

Curriculum & Enrollment Policies

University of Arizona College of Medicine – Tucson (COM-T)

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Section One: Graduation Requirements

A. Overview of Graduation Requirements

Approved: February 15, 2012

Every student must meet the following requirements in order to graduate:

- 1) The student must pass all required courses.
- 2) The student must take and pass the requisite number of electives as set forth by the Tucson Educational Policy Committee (TEPC).
- 3) The student must pass both the USMLE Step 1 exam and the USMLE Step 2 Clinical Knowledge (CK) exam.
- 4) The student must take the USMLE Step 2 Clinical Skills (CS) exam prior to graduation.
- 5) The student must pass the third-year Objective Structured Clinical Examination (OSCE) exam, including any necessary remediation, prior to graduation.
- 6) The student must complete any other academic or non-academic requirement established by the TEPC for the educational program associated with the MD degree.

Section Two: Definition of Phases and Legacy Curriculum in the MD Program

A. Descriptions of Each Phase in the MD Program

In Academic Year 2017-2018, COM-T condensed the basic sciences curriculum from 24-months (Legacy Curriculum) to 18-months (Curriculum Reorganization) beginning with the Class of 2021. To differentiate the learners who matriculated with the Legacy Curriculum and the Curriculum Reorganization, new curriculum vocabulary was created to define the Curriculum Reorganization. This new vocabulary replaces references to year 1 & 2 students, preclinical, and year 3 & 4 students.

- 1) **Preclerkship Phase:** This curriculum phase of study is defined as the first 18-months of medical school with focus on the eight basic sciences core courses, Doctor & Patient/Societies course, and the Clinical Reasoning course, including all Pathways to Health and Medicine curriculum sessions intertwined throughout the core courses.
- 2) **Clerkship Phase:** This curriculum phase of study is defined as the 12-months of seven core clerkship courses, including Intersessions, Transition to Clerkships, and an ambulatory medicine course.
- 3) **Transition to Residency Phase:** This curriculum phase of study is defined as the final 14-months of clinical curriculum, including core sub internship, electives, surgical subspecialty, Emergency Medicine/Critical Care courses, Application of the Basic Sciences to Clinical Medicine, and Transition to Residency Bootcamp selectives.

B. Descriptions of Legacy Curriculum in the MD Program

- 1) **Legacy Curriculum:** The Legacy Curriculum refers to students who matriculated in and prior to Academic Year 2016–2017, in and prior to the Class of 2020.

Section Three: Preclerkship Phase Enrollment Policy

A. Policy on the Sequential Completion of Blocks in Preclerkship

Approved: August 7, 2013

- 1) A student must complete the curricular blocks and courses of Preclerkship in the sequence they are offered.
- 2) A student may be enrolled in only one block at a time.
- 3) Special requests for exemptions from attendance in required blocks and courses will not be considered.

Section Four: Clerkship Phase Enrollment Policies

Approved: December 14, 2011

Revised: June 18, 2014; May 6, 2015; February 1, 2017

A. Enrollment in Transition to Clerkships, Clerkships, and Intersessions

- 1) Enrollment in required clerkships and the Intersession courses will NOT be electively postponed to the Transition to Residency phase. Exceptions may apply to:
 - a) A student whose academic progress is delayed because of remediation of a block at the end of Preclerkship or failure of the USMLE Step 1 exam, as approved by the Associate Dean for Student Affairs or the Student Progress Committee; or
 - b) A student on an approved medical or personal leave of absence.
 - c) An approved academic delay. Approval for any type of academic delay must come from Associate Dean for Student Affairs in consultation with Student Development.

B. Clerkship Scheduling Guidelines

- 1) Clerkship Enrollment
 - a) A student must be enrolled in a required clerkship rotation 21 days prior to the start of that rotation's published start date.
 - b) A student who is returning to clerkships after stopping progress to successfully complete USMLE Step 1 can be enrolled within the 21-day deadline, assuming the availability of an opening in a given clerkship's schedule.

Section Five: Transition to Residency Phase and Legacy Curriculum Units and Required Courses

Approved: January 18, 2017

Revised: April 27, 2019

A. Transition to Residency Phase Units and Required Courses

The Transition to Residency phase consists of 44 total required units as follows:

- 1) 4 weeks Core Subinternship
- 2) 4 weeks Integrated Emergency Medicine/Critical Care course (EMD 845)
- 3) 4 weeks Surgical Subspecialty
- 4) 4 weeks Application of the Basic Sciences to Clinical Medicine (MED 840) requirement

- 5) 28 units' additional elective courses.
- 6) A maximum of 12 non clinical units may be taken
- 7) A student must obtain approval from an advisor of plans for Transition to Residency courses

B. Legacy Curriculum Units and Required Courses

The Legacy Curriculum (Class of 2020 and before) consists of 35 total required units as follows:

- 1) 4 weeks Core Subinternship
 - a) Due to prerequisites, a student can only be enrolled in a subinternship during Year 4.
- 2) 4 weeks Selective in Emergency Medicine or Critical Care
- 3) 3 weeks Surgical Subspecialty (unless completed in Year 3)
- 4) If the surgical subspecialty is taken in Year 3, that requirement is satisfied. However, students must still enroll in 35 total units in Year 4.
- 5) 24 units additional elective courses.
- 6) A student must obtain approval from an advisor of plans for Year 4 courses

C. Transition to Residency Core Subinternship Rotations

Approved: February 20, 2013

- 1) Core subinternships are Transition to Residency clinical rotations taken in one of six core clinical disciplines: internal medicine, general surgery, pediatrics, obstetrics & gynecology, emergency medicine, or family medicine. A subinternship serves as an experience which helps prepare students for residency by allowing them to function with increased responsibility compared to Clerkship rotations. A student on a subinternship rotation should function like a traditional intern or PGY-1. Students are required to take at least one 4-week subinternship in a core discipline during Transition to Residency to meet graduation requirements. This rotation must be taken with a UA faculty preceptor. Any exception must be approved by the Associate Dean for Curricular Affairs.
- 2) The following are general criteria by which a rotation will qualify as a core subinternship. These criteria serve to distinguish a subinternship from a Clerkship rotation or a general Transition to Residency elective rotation.
 - a) Core discipline (internal medicine, general surgery, pediatrics, obstetrics & gynecology, emergency medicine, or family medicine)
 - b) Level of responsibility similar to an intern (PGY-1)
 - c) Responsible for an increased patient load
 - d) Typically caring for patients of higher acuity
 - e) Ability to manage patients at a higher level (e.g., time management, increased independence [within supervision], complexity)
 - f) Must involve on-call or after hours experience, initial patient assessments and management plans
 - g) Generally should be an inpatient, clinical rotation
 - h) If a primarily ambulatory experience, should include some emergency department, urgent care and/or ICU coverage (similar to typical PGY-1 schedule)
 - i) Consist of a single, four-week rotation
- 3) Although core subinternship goals and objectives will be specialty-specific, these will serve as general guidelines to designate a rotation as a valid core subinternship.

- 4) Students may take subinternship-level electives in non-core disciplines during the Transition to Residency phase, but these rotations will not count toward the core subinternship requirement.

Section Six: Transition to Residency Enrollment Policies

Approved: September 18, 2013

Approved: May 16, 2018

Any exceptions to the limitations below must be pre-approved by the Associate Dean for Curricular Affairs.

A. Double-Dipping Policy

Double-dipping is not permitted among courses that apply toward the core subinternship and emergency medicine/critical care graduation requirements. Students are expected to complete 3 separate courses in order to meet the requirements.

B. Discretionary Time

- 1) Students may use available discretionary time as they wish for such activities as vacation, residency interviewing, and other non-credit activities.
- 2) Students may take additional electives during the discretionary time at no extra tuition charge.
- 3) Students may continue to participate in elective experiences that are interrupted by graduation

C. Limit on the Number of Weeks in Any One Subspecialty Field

- 1) The maximum number of weeks allowed during Transition to Residency in one subspecialty field is 12.
- 2) “Subspecialty field” is defined as any field in which subspecialty board certification is possible.
- 3) Students may take multiple rotations within a broader discipline’s umbrella, as long as the rotations do not substantively overlap in curricular content. For example, a student may take multiple pediatric electives, so long as no more than 3 electives are in any one particular subspecialty (e.g., a student may take a variety of pediatric subspecialty rotations, but no more than 3 general pediatric rotations or 3 pediatric cardiology rotations).

D. Limit on the Number of Non COM - T Rotations

- 1) The maximum number of weeks allowed for rotations completed at institutions and sites not directly supervised by COM - T faculty during the fourth year is 16.
- 2) For a directly supervised course, the course director is a COM - T appointed faculty member who has ultimate responsibility for the design, Implementation, and assessment of the course. The course director may hold any faculty title, including a volunteer clinical position, lecturer, adjunct, as well as assistant, associate or full professor.

E. Maximum Units of Independent Study Credit

The maximum combined number of independent study units for which credit will be allowed is 8. The due date for submission of the form to Student Affairs: 30 days prior to start of the rotation.

F. Maximum Units of Research Credit

The maximum combined number of research units for which credit will be allowed is 8. The due date for submission of the form to Student Affairs: 30 days prior to start of the rotation.

G. Transition to Residency Holiday Policy

Transition to Residency students participating in electives will observe the holiday schedule of the institutions of their elective rotations.

Section Seven: Elective Policies Applicable to Phases

A. Elective Block Scheduling

Approved: December 5, 2012

- 1) During the Transition to Residency Phase, electives will be offered in 2 and 4 week periods.
- 2) The first elective period for any academic year will begin with the first week of the first month for that year.
- 3) Students who seek to schedule 3-week elective periods may apply to the Office of Student Affairs. Exceptions will be granted for compelling reasons, but any 3-week elective must fall within a 4-week block.

B. International Elective Enrollment

Approved: February 19, 2014

Revised May 6, 2015

Policy Statement:

- 1) Medical students at the University of Arizona College of Medicine-Tucson shall apply only for international electives associated with LCME-accredited institutions or courses offered in the COM-T student electives catalog.
- 2) Any exceptions will require approval by the Associate Dean for Student Affairs and the appropriate COM – T department or COM – T Office of Global and Border Health (OGBH); an affiliation/preceptor agreement with the clinical site of the proposed international elective; and travel authorization from the UA Risk Management Offices before enrolling in an international elective.

C. Longitudinal Elective Course Credit Policy

Approved: August 15, 2007

Policy Statement:

- 1) Longitudinal elective courses may be designed as two courses, in which the student will typically enroll sequentially, the first course being prerequisite to the second, except with the consent of the instructor.
- 2) The first course will provide credit for learning activities accomplished in Preclerkship; the second course will provide credit for learning activities, which are more complex and sophisticated, accomplished in the Transition to Residency phase.
- 3) Students enrolling in the first course of the pair will earn credit that will be reported on the student's transcript, but that will not count toward earning the required number of elective credits. If the student takes the second course [in the Transition to Residency phase], the earned units will count toward earning required elective credits.

Section Eight: Rural/Underserved Required Experience

Approved: June 16, 2008

Revised: June 19, 2013

Policy Statement:

The University of Arizona College of Medicine- Tucson supports the development of physicians who will care for the rural and underserved communities throughout Arizona. The College requires our medical students to have significant exposure to such communities and the people who live in these communities. Therefore, the College of Medicine- Tucson requires medical students to participate in an educational experience that serves a disadvantaged and/or resource-poor population. This requirement can be completed in a variety of venues throughout the students' medical education.

These include:

- 1) A rural or underserved clerkship rotation
- 2) 2-week elective at a rural or underserved site
- 3) Involvement in the Rural Health Professions Program (RHPP)
- 4) A minimum of 30 Commitment to Underserved People (CUP) volunteer contact hours (not including training hours) in either CUP I or II