frequently interrupts and acts as if s/he does not have time to wait for answer. Speaks rudely or inappropriately to patients/families.	Below Expectations - INCONSISTENTLY acknowledges the patient and/or family, by exhibiting a demanding attitude or impatience with others. Frequently interrupts and acts as if s/he does not have time to wait for answer. Speaks rudely or inappropriately to patients/families.	Meets Expectations - GENERALLY acknowledges the effort and values of patients and their families. Pays attention while others are talking and allows the patient/family to speak without interruption. Speaks respectfully to others. Displays appropriate body language.	Above Expectations - OFTEN the student goes out of their way to explicitly demonstrate respect to patients and families (e.g. tells the patient/family how s/he appreciates their input and patience; actively listens to patient/family concerns and questions).	Far Above Expectations - CONSISTENTLY the student goes out of their way to explicitly demonstrate respect to patients and families (e.g. tells the patient/family how s/he appreciates their input and patience; actively listens to patient/family concerns and questions).	N/A
◯	◯	◯	◯	◯	◯

PRACTICE-BASED LEARNING AND IMPROVEMENT

19 Appropriately self-assesses and incorporates feedback to improve performance.

Far Below Expectations - NEVER verbalizes areas for personal improvement, and fails to recognize mistakes or inadequate performance. Repeats mistakes that were brought to his/her attention.	Below Expectations - INCONSISTENTLY verbalizes areas for personal improvement, and fails to recognize mistakes or inadequate performance. Acknowledges mistakes that were brought to his/her attention, but continues to repeat behavior.	Meets Expectations - GENERALLY verbalizes areas for personal improvement. Shows some areas of progressive improvement throughout rotation.	Above Expectations - OFTEN demonstrates EXTRA effort and sincerity to improve in response to subtle suggestions. Integrates feedback from SOME sources (e.g. links verbal suggestion from attending with researched topic with comment from patient to change response). Shows specific progression by the end of the rotation.	Far Above Expectations - CONSISTENTLY demonstrates CONSIDERABLE effort and sincerity to improve in response to subtle suggestions. ACTIVELY Integrates feedback from MULTIPLE sources (e.g. links verbal suggestion from attending with researched topic with comment from patient to change response). Demonstrates immediate improvement consistently throughout rotation.	N/A
○	○	○	○	○	○

20 Exhibits skills of self-directed learning and retrieve evidence to advance patient care (EPA 7).

Far Below Expectations - NEVER exhibits skills in learning on his/her own and does not research information unless directly instructed to do so.	Below Expectations - INCONSISTENTLY exhibits skills in learning on his/her own and does not research information unless directly instructed to do so.	Meets Expectations - GENERALLY defines clinical questions that he/she wants to answer, identifies areas of gaps in knowledge. Demonstrates that he/she has researched information from an issue that arose in previous day or days without needing to be directly instructed.	Above Expectations - OFTEN initiates research on his/her own and conducts some additional research. Relates research back to his/her patient care.	Far Above Expectations - CONSISTENTLY initiates research on his/her own and conducts extensive research. Relates research back to his/her patient care and generates more research at the next level.	N/A
○	○	○	○	○	○

SYSTEMS-BASED PRACTICE

21 **Advocates for quality patient care and access.**

Far Below Expectations - NEVER recognizes an obvious instance of poor access to care, to mention a need for improved quality patient care when an instance of insufficient care occurs with his/her patient.	Below Expectations - INCONSISTENTLY recognizes an obvious instance of poor access to care, to mention a need for improved quality patient care when an instance of insufficient care occurs with his/her patient.	Meets Expectations - GENERALLY inquires about or mentions obstacles to access to care. Recognizes when access to care is difficult and needs to be addressed. Provides instructions or plan for follow up care that address additional efforts to provide high standard of care.	Above Expectations - OFTEN acts to ensure access to care. Works with others to remove/diminish an obstacle to access. Works with other health care professionals or patient to improve quality of care.	Far Above Expectations - CONSISTENTLY and GOES ABOVE AND BEYOND to ensure access to care. Works with others to remove/diminish an obstacle to access. Works very actively with other health care professionals or patient to improve quality of care.	N/A
○	○	○	○	○	○

22 **Can identify system failures (e.g. patient safety issues), actively anticipates potential errors, and contributes to a culture of safety and improvement (EPA 13).**

Far Below Expectations - NEVER identifies system failures and potential errors. Does not understand how they have a part in contributing to a culture of safety and improvement.	Below Expectations - INCONSISTENTLY identifies system failures and potential errors. Does not understand how they have a part in contributing to a culture of safety and improvement.	Meets Expectations - GENERALLY understands and can identify system failures, actively anticipates potential errors, and generally knows their part in contributing to a culture of safety and improvement.	Above Expectations - OFTEN can identify system failures and how to address potential errors. Understands and knows how they have a part in contributing to a culture of safety and improvement.	Far Above Expectations - CONSISTENTLY can identify system failures and how to address potential errors. Understands and knows thoroughly how they have a part in contributing to a culture of safety and improvement.	N/A
○	○	○	○	○	○

SUMMARY

This section is for you to provide open-response comments on the medical students of their performance.
These comments will also help inform the clerkship director as they create an overall summary report about the student which will be included in the MSPE (Medical Student Performance Evaluation Report to the House Deans to be included in their residency application).
Please note that students will have access to these performance assessments, but you will not be personally identified in their reports.

23 **Based on all the competencies and performance of the student, how would you rate the student overall?**

Far Below Expectations - The student is FAR BELOW the level equivalent to their peers at this time of their training.	Below Expectations - The student is BELOW the level equivalent to their peers at this time of their training.	Meets Expectations - The student is GENERALLY/ON PAR the level equivalent to their peers at this time of their training.	Above Expectations - The student is ABOVE the level equivalent to their peers at this time of their training.	Far Above Expectations - The student's performance FAR ABOVE the level equivalent to their peers at this time of their training.	N/A
○	○	○	○	○	○

24 **Please provide comments on the overall performance of a student, such as how s/he integrates the multiple competencies and his/her strengths and weaknesses. Consider identifying 2 areas where the student performed well and 2 areas where the student needs to improve.**

MID-CLERKSHIP FORMATIVE FEEDBACK

(May be revised at any time by TCCS)

Student		Evaluator	
Clerkship		Site	
Dates of Rotation		Date of Feedback Session	

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PAUSE BEFORE COMPLETING THIS EVALUATION AND READ BELOW

To proactively address unconscious bias, take a moment to reflect on these prompts:

- Focus on a shared, common identity between you and the trainee by asking the learner about interests and activities that you have in common
- Use examples that counter identity group stereotypes. Who does this learner remind you of that is successful?
- Take the perspective of the same identity group as the learner (e.g. "walk in their shoes")
- Consider the opposite: when data point to one conclusion, briefly look for data supporting the opposite conclusion before making a final decision

</div>

Teaching Supervision Duration

How long have you worked with this student?_____(days or weeks)

Feedback to the Learner

Provide effective feedback for minimum two content areas (e.g. medical knowledge, patient care, interpersonal communication skills) that you personally observed and provide the student areas of strengths / ways to improve:

> *What makes for effective feedback? Effective feedback is descriptive and uses non-judgmental language while focusing on specific, observable behaviors (not personality based) and offers concrete suggestions for the learner to attain a higher level of performance.*
> - *Example 1: "Her H&Ps were organized, concise yet complete, containing expanded but appropriate differential diagnoses and accurate plans"*
> - *Example 2: "Clinical decision making is with minimal error, and he develops strong rapport with families. His next step is to advance his written work to be complete and timely"*
> - *Example 3: "(Name of Student) has a superior fund of knowledge and was able to synthesize information and she was able to formulate pointed and appropriate questions. Her clinical skills were above average. Her oral presentations were appropriately detailed and concise. She had excellent interactions with patients and families as well as the medical team."*

Medical Knowledge • Exhibits appropriate knowledge and understanding of basic pathophysiological processes • Demonstrates critical thinking and clinical decision making	Does Not Meet Expectations **O**	Meets Expectations **O**	Above Expectations **O**	Did Not Observe/Not Applicable **O**
Written comments:				

Patient Care • Conducts accurate history & physical exam • Appropriately manages patient care • Works effectively with health care professionals	Does Not Meet Expectations **O**	Meets Expectations **O**	Above Expectations **O**	Did Not Observe/Not Applicable **O**
Written comments:				

Interpersonal & Communication Skills • Establishes effective therapeutic & ethical relations with patients, family and colleagues • Clearly documents & presents patient data & clinical information • Demonstrates effective listening skills	Does Not Meet Expectations **O**	Meets Expectations **O**	Above Expectations **O**	Did Not Observe/Not Applicable **O**
Written comments:				

Professionalism	Does Not Meet Expectations	Meets Expectations	Above Expectations	Did Not Observe/Not Applicable
▢ Demonstrates punctuality, accountability, honesty ▢ Shows respect for others & seeks responsibility ▢ Demonstrates sensitivity & responsiveness to diversity, including culture, ethnicity, income	O	O	O	O
Written comments:				

Practice-based Learning Improvement	Does Not Meet Expectations	Meets Expectations	Above Expectations	Did Not Observe/Not Applicable
▢ Uses evidence-based approaches ▢ Exhibits skills of self-directed learning ▢ Self-assesses and incorporates feedback to improve performance	O	O	O	O
Written comments:				

Systems-based Practice	Does Not Meet Expectations	Meets Expectations	Above Expectations	Did Not Observe/Not Applicable
▢ Advocates for quality patient care and access ▢ Works appropriately within delivery systems, health costs ▢ Knows role of MD in community health & prevention and applies to patient care ▢ Applies knowledge of disease prevalence/incidence to clinical care	O	O	O	O
Written comments:				

Workplace-based assessment: Check-In

Is the student meeting the minimum requirements of:

At least 1 WBA submitted per week, for each week so far in the rotation? ___ Yes ___ No

On track to be assessed on at least 4 different EPAs seen by the end of the rotation: ___ Yes ___ No

On track to be assessed by at least 2 faculty and 2 residents by the end of the rotation: ___ Yes ___ No

Written Comments: *What clinical progress/growth is noted in the student's WBAs to date?*

Overall Mid-Point Evaluation Comments

Strengths: Overall, what did you observe to be the greatest strengths of this student? Provide minimum 2 specific examples.

Areas of Improvement: Provide two specific, observed behaviors where the learner could improve and develop.

Action Plan: Provide two specific examples for this student to focus on for growth and development for the remainder of the rotation.

Overall Rating

Based on all criteria reviewed above, how would rate the student as this point of the clerkship:	Does Not Meet Expectations at this level in their training	Meets Expectations at this level in their training	Above Expectations at this level in their training
	O	O	O
Please explain:			

REVIEW	H&P/SOAP Notes	Patient Log	Direct Observation/CEX	Record Keeping	Other (please specify)
	O	O	O	O	O

For Student to Complete - Please use this space to describe the learning goal(s) that you have developed and discussed with your preceptor based on this feedback and what you will strive to work on for the remainder of this rotation:

By signing below, I acknowledge that we have met to discuss this Mid-Clerkship feedback:

_____   _____

Signature – Evaluator   Date   Signature – Student   Date

Appendix B: COVID-19

COVID-19

The federal public health emergency for COVID-19 expired on May 11, 2023. The University recommends visiting the **Campus Health COVID-19 Information and Resource Hub**, to stay informed on the latest updates about testing, vaccinations and what to do if you test positive, https://health.arizona.edu/covid-19.

If you have questions, please contact your clerkship coordinator.

If a Student Tests Positive for COVID-19
- Follow CDC guidelines (per UA guidelines)
- Notify your clerkship or elective director and coordinator and connect with your House Dean if needed.

Absence Policy

Clerkships follow the COM-T absence policy. Should a student have COVID-19 symptoms, and following testing, be COVID-19 positive, learners:

- Notify clerkship director and coordinator of COVID-19 status. Virtual options may be arranged while students are quarantining, however, those are clerkship dependent and decided by the clerkship director.

- If a student exceeds the allowable time of missed clinical shifts, they may need to be rescheduled for a future rotation, or make-up the missed clinical shifts at a future date.

- Follow CDC guidelines

Re-entering Clinical Rotations After Testing Positive
- The College of Medicine – Tucson follows CDC and Banner guidelines for re-entering clinical rotations after testing positive for COVID-19. Note, unlike Banner employees, COM-T students do not need to go to Banner Occupation Health to reenter clinical rotations.

- If you are rotating at a non-Banner clinical site, students will follow guidelines for re-entering clinical rotations for that site.

PPE
- Students are required to be fitted with an N95 mask before starting clinical rotations.

- PPE is provided by the clinical site and students should wear the same PPE as the clinical team they are working with. Please see the clerkship director for specific information, if needed.

- The COM-T mask fit policy can be accessed here.

Testing
- Banner and VA do not require testing prior to clinical entry.

- Other clinical sites may require testing. Check with your clerkship or elective rotation coordinator.

Appendix C: Personal Belongings and Meals

- Students are advised to keep personal belongings to a minimum as there is often limited space in the clinical setting.
- To the best of our knowledge, the cafeterias at clinical sites are open, though please do consult your site if you have questions.
- Depending on your rotation, there may not be resources available for re-heating food. Please plan ahead.

Appendix D: Student Exposure Procedure Card

Student Exposure Procedure (Card)

In the event of an exposure, students must follow the following procedure:

1. Remove soiled clothing and wash the exposed area with soap and water, ifappropriate. Administer first aid as appropriate to the exposure*
2. Immediately notify attending physician/supervisor of exposure
3. Students shall present to facility at which exposure occured for assessment (includes testing of source patient) and initial prophylactic treatment if applicable.
4. If facility is unable to do initial evaluation and obtain necessary bloodwork, patientmay come to UA Campus Health Service or ASU Health Service
5. Students should present the Card to treating health care provider
6. For Blood/Body Fluid Exposures: Following the incident, the facility at which exposure occurred shall immediately make available to the affected student a copy of all the student's records relating to the treatment and follow up, and if and when available, results regarding the HIV, HBV, and HCV status of the source, to the extent permitted by law.
7. Following the incident, the student must work with their supervisor/department liaison to complete the online Non-Employee Incident Report Form, located on the UArizona Risk Management Website.
8. Within 5 days of the exposure, the student must follow up with:

TUCSON: University of Arizona Campus Health 520-621- 6493