General Clerkship Instructor Manual 2016-2017

THE UNIVERSITY OF ARIZONA | COLLEGE OF MEDICINE

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Welcome/Introduction

Welcome to the University of Arizona College of Medicine clerkships. Whether you are an academic faculty member, a faculty community preceptor, a faculty rural preceptor, a fellow, or a resident, we thank you for your dedication to teaching our medical students. We appreciate the time and effort that you devote and are certain that you will find the following material useful. Please note that in addition to this general specific clerkship manual, each departmental clerkship will also be providing you with a specific clerkship manual as it pertains to their specialty.

Attendance and Absence

Attendance Policy for Clerkships

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Attendance Policy for Clerkships
Tucson and Phoenix
Approved by EPC September 12, 2011
Amended: May 4, 2016
Effective: July 4, 2016

Attendance Policy
Click & Go!

Policy Statement:

This policy establishes guidelines and procedures for attendance and absences in required clerkships. Participation in learning activities is critical for students to develop into effective physicians. It is important for students to act in a professional manner and demonstrate a commitment to professional responsibilities.

1. **Policies regarding attendance**

   - All clerkship experiences are mandatory and any absence must be recorded in ArizonaMed.
   - Excused absences will be remediated as deemed appropriate by the clerkship director.
     - To demonstrate that a student has remediated an absence, students will be expected to know the information and follow the requirements found in each clerkship manual as presented by the clerkship directors during orientation.
   - All excused absences must be requested a minimum of 30 days prior to the anticipated absence.

2. **Excused absences**

An excused absence may be granted for the following reasons:

- **Student presentation at a professional conference or leadership activity (e.g., as an AMSA Committee Member) on behalf of the University of Arizona College of Medicine.** Proof of acceptance to the conference where the student is presenting must be provided to the clerkship. The number of days excused may not exceed those allowed in the absence policy for each clerkship.
- **Religious observance**. Students may request an excused absence for religious observances, which will be considered in accordance with University policy.
- **Extenuating personal circumstances**. Extenuating personal circumstances may include immediate family or personal events that acutely disrupt the student's ability to attend to clerkship responsibilities (i.e., serious illness or death of a family member). However, extended periods of absence may result in a student's inability to successfully complete the clerkship, as remediation of such absences, as outlined below, may not be possible.
- **Health care appointments.** Students may request an excused absence for an appointment with a health care provider or a routine dental appointment. The clerkship should be informed of any health issue that may require repeated absences.
- **Personal illness or injury.** In the case of a student's own illness or injury, it is the student's responsibility to ensure that the appropriate parties are informed of the absence in a timely manner. If the student is unable to communicate, a family member or friend may inform the appropriate parties. See the Procedure for Requesting and Tracking Absences.
- **Personal day passes**.
  - Students are allowed up to two (2) personal days off during their entire third year curriculum to attend to personal business, weddings, reunions, or other events that do not fall in the above list of recognized excused absences.
  - Students must submit a request for a personal day(s) a minimum of 30 days in advance to the clerkship director/coordinator and the request must be approved by the clerkship director/coordinator before the absence occurs.
  - Personal days may not be taken during orientation, the last week of a clerkship rotation, teaching/didactic days, OSCE exams, or NBME or other scheduled exams.
  - No half days or hour counts are permitted.
  - Personal days are non-transferrable.
  - A specific reason for a personal day is not required.
  - Approval is not guaranteed but will depend on the activities of the team and the number of students off on any given day.
  - Absences may not exceed the maximum number of days allowed in a clerkship. See Procedure for Requesting and Tracking Absences, below. Two (2) absences/passes may not be requested while on the Neurology clerkship; this exceeds the maximum number of 1.5 days allowed for 3 week rotations.
  - Personal day passes are not applicable to 4th year students.

3. **Remediation of excused absences**

- The clerkship directors will create a remediation plan that is specific to the unique requirements of their clerkship and that will apply to students at all sites within that clerkship.
- In the event that: (1) an absence is requested 30 days in advance; and (2) the clerkship director is unable to arrange a remediation plan because of the student's prolonged absence or the clerkship director's inability to recreate the needed clinical or didactic material, the clerkship director may deny approval for the requested absence.

- In the event that: (1) an absence due to illness or unanticipated events (i.e., 30 days advance notice is impossible); and (2) the clerkship director is unable to arrange a remediation plan because of a student's prolonged absence, or the clerkship director is unable to recreate the needed clinical or didactic material, the clerkship director, in consultation with the Associate Dean for Student Affairs, may require the student to repeat the entire clerkship.

4.   Unexcused Absences and Consequences of Unexcused Absences

- Any non-emergency absence that is taken without prior notification by the student or permission of the clerkship director is considered an unexcused absence and will be treated as an act of unprofessional behavior, which will be included in the student's final assessment.
- An unexcused absence from clerkship didactics may be noted in the final assessment and may affect the student's final grade.

5.   Holidays

- Clerkship sites will observe the **holiday schedule of the University of Arizona**.
- A student may request to work on a day designated as a holiday by the University of Arizona. Upon approval by the clerkship director in advance, the holiday day may be substituted for a regular non-holiday work day. Clarify with the clerkship coordinator or director if it is required to report for weekend service following a holiday at the end of the week.

6.   Inability to Participate in Clerkship

- If a student is unable to participate in a clerkship because of his or her own serious illness, injury, or other personal reasons, he or she should be apprised of the College of Medicine's leave of absence policy and the University's withdrawal policies.
- Students with disabilities who require reasonable accommodation(s) must register with the University's Disability Resource Center in accordance with procedures outlined at http://drc.arizona.edu/, and work with that office to effect such accommodations.

<center>**Procedure for Requesting and Tracking Absences**</center>

1.   Requesting an excused absence

- To request an excused absence, except in cases of personal illness, injury, or emergency, students must send an email request to the clerkship director and clerkship coordinator no less than **30 days in advance** of the anticipated absence. The reason for the absence and the date(s) of the absence must be included in the request.
- If a student requests an excused absence due to illness or injury, he/she will contact the clerkship director/clerkship coordinator as soon as possible, unless unable to do so because of such illness or injury.   The student will provide a note from either his or her health care provider or Campus Health at the earliest possible opportunity.
- The student must enter all absences in ArizonaMed. This applies to excused and unexcused absences.

- The clerkship director or coordinator will inform the student of his or her decision regarding the request for an excused absence.

2.   Tracking absences

- The following indicates the maximum number of excused absences for clerkships of various lengths.

  - **1.5 days for a 3-week rotation**
  - **2 days for a 4-week rotation**
  - **3 days for a 6-week rotation**
  - **6 days for a 12-week rotation**

- The Associate Dean for Student Affairs will review the student absence reports. If a student exceeds the above limits in two clerkships, the student will be required to meet with the Associate Dean of Student Affairs to explain the reasons and discuss a plan for improved attendance.
- The Associate Dean for Student Affairs shall present the data from student absence reports to the Tucson Clinical Curriculum Subcommittee (TCCS) on an annual basis so that trends in the data can be noted and discussed.

Medical Student Duty Hours Policy

The medical students follow the ACGME duty hour policy mostly as it pertains to a PGY 2 resident with the understanding that they will be supervised in all patient care activities and not be making independent patient care decisions (please see the below student supervision policy for further details regarding supervision). The specific duty hour policy are as follows: no more than 80 hours per week averaged over the clerkship period inclusive of all in-house activities; periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital; no more than every fourth night on in-house call averaged over the clerkship period; and a minimum of one day free of duty per week averaged over a 4 week period. It is important that the students be aware of the signs of fatigue as well as be able to recognize in themselves and others the signs and symptoms of sleep deprivation.

Instructors, faculty, and community preceptors share a responsibility to ensure that students are not working beyond what the policy says. The site directors and clerkship directors will be monitoring adherence of this policy through via reports generated from student logging data.

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Duty Hours Policy
Click & Go!

Medical Student Duty Hours Policy

Approved by the EPC, June 20, 2012
Amended, June 20, 2013
This policy is in effect beginning AY 2012-13

Relevant Accreditation Standard:

ED-38. The committee responsible for the curriculum at a medical education program, along with program's administration and leadership, must develop and implement policies regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clinical clerkship rotations.

Rationale: This duty hour policy is created to parallel 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. The specifics of the PGY 2 duty hour time limits have been changed in the most recent ACGME iteration and are reflected in this policy change. This policy was modified to include new ACGME language recognizing the potentially impairing effects of sleep deprivation particularly in the area of student safety while driving home.

1. Duty hours for medical students must be **limited to 80** hours per week, averaged over the clerkship period, inclusive of all in-house call activities.

2. Duty periods of students may be scheduled to a maximum of **24 hours of continuous duty** in the hospital.

- Clerkship directors must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. It is essential for patient safety and medical student education that effective transitions in care occur. Students may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

- Students must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty, but may remain for required formal learning activities such as noon conferences, scheduled didactic sessions, etc.

- In unusual circumstances, students, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

- Medical students must have eight hours between scheduled duty periods. They must have at least 14 hours free of clinical duty after 24 hours of in-house duty.

3. Medical students must be scheduled for **in-house call** no more frequently than every-fourth night (when averaged over the clerkship period.

4. Medical students must be scheduled for a minimum of **one day free of all duty** every week. This can be averaged over 4 weeks only if there is a compelling educational need that has been approved by the CCS. At-home call cannot be assigned on these free days.

5. The sponsoring institution must have a process in place to allow for adequate sleep facilities or suggestions for alternate transportation if the medical student feels like driving home would dangerous. The College of Medicine must:

- Educate all students to recognize the signs of fatigue and sleep deprivation;
- Educate all faculty members and students in alertness management and fatigue mitigation processes; and,
- Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care, learning and personal safety, such as strategic napping and personal strategies for safe transportation home.

Documenting Duty Hours

Students are expected to record their duty hours. Students are exempted from this requirement while participating in clerkships that do not require call of any type.

Required Clerkships:

1. Students must complete recording of their duty hours by the last day of the clerkship.

- Clerkship directors or clerkship coordinators will routinely review cumulative duty hours data and correct any systemic problems that prevent compliance with the stated duty hours policy.
- Where students report a violation of duty hour limits, they will indicate the reason for that violation with the report.
- Students will not be penalized for accurate reporting, nor will duty hours information be used to determine grades or for student evaluations.
- Duty hour reports will be retained in the electronic database systems.
- Grades will not be released until duty hours are reported by the student.

2. Where a breach of duty hours is noted in a student's report, the clerkship coordinator will report that violation and its explanation to the clerkship director.

- The director will make a determination as to whether the breach is acceptable per the guidelines set above.
- Where reasons indicate an unacceptable violation of the duty hour limits per the guidelines set above, the director will contact the site director, or student's supervisor to investigate and remediate those conditions leading to the violation.

3. Clerkship directors/coordinators will be asked annually by the Educational Policy Committee to report on compliance with the duty hour policy.

Disability Resources

Disability Resource Center

Disability is an aspect of diversity that is integral to our society and to the University of Arizona campus community.

The Disability Resource Center collaborates with students, faculty and staff to create educational environments that are usable, equitable, sustainable and inclusive of all members of the university community. However, if the student encounters academic or physical barriers on campus, DRC staff is available to partner with him/her in finding good solutions or to implement reasonable accommodations. Students who are granted DRC accommodations must still meet the core technical standards as defined in the Essential Qualifications for Medical Students.

Accessibility and Accommodations:

It is the University's goal that learning experiences be as accessible as possible. If a student anticipates or experiences physical or academic barriers based on disability or pregnancy, please let the clerkship know immediately. Students are also welcome to contact Disability Resources (520-621-3268) to establish reasonable accommodations.

Disability Resource Center
1224 E. Lowell St.
Tucson, AZ 85721

Disability Resources
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Additional information can be obtained regarding the University of Arizona Disability Resource Center online.

Electronic Medical Record

Policy Statement:

A vital component of medical student education in preparation for residency is learning how to document patient care in the electronic medical record (EMR). In addition to allowing students to develop essential written communication skills, the practice of documenting patient encounters also allows students to:

1. Organize their thinking related to patient problems;
2. Demonstrate their clinical reasoning; and
3. More fully participate in patient care.

Electronic Medical Record Policy
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Providing guidelines for medical student interaction with an EMR is critical to medical student education. Student use of the EMR must be compliant with clinical affiliate policy guidelines with reference to both EMR documentation practices and billing.

Key Terms:

EMR – Electronic Medical Record

Copy/Paste Documentation – For the purpose of this policy, the term copy means any one of the following synonyms: copy and paste, reuse, and save note as a template.   It also refers to an entry in the medical record that is exactly like or similar to previous entries. Copying is the process of carrying forward text in the record and pasting it in a new destination. Additionally, copying also occurs when documentation from one patient is the same as another, i.e., problem, symptoms, and treatment is identical.

Policy:

The following are expectations of medical students, residents, attending physicians, and clerkship administration in relation to medical student participation in the EMR.

Students:

- Must attend any required EMR trainings and abide by clinical site policies and procedures regarding EMR use.
- Students should create original documentation of patient care services in the medical record. The documentation must be created from the patient encounter and not be a copy of a previously documented encounter. Students should document only in the permissible areas of the record.
- Each student must be logged in under his or her own profile/access permissions when entering documentation into a medical record.
- Students are responsible for the security of confidential, sensitive, and protected patient information (electronic and paper-based). They must abide by HIPPA and other relevant policies. Students are prohibited from inappropriately sharing protected patient information including posting images or other patient information on social networking or other web-sites.

Residents/Attendings (teaching physicians):

- Teaching physicians should be familiar with their clinical sites' guidelines on EMR documentation including what documentation can be used as part of billing.
- Teaching physicians should encourage medical student's appropriate use of the EMR to document patient care.
- Teaching physicians should review the medical student's notes and provide formative feedback for improvement of medical student performance.

Clerkship Administration:

- Clerkships will provide sufficient orientation to students about how to appropriately use the EMR at their clinical sites and how the documentation will be used so students understand how their documentation contributes to patient care and their learning.

Accreditation Standards:

7.8 Communication Skills

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

9.3 Clinical Supervision of Medical Students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

Faculty Policies

Clerkship Directors & Site Directors Meetings and Site Visits

The College of Medicine must assure compliance with LCME accreditation standards regarding the equivalence of learning experiences available across all sites of the clerkship. This policy/procedure also will help clerkship leadership maintain and improve the quality of clerkships and will assist the EPC in fulfilling its responsibility to provide oversight for the clerkship educational program.

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

**Site Visits
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Clerkship Directors & Site Directors Meetings and Site Visits

Approved by the EPC, December 12, 2012

Relevant Standard:

ED-8. The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.

Rationale:

The College of Medicine must assure compliance with LCME accreditation standards regarding the equivalence of learning experiences available across all sites of the clerkship. This policy/procedure also will help clerkship leadership maintain and improve the quality of clerkships, and will assist the EPC in fulfilling its responsibility to provide oversight for the clerkship educational program.

Clerkship Directors & Site Directors Meetings

Clerkship directors, all site directors/preceptors for each site to which students are assigned for the clerkship, and clerkship coordinators will meet twice yearly. It is recommended that the meetings are held in November/December and again in May/June to inform/discuss changes needed during the current academic year and to prepare for the following year. If the number of sites used at either campus precludes a single meeting with all clerkship leaders, Phoenix and Tucson clerkship directors and coordinators may first meet with their campus-specific site directors separately; in such cases, Phoenix and Tucson clerkship directors and coordinators subsequently will conduct a summary meeting to assure that the sites managed by both campuses are coordinated. Meetings may be in-person, teleconferenced or video-conferenced, or a combination of these modalities. Participants should be prepared to review and discuss data related to student performance, patient logs and clerkship management as well as student feedback on the clerkship, faculty and residents.

Any inconsistencies identified among sites or between campuses will be addressed in a timely manner by the clerkship directors. Directors may also collaborate with the Tucson and/or Phoenix Clinical Curriculum Subcommittees (T/PCCS) to find appropriate solutions to any issues involving coordination between the two campuses.

These meetings will be documented (as assigned by clerkship directors) via the attached meeting report form; documentation will be forwarded to the dean for medical student education in Tucson and the Clerkship Manager in Phoenix. These records also will be shared with the Clerkship Review Subcommittee and may be included as data in the biennial review of each clerkship to ensure that inconsistencies are addressed in a timely manner. Members of the T/PCCS will also receive a copy of these reports.

Site Visits

In addition, clerkship directors or designees will physically visit each clerkship site at least once a year. This will allow the directors or designees to directly assess the quality of the clerkship at all sites.

Orientation of Faculty and Residents to Clerkships

It is necessary for attending physicians and residents who participate in clerkship education to understand both the COM's Educational Program Objectives (EPOs) Leading to the MD Degree as a whole as well as the learning objectives specified for the clerkships in each discipline. Knowledge of these objectives will enable attending and resident educators to assure that students are receiving an appropriate educational experience and to modify that experience as necessary to achieve the stated objectives.

Orientation Policy
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This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Orientation of Faculty and Residents to Clerkships
Approved: October 17, 2012

Relevant LCME Standards:

ED-3. The objectives of a medical education program must be made known to all medical students and to the faculty, residents, and others with direct responsibilities for medical student education and assessment.

ED-24. At an institution offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship rotation and be prepared for their roles in teaching and assessment.

Rationale:

It is necessary for attending physicians and residents who participate in clerkship education to understand both the COM's Educational Program Objectives (EPOs) Leading to the MD Degree as a whole as well as the learning objectives specified for the clerkships in each discipline. Knowledge of these objectives will help attending and resident educators to assure that students are receiving an appropriate educational experience and to modify that experience as necessary to achieve the stated objectives.

1. **The Clerkship-Specific Student Manual will be distributed at the beginning of each academic year to all faculty and residents who will be participating in clerkship teaching.**

   Prior to the start of each academic year, leadership of each clerkship will send the Office of Medical Student Education (OMSE) an updated Clerkship-Specific Student Manual as well as information on how to contact all faculty and residents who will be participating in clerkship teaching at all sites. It is anticipated that listservs will be utilized; special attention will be taken to include community-based faculty who may not be included on these listservs. OMSE will send all Tucson faculty members and residents a copy of the Clerkship-Specific Student Manual (containing COM EPOs and clerkship-specific learning objectives) as well as information on how

to access objectives and policy regarding student performance assessment on Index AZ Medicus. OMSE will also send this manual to representatives at the Phoenix campus to be distributed to all Phoenix faculty members and residents.

2. **The General Clerkship Instructor Manual, containing policies and procedures pertinent to faculty/residents who teach in the clerkship curriculum (e.g., duty hour policy, mid-clerkship feedback policy, and timely submission of grades), will be distributed at the beginning of each academic year. This manual will be updated annually.**

   OMSE will send this manual at the beginning of the academic year to the same list of Tucson faculty and residents who will be participating in clerkship teaching at all sites. If new policies are implemented before the start of a new academic year, OMSE will send these policies to the list of faculty and residents as addenda to the orientation manual for faculty. OMSE will also send this manual to representatives at the Phoenix campus to be distributed to all Phoenix faculty and residents.

3. **All clerkship directors will provide orientations on their respective clerkships to faculty and residents at the beginning of each academic year.**

   At the beginning of every academic year, the clerkship director will arrange to attend a residents' orientation/other meeting and a faculty orientation/meeting to discuss the clerkship, review EPOs and clerkship objectives, review required clinical experiences for the clerkship, review strategies for student performance assessment and grading policies, and review other relevant policies.

Faculty Instructional Development Policy

The UA COM Faculty Instructional Development policy requires that all residents who teach medical students participate in two hours per year of training to develop or enhance their teaching and assessment skills. In the first year of residency, this training requirement is satisfied by attending the Residents as Educators Orientation in late June. For subsequent years, we ask that you consult your department or site director for information concerning Residents as Educators training. You may also participate in training offered by the Office of Medical Student Education (OMSE); for more information, visit the OMSE Residents as Educators.

Residents as Educators Resources Click & Go!

The Faculty Instructional Development policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Faculty Instructional Development Policy Click & Go!

Faculty Instructional Development Resources Click & Go!

Policy for Faculty Instructional Development and Remediation for all Faculty

Approved by the EPC 06-17-2013

Article I. Statement of Faculty Instructional Development Philosophy.

Article II. Scope, notification and implementation of policy.

Article III. Required faculty instructional development in preclinical years.

Article IV. Required Faculty instructional development in clinical years.

Article V. Requests or Referrals for additional faculty instructional development (remediation)

Article VI. Resident Instructional Development

Article I. Statement of Faculty Instructional Development Philosophy

The UA COM takes an active approach to developing and improving teaching and assessment skills of its faculty. Therefore, the UA COM education philosophy defines remediation as faculty instructional development and support.

Article II. Scope, notification and implementation of policy

All faculty who teach medical students will be offered and encouraged to participate in faculty instructional development.

Section 2.01 Definition of faculty.

Faculty is defined as any faculty with a salaried or non-salaried position with the UA COM at the Tucson or Phoenix campus who teach medical students in preclinical or clinical years.

Section 2.02 Notification of faculty instructional development requirements

Adoption and publication of this policy to the faculty serves as notice of the requirements for faculty instructional development. In addition, reminders of these requirements shall be communicated annually in writing or by electronic means to all faculty subject to the requirements.

Section 2.03 Implementation

Each campus may establish its own procedure to implement this policy.

Article III. Required faculty instructional development in preclinical years

Faculty shall participate in instructional development for each method of teaching in which they will be engaged, as follows:

   a.   Facilitators for Case Based Instruction;
   b.   Facilitators for Team Based Learning;
   c.   Faculty who author Team-based Learning (TL) or Case Based Instruction sessions;
   d.   Faculty who serve as student mentors in the Societies program must participate in training as a Societies mentor and in a majority of the regularly scheduled mentor faculty development sessions.

Article IV. Required Faculty instructional development in clinical years
Section 4.01 Orientation of faculty to teaching and assessment responsibilities

All faculty teaching in clinical years (3 and 4) shall participate in an orientation to teaching to be conducted in a manner determined by the director(s) of the clerkship, selective, elective or other program in which they teach medical students.

Article V. Requests or Referrals for additional faculty instructional development (remediation)

Section 5.01 Requests for additional faculty instructional development

Any member of the faculty may submit a request for additional faculty instructional development support to the office that conducts faculty instructional development at their affiliated campus.

Section 5.02 Referrals for additional faculty instructional development

A block or clerkship director should refer a faculty member for additional faculty instructional development support when his or her performance as an educator falls below expectations as indicated by the average score on one or more core items on student, or peer or supervisor evaluations, or when a student has expressed reasonable concern about the faculty member's teaching and/or assessment skills. Residents may be referred for faculty instructional development support or remediation as described in Article 6, below.

Article VI. Resident Instructional Development
Section 6.01 Orientation of residents

Residents who teach medical students in preclinical or clinical years are expected to participate in instructional development training for a minimum of two hours at the start of their residencies.

Section 6.02 Ongoing resident instructional development

For each subsequent year of residency, all residents are expected to complete a development session (in-person or online) focusing on teaching and assessment skills.

Section 6.03 Satisfaction of requirements

Unless otherwise specified in this policy, residents may satisfy these requirements by participating in department, campus or institution level instructional development activities or programs.

Section 6.04 Referring residents for additional faculty instructional development support

(i) *Referral to Residency Program Director*. Block directors or clerkship directors shall refer a resident to the resident's site director and/or residency program director if the resident's performance as an educator falls below expectations, as indicated by the average score on one or more core items on student, peer or supervisor evaluations, or when a student has expressed reasonable concern about the resident's teaching and/or assessment skills.

(ii) *Referral to office conducting instructional development.* After conferring with the resident and, where applicable, the referring director, the Residency Program Director may, without undue delay, refer the resident to the Office of Medical Student Education (Tucson campus) or the Office of Faculty Development (Phoenix campus) according to the resident's campus affiliation.

Section 6.05 Central Monitoring

The UA College of Medicine campus or departments are not responsible to monitor attendance by residents at events they do not sponsor.

Each campus shall establish a procedure to centrally monitor compliance with this policy for resident instructional development to include the following:

(i) *At the* beginning *of each clinical year*, the Designated Institutional Officer (DIO), residency program directors or designees shall provide the affiliated campus office named in section 6.04(ii.) with a list of all residents in their residency program who teach medical students in a required COM clerkship, including resident emails and year in residency;

(ii) *During each clinical year,* the DIO named in Section 6.05 (i) or their designee shall maintain records documenting resident participation in instructional development activities conducted by residency programs named in Section 6.05 (i) or departments. If the College delivers the instruction, the College will keep records of attendance.

(iii) *On or before the close of each clinical year,* a designated administrator at each campus (the Interim Assistant Dean for Medical Student Education in Tucson and the Clerkship Manager in Phoenix) will request the following each year from the DIO named in Section 6.05 (ii):

a. A summary description of the resident instructional development activities at the institution, campus and department levels that were conducted at their respective institution.

b. A record documenting all residents' participation in instructional development activities named in Section 6.05 (iii.a).

(iv) The affiliated campus office named in section 6.04(1) shall compile a record documenting all residents' participation in instructional development activities at the institution, campus and department levels, and forward a copy of this record to a) the Residency Program and/or Site Directors, b) the Office of Graduate Medical Student Education at the appropriate campus, and c) the Director of Faculty Development or Faculty Instructional Development at the appropriate campus.

Grading and Progression

Educational Program Objectives

The Educational Program Objectives for the Program Leading to the MD Degree are based on the ACGME six core competencies: Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice and Population Health. The objectives, as approved by the general faculty and the Educational Policy Committee, are important to the understanding of our medical students' educational progression throughout the four years and we ask that you be familiar with them as you teach.

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

> EPOs
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EDUCATIONAL PROGRAM OBJECTIVES

for the Program Leading to the MD Degree

As approved by the General Faculty, the Educational Policy Committee has established the following educational program objectives for the program leading to the MD degree. The Educational Program Objectives are comprised of six competencies and the measurable objectives by which attainment of each competency can be assessed.

By the time of graduation, students will demonstrate the following:

COMPETENCY: *PATIENT CARE (PC)*

Graduates obtain appropriate histories and perform skillful, comprehensive and accurate patient examinations. They develop appropriate differential diagnoses and patient care management plans. They recognize and understand the principles for managing life-threatening situations. They select, perform and accurately interpret the results of laboratory tests and clinical procedures in

making patient care decisions, and use appropriate diagnostic and treatment technologies in providing patient care.

Measurable Objectives for the Patient Care competency

Graduates will be able to:
- Obtain an accurate medical history that covers all essential aspects of the history
- Perform both a complete and an organ system specific examination
- Interpret the results and perform commonly used diagnostic procedures
- Reason deductively in solving clinical problems
- Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions, both acute and chronic, and those requiring short- and long-term rehabilitation
- Provide appropriate care to diverse* patients
- Recognize patients with immediate life threatening conditions regardless of etiology, and institute appropriate initial therapy
- Outline an initial course of management for patients with serious conditions requiring critical care
- Effectively work with health care professionals, including those from other disciplines, to provide patient-focused care

COMPETENCY: *MEDICAL KNOWLEDGE (MK)*

Graduates apply problem solving and critical thinking skills to problems in basic science and clinical medicine. They demonstrate knowledge about (1) established and evolving core of basic sciences, (2) application of sciences to patient care, and (3) investigatory and analytical thinking approaches.

Measurable Objectives for the Medical Knowledge competency

Graduates will demonstrate their knowledge in these specific domains:

Core of Basic Sciences

- The normal structure and function of the body as a whole and of each of the major organ systems
- The molecular, cellular and biochemical mechanisms in understanding homeostasis
- Cognitive, affective and social growth and development

Application to Patient Care

- The altered structure and function (pathology & pathophysiology) of the body/organs in disease
- The foundations of therapeutic intervention, including concepts of outcomes, treatments, and prevention, and their relationships to specific disease processes
- Information on the organization, financing and distribution of health care
- The influence of human diversity* on clinical care
- The legal, ethical issues and controversies associated with medical practice

<u>Critical Thinking</u>

- The scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics
- The use of computer-based techniques to acquire new information and resources for learning

COMPETENCY: *PRACTICE-BASED LEARNING AND IMPROVEMENT (PLI)*

Graduates are prepared to practice medicine within the context of society and its expectations. They use evidence-based approaches, demonstrating proficiency with information retrieval and critical appraisal of the medical literature to interpret and evaluate experimental and patient care information. They understand the limits of their own personal knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into their daily activities.

<u>Measurable objectives for the Practice-Based Learning and Improvement competency:</u>

At the time of graduation, students have not yet established a practice but nonetheless will demonstrate an awareness of and an understanding of general principles for:

- Evaluating his/her own patient care practices, using systematic methodology
- Comparing own patient outcomes to larger studies of similar patient populations
- Using information technology to learn of new, most current practices on national and international levels
- Using quality assurance practices
- Pursuing continuing education to remediate or improve practice
- Attending (and presenting at) conferences relevant to his/her patient care
- Using on-line resources for most current information and education
- Using an evidence-based approach to decide or reject new experimental findings and approaches.
- Understanding and critically assessing articles in professional journals
- Understanding the requirements and steps for approval of new medicines and techniques

COMPETENCY: *INTERPERSONAL AND COMMUNICATION SKILLS (IPS)*

Graduates must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates. They promote health behaviors through counseling of individual patients and their families, and through public education and action.

<u>Measurable Objectives for the Interpersonal and Communication Skills competency</u>:

Graduates will demonstrate:

- The ability to create and sustain a therapeutic and ethically sound relationship with patients and their families
- Effective listening skills and the ability to elicit and provide information using effective nonverbal, explanatory, questioning and writing skills

- Ability to document and present patient data and clinical information in an organized, accurate, legible and/or verbally clear manner
- The ability to encourage patients' health and wellness through appropriate patient education

COMPETENCY: *PROFESSIONALISM (PRO)*

Graduates are committed to carrying out professional responsibilities, adhering to ethical principles, and demonstrating sensitivity to diverse patient populations. They are altruistic and compassionate in caring for patients and at all times act with integrity, honesty, and respect for patients' privacy and for the dignity of patients as persons. Graduates are advocates for improving access to care for everyone. They are committed to working collaboratively with the health care team, and acknowledge and respect the roles of other health professionals. Graduates recognize their limitations and seek improvements in their knowledge and skills.

Measurable objectives for the Professionalism competency:

Graduates will exemplify a professional character that exhibits:

- Compassionate treatment of patients
- Respect for patients' privacy, dignity and diversity*
- Integrity, reliability, dependability, truthfulness in all interactions with patients, their families and professional colleagues
- A responsiveness to the needs of patients and society that supersedes self-interest.
- The skills to advocate for improvements in the access of care for everyone, especially those traditionally underserved
- A commitment to excellence and on-going learning, recognizing their limitations of knowledge, and the skills to effectively address their learning needs
- Knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent
- An understanding of and respect for the contributions of other health care disciplines and professionals, and appropriate participation, initiative and cooperation as a member of the health care team

COMPETENCY: *SYSTEMS-BASED PRACTICE AND POPULATION HEALTH (SBP)*

Graduates demonstrate awareness of and responsiveness to the large context and system of health care. They are able to effectively call on system resources to provide optimal care. Graduates are able to work with patients both as individuals and as members of communities and take this into account when performing risk assessments, diagnosing illnesses, making treatment plans and considering the public health implications of their work.

Measurable objectives for the Systems-Based Practice and Population Health competency:

Graduates will evince:

- An understanding of how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- Knowledge about how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- The ability to practice cost-effective health care and resource allocation that does not compromise quality of care
- An advocacy for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities
- The capacity to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance
- An understanding of the physician's role and responsibilities to promote the health of the community and the underlying principles of preventive medicine and population-based health care delivery

1) The ability to acquire relevant information about the health of populations or communities and use this information to provide appropriate services

- How to appropriately mobilize community-based resources and services while planning and providing patient care

* "Diversity" is understood to include race, sex, ethnicity, culture, ability, disability, socioeconomic status, talents, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin and life experiences.

Overarching Clerkship Expectations

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 preclinical training at our institution. The clerkships are full-time learning experiences and the Office of Medical Student Education 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 each individual 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 on the clerkships need to be realistic in light of 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.

Essential Qualifications

To ensure that incoming medical students are able to complete the entire curriculum established by the College of Medicine, the College requires that each student be able to meet the technical standards defined in this document.

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Essential Qualifications
Click & Go!

Essential Qualifications for Medical Students

The medical school curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, communicative, and interpersonal skills. To achieve these proficiencies, the College of Medicine requires that each student be able to meet the following technical standards. All students FOR ADMISSION, RETENTION, AND GRADUATION must possess the capability to complete, with or without reasonable accommodations, the entire curriculum established by the College of Medicine, which is required to achieve an M.D. degree.

Motor Skills

A student should have sufficient motor function to execute movements required to provide general care and treatment to patients in all health care settings. Students must be able to elicit independently information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A student must be able safely to execute motor movements reasonably required to provide general care and emergency treatment to patients.

Sensory/Observation

A student must be able to acquire the information presented through demonstrations and experiences in the basic and clinical sciences. S/he must be able to observe a patient accurately, at a distance and close at hand, and observe and appreciate non-verbal communications when performing clinical assessment and intervention or administering medications. The student must be capable of perceiving the signs of disease and infection as manifested through physical examination. Such information is derived from images of the body surfaces, palpable changes in various organs and tissues, and information communicated by patients and body functions. The student must be able to adhere to the standards of patient assessment and standards of care, including the use of technological equipment.

Communication

A student must communicate effectively, sensitively and rapidly with other students, faculty, staff, patients, family, and other healthcare professionals. S/he must demonstrate a willingness and ability to give and receive feedback. A student must be able to: convey or exchange information at a level allowing development of a health history; identify problems presented; explain alternative solutions; and give directions during treatment and post-treatment. The student must be able to process and communicate information on the patient's status with accuracy in a timely manner to members of the

healthcare team. A student must be able to elicit information from patients, describe changes in mood, activity and posture, and perceive nonverbal communications.

Cognitive

A student must be able to problem solve rapidly. This critical skill demanded of physicians requires the ability to learn and reason, and to integrate, analyze, and synthesize data concurrently in a multi-task setting. In addition, the student must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. A student must be able to measure, calculate, reason, analyze, integrate and synthesize in the context of the study of medicine. The student must be able to comprehend extensive written material. S/he must also be able to evaluate and apply information and engage in critical thinking in the classroom and clinical setting. The student must be able to consider alternatives and make decisions for managing or intervening in the care of a patient.

Behavioral/Social

A student must possess the ability to exercise good judgment, and to complete all responsibilities attendant to the diagnosis and care of patients and families. In addition, s/he must maintain mature, sensitive, and effective and harmonious relationships with patients, students, faculty, staff and other professionals under highly stressful situations. The student must have the ability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways. The student must be able to exhibit empathy, integrity and concern for others.

Professional Conduct

The student must abide by professional standards of practice. The student must be able to engage in patient care delivery in diverse settings and be able to deliver care to all patient populations.

Disability Resources

If you have a disability that might limit your ability to meet these essential qualifications, please contact the Disability Resource Center to explore whether reasonable disability accommodations may be available to you:

Disability Resource Center
1224 E. Lowell St.
Tucson, AZ 85721
Phone: 520-621-3268 (voice/TTY)
Email: drc-info@email.arizona.edu

Grading and Progression Policies

The grading policies for the clerkships are based on the medical student's performance regarding the core competencies. The composite grade for each clerkship will be based on an Honors (H), High Pass (HP), Pass (P), and Fail (F) system. The medical knowledge examination will account for 25-30 % of the composite grade. The composite grade for each clerkship will be determined at the departmental level with the same rubric for the composite grading system being administered at the Tucson and Phoenix campuses as well as the community or rural sites for each specialty.

The policy below includes only years 3 & 4 and is subject to periodic updating. The most recent version will always be found online.   The policy in its entirety (years 1-4) can be found online using the link. →

Grading & Progression Policies
Click & Go!

Assessment of Student Performance

Policies that Apply Identically to the Phoenix and Tucson Tracks

APPROVED September 16, 2009
Revised April 28, 2010, May 19, 2010, April 20, 2011, Feb. 15, 2012, July 27, 2012
October 17, 2012, June 20, 2013

Educational Policy Committee
Policies take effect July 1, 2010,
except where noted otherwise in this document

Grading and Progression Policies for Academic Years 3 and 4

A.   Required Survey Completion – Years 3 and 4 Student Feedback Surveys

Approved date: October 16, 2013

Policy Statement: Students must complete program evaluation surveys for each assigned site within a clerkship and for all clinical electives supervised by UA faculty. Clerkship and electives grades will be withheld until the surveys are completed.

Rationale: Student feedback surveys have, heretofore, been voluntary contributions by students to program evaluation. Typically, response rates are high in the early years, but become lower as students progress through the curriculum. Student feedback is critical to the evaluation of the program and is a major requirement for accreditation. It has been affirmed that, for the purposes of program evaluation for the college, students are required to complete evaluation surveys in Years 3 and 4. This policy establishes that requirement.

B.   Protocols and Standards for Delivery of Year 3 Exams

Approval Date: December 3, 2014
Effective Date: 6/30/2014

Policy statement: This policy establishes the protocols and standards for students in Year 3 who will use the online National Board of Medical Examiners (NBME) shelf examination system and the ExamSoft examination system (during Intersessions) for graded and non-graded assessments. The following policy is in place in an effort to ensure that students have efficient, fair and positive experiences on assessment days.

Key Terms:

- Shelf exam –end of core clerkship examination
- ExamSoft – the electronic exam system used by the UA CoM as of Academic Year 2014-15
- SofTest – the software provided by ExamSoft that is loaded onto student devices

NBME Shelf Exam

1) All clerkships administer the NBME Shelf Exam (electronic) on the last day of each rotation to all students as a group to ensure uniform testing procedures and conditions.
2) Coordinators from each clerkship will be present to proctor.
3) The time allotted for the exam is 2 hours and 45 minutes.
4) Each student will take the electronic shelf exam using his/her laptop. It must be fully charged before activity and the student must bring the device charger.
5) No programs or software can be opened or accessed during the assessment period.
6) Prior to test day an email will be sent to students with instructions to run an exam compatibility check (URL is http://wbt.nbme.org/exam). Please see your clerkship manual for details regarding the procedure.
7) Students should consult with the IT Help Desk (626-8721) should technical assistance be required.
8) Students should arrive no later than 30 minutes prior to the start of the exam.
9) If a restroom break is needed during the examination, click the Pause button at the bottom of your screen. A screen saver will appear. However, this pause does not stop the timer for the exam. Students will be escorted one at a time to the restroom.
10) If the screen freezes, raise your hand and a proctor will assist you.
11) Students will be provided with scratch paper to make notes or calculations once the exam begins. These will be collected at the end of the examination session.
12) Before the exam begins, students should be sure no unauthorized personal items and/or devices are in the testing room. These items include, but are not limited to the following:
    a) Cell phones
    b) iPods/ iPads
    c) Watches with alarms, computer or memory capability
    d) Calculators
    e) Paging devices
    f) Recording/filming devices
    g) Reference materials (book, notes, papers)
    h) Backpacks, briefcases, or luggage
    i) Beverages or food or any type
    j) Coats, outer jackets or headwear

1. SYSTEM REQUIREMENTS FOR LAPTOPS

For the most current guidelines, refer to your clerkship manual.

2. EXAMSOFT

1) Electronic testing software (SofTest) must be pre-loaded and registered on the student's preferred testing device (iPad or laptop).
2) The student must come prepared with session files already downloaded on his/her preferred testing device. The student must download all available session files.
3) The testing device must be fully charged before activity. The student must bring the device charger.
4) No programs or software can be opened or accessed during the assessment period.
5) Scratch Paper will be distributed by the proctors. The student is not permitted to have scratch paper in his/her possession until it is provided by the proctor. All scratch paper must be returned to the proctor at the end of the assessment for secure disposal.
6) Coats, large/oversize/bulky jackets, and hats must be removed before entering the room. Head gear will only be allowed for religious purposes. Glasses that obscure the eyes are not permitted to be worn in the classroom.
7) Please review the "University of Arizona Disruptive and Behavior in an Instructional Setting" for further applicable policy information on expected behaviors in the learning environment at: http://policy.arizona.edu/disruptive-behavior-instructional
8) Please review the "Procedures for Student Progress, Academic Integrity, and Managing Grade Appeals at the University of Arizona College of Medicine" policy for grade appeals at: http://medicine.arizona.edu/form/procedures-student-progress-academic-integrity-and-managing-grade-appeals-com.

3. EXAMS AND QUIZZES

1) If the student's testing device is not working, the student will need to go to the COM ITS Help Desk located in the AHSC Library prior to get it fixed or to receive a loaner laptop for the assessment activity (first-come first-served basis).
2) Exams must be taken in the assigned room.
3) There is no assigned seating. However, no more than three students are permitted to sit at each table, and no more than two students can be seated on one side of the table. If two are seated on the same side of the table the students must sit as close as possible to the opposite corners of the table.
4) The student must be in his/her seat, with the testing device turned on, setup, and ready to start by the designated exam time. As soon as the student is seated in the exam room, he/she must launch the exam, navigate to the "Begin Screen", and wait for instruction from the proctor (exam password) indicating that it is okay to begin.
5) Late arrivals will result in a 10% professionalism grade deduction, at the discretion of the Block Director. No additional time to complete the exam will be allotted. Late arrivals will be granted entrance until 50% of the allotted test administration time has elapsed. Absences are dealt with as described in the "Attendance Policy" and available at this link: http://medicine.arizona.edu/form/attendance-policies-medical-students-com.
6) The student may only have his/her CatCard, device charger, iPad case, ear plugs, pen/pencil, and a water-tight beverage container. The student must leave bags, iPods/music players, purses, backpacks, notes, paper or anything else in lockers or the front of the classroom. Cell phones are strictly prohibited. If the student is discovered using a cell phone, the student will be escorted out of the room and receive a zero for that assessment. Should the student require an exception, the student should speak directly with the Block Director prior to the day of the examination.

7) Students are permitted to use the restroom during the assessment. All materials must be left at the student's seat. The student will need to bring his/her CatCard for classroom reentry.
8) The student must upload the exam file prior to leaving the classroom. After seeing the green upload confirmation screen, the student will put his/her device away and check out with the proctor in the hallway by showing his/her CatCard. The proctor will confirm that the exam has uploaded 14 successfully. If a student leaves the exam area without uploading his/her exam file for any reason, the student will receive a zero for the assessment.
9) The student may not reenter the classroom after finishing the assessment.

C.   Grading Policies for Transition to Clerkship Course

Approved: June 15, 2011
Revised: June 20, 2012

1) The two grades available for this course are Pass and Fail.
2) The student's grade is based on his/her attendance and participation.
3) The Attendance Policy must be followed, which means a student must receive approval from the campus Associate Dean of Student Affairs for any absence in the course.
4) If a student has an excused absence for a session, the student must arrange with the course director to make up the session.
5) An unexcused absence can result in a failure of the course at the discretion of the course director.
6) A student may not progress in Year 3 until s/he passes the Transition course.

D.   Grading in Clerkships

1) The grade in a clerkship is based on a student's performance in the competencies.

2) The grade will be a composite grade, using the common assessment form, test scores, and other evaluation tools that are approved by the EPC.

3) Once a clerkship grade has been submitted, no change to the grade will be made even if additional performance evaluations are submitted regarding the student thereafter. The exception would be if the student is on a community clerkship site and there is only one evaluator.   For this situation a grade of incomplete (I) will be given until the evaluation is received.

4) The composite grade will be divided into four categories: Honors, High Pass, Pass, or Fail (H, HP, P, F).

    a. The test will account for 25-30% of the composite score.

    b. The test will be a shelf exam.

    c. Each clerkship will determine its own formulas for determining the composite score and will use the same formula at all sites of the clerkship. The formula must be documented and communicated to faculty and students.

    d. The clerkship director is responsible for final determination of each student's grade

    e. Honors will be awarded to students with composite grades in the top 20-30% of all student scores, and High Pass will be awarded to students with the next highest 20-30% of scores. Clerkships will annually review procedures for determining Honors and High Pass and revise as needed.

f. A student must achieve satisfactory assessment in every competency to receive either a P, HP, or H for the clerkship. Unsatisfactory in any competency will result in a failing grade in the clerkship.

g. High pass indicates a student who has excelled in either the exam or the clinical grade but not in the other, or who is outstanding in all areas and is close to an Honors score, but does not achieve it.

h. Each clerkship will set the minimum passing score on its exam.

5) If a student fails the exam, the student will be given one opportunity to complete a Retake Exam.

a. If a student needs to schedule a retake exam during Year 3, it must be scheduled at the next academic break.

b. These are the winter and spring breaks. The 'next' break will be determined by the timing of the results of the 1st exam and the time it takes to order a new exam.

c. The retake exam cannot be scheduled during a clerkship or Intersessions or the third year elective block.

d. If a student needs to schedule a retake exam during Year IV, the student will arrange his/her schedule to accommodate a week without curricular requirements and will schedule the Retake Exam at the end of that week.

e. A student who fails a second clerkship exam before completing the Retake Exam for a previous failure must stop his/her academic progress and meet with the Student Progress Committee to agree on a plan for the student to complete the Retake Exams. If a student must schedule multiple Retake Exams, s/he must pass all of them before resuming his/her clinical training.

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

7) If a student fails the clerkship, the student will be required to repeat the course. This means that the student must complete all components and requirements for the clerkship course (for example, completion of exam and of clinical requirements).

8) A mid-clerkship assessment for each student is required, and the Mid-Clerkship Formative Feedback form approved by the EPC will be used for this. The student's performance must be reviewed in a face-to-face meeting with a clinical teacher, and the student and clinical teacher must sign the Mid-Clerkship Formative Feedback form. The signed forms must be stored and available for review.

E.   Intersessions Grading

1) Intersessions is a single course consisting of one or more weeks that are distributed through the year(s). Student performance in the weeks of the course is combined into a single grade that is recorded on the transcript at the end of the course.

a) The grade can be either Pass or Fail.

b) Assessment is based on performance in each competency.

c) The final grade in each competency is awarded at the end of the course.

d) If a student receives an Unsatisfactory in any competency, the student has failed the course.

e) Each student's current performance in the competencies will be posted in ArizonaMed or E*Value, so that at the end of a week, the student can be informed of his/her status in the course.

f) If a student's performance in an Intersessions week is unsatisfactory, the student must meet with the course director to plan for improved performance in the next Intersessions week.

2) Attendance is required at all activities.

a) The campus Associate Dean for Student Affairs, in consultation with the course director, must approve any absence.

b) If a student has an excused absence for a session, the student must arrange with the course director to make up the session.

c) An unexcused absence can result in a failure of the course at the discretion of the course director.

3) The MK competency is based on exams, administered at the end of Intersessions week(s).

a) If there is more than one exam, each exam will contribute equally towards the final MK grade.

b) If at the end of the course, the student has not met the criteria for satisfactory performance in MK, s/he will be offered one opportunity to take another examination, called a retake exam.

c) The retake exam will be comprehensive, covering Intersessions material addressed across the week(s).

d) The retake exam will be scheduled by the course director in consultation with the Associate Dean of student Affairs. The retake exam will be scheduled within 4 weeks after the end of Intersessions.

e) Passage of the retake exam will result in satisfactory performance in the MK competency.

f) Failure of the retake exam will result in unsatisfactory performance in MK and therefore failure of the Intersessions course.

4) If a student fails the Intersessions course, the student must repeat the Intersessions course in Year IV.

a) The student will designate week(s) in his/her 4th year that is/are equivalent to the duration of the Intersessions course. During that time, the student cannot be enrolled in other medical curriculum courses.

b) The student will be required to submit one to three papers on topics decided by course director. The topics will cover broad integrative content areas from the Intersessions course.

i) The student will be expected to review relevant podcasts, ArizonaMed posted materials from the Intersession course, as well as the student will be required to research additional information from literature sources (articles, textbooks, etc.).

ii) The paper will be evaluated by relevant faculty and given a grade of Pass/Fail. The paper(s) should be scholarly and include references.

iii) The student will also be required to discuss and defend the ideas in each of his/her papers to the faculty who graded the paper in an oral examination. The grade for the oral examination will also be Pass or Fail.

iv)   The student can receive either a Pass or Fail grade for the repeat of the Intersessions course and must pass both the written and oral presentations.

v)   If a student fails the repeat of the Intersessions, it will be a second failure of the same course and the student would be automatically dismissed, following the policies established by EPC 7/1/10.

F.   End-Of-Year 3 OSCE Examination

Approved: March 17, 2010
Revised: June 20, 2012

Rationale: In order to have the end-of-Year 3 OSCE exam results more closely reflect potential performance on USMLE Step 2-CS and to assure an appropriate level of clinical competence, the EPC examined changing the grading for the University of Arizona College of Medicine end-of-Year 3 OSCE exam. Grading of the exam was discussed and the following policies regarding grading of the end-of-Year 3 OSCE exam were approved by the committee. Starting with the Class of 2011:

1) Students must independently pass the Arizona Clinical Interview Rating (ACIR) and Database Development components of the end-of-Year 3 OSCE exam. The passing score on each component shall be 65%. 2. Students are strongly advised to take USMLE Step 2-CS no later than December 31 of their final academic year.

G.   Grading Policies for Electives

Rationale: In order to explain the rationale for grading in electives it is helpful to consider their unique educational purpose and format. Their purpose is to enable a student to pursue areas of interest, which is quite different than other courses, which are designed to teach fundamental skills, that all students are expected to master.

- Each student's Year IV curriculum is individualized to meet his/her educational and career needs. An advisor designated by each campus will approve the specific selection and enrollment of electives.
- An elective period has been scheduled during Year III to provide students with an early experience within a specialty that the student may be considering for a career.
- A "clinical" or "patient-care" elective is a medical training experience that involves direct patient contact, and is expected to provide the student with structured, individualized education, training, or experience in some branch of medicine. These electives require, at a minimum, 40 hours per week commitment.
- A "non-clinical" or "non-patient-care elective" is any course that does not involve direct patient care and may include research, independent study, seminars or on-line courses.

1) The grade in an elective course is based on a student's performance in all of the competencies.
    a) A student must achieve satisfactory performance in every competency, as a minimal requirement, to receive a "Pass" for the elective. Unsatisfactory performance in any competency will result in a failing grade in the elective.
        i.)   All electives must complete a final grade report form that includes the Final Report of Faculty Assessment of Student Performance in an Elective at the end of the elective. Additional information may be added to the final grade report for each program (Tucson and Phoenix).

       ii.)   The form is stored by the Department and a copy is submitted to Student Affairs for recording the final grade on the student's transcript and is included in the student's file.

       iii.)   Information on the form will be used in the Dean's letter.

2) There are three possible grades that are recorded on the transcript: Honors, Pass, or Fail, which are identified on the form described above.

    a) The grade will be a composite grade, using the standard form (mentioned above), and other evaluation tools that are approved by the Electives Subcommittees.

    b) An elective will determine its own formulas for determining the composite score. The formula must be documented and communicated to students in the orientation materials for the elective.

3) A failure in an elective course is recorded on a student's transcript and its units do not accrue toward graduation requirements.

    a) If a student fails a selective that is required for graduation (e.g., Surgery Subspecialty or Subinternship) the student must pass a selective in the same subspecialty that fulfills the specific requirement. However, the remedial selective rotation may be taken at a different site from the original selective.

    b) If a student fails an elective that accrues generally towards the total number of units needed for graduation, the student must complete and pass another elective to meet the required number of units.

Section Three: Timing & Completion of USMLE Examinations

A. NBME Comprehensive Exam

Approved: January, 2010

Policy Statement: Tucson students in Years 1 and/or 2 must take two formative assessments of their exam preparedness (commonly referred to as the "Mock USMLE exams") in advance of the actual Step 1 examination. A student must take the exam at the time assigned to him/her by the College of Medicine. In the case of a student taking a leave of absence or some other extraordinary circumstances, the student must be excused in advance by the Associate Dean for Student Affairs. Students requiring rescheduling of exams may be charged a fee.

This policy on NBME comprehensive exams is in place for the benefit of students and for curricular evaluation purposes. Year 1 and/or Year 2 students will be required to take diagnostic exams constructed by the NBME. Exam results will not be recorded in official records or reflect on student progress, and students will not be asked to do any preparation for the tests other than what they are already engaged in for their current courses. By taking the exams, students will be given exposure to the USMLE testing methods, and their performance will provide them with some guidance as to their readiness for the Step exams. The exam items have been normalized against a national population, based on subsequent Step 1 and 2 results, thus students will be able to compare their performance against a reliable standard.

B. Timing of USMLE Examinations

Revision approved: December 3, 2014
Effective date: January 1, 2015

1) Students must complete the USMLE Step 1 exam for the first time prior to the first day of the Transition to Clerkship Block.
2) A student requesting an extension to take the exam later than this must present his/her request at the first Student Progress Committee (SPC) meeting in June. The student will be required to take a practice exam and submit the result of that exam to the Student Progress Committee at that meeting.
3) **Any student who postpones taking Step 1 without the approval of the SPC and the Associate Dean of Student Affairs may be subject to the following consequences:**
   a) **delay of enrollment in courses;**
   b) **loss of financial aid eligibility;**
   c) **loss of good standing as a student**
4) All students must pass the USMLE Step 1 before taking the USMLE Step 2 Clinical Knowledge (CK) exam.
5) Enrollment in courses following initial attempt at USMLE Step 1:
   a) A student who has completed the Step 1 exam may begin his/her first clerkship rotation while his/her result is pending.
   b) In the case of a student in a dual-degree program, s/he must take the Step 1 exam before beginning any year 3 medical school course or starting any additional work toward the non-M.D. degree.
   c) In the case of a student taking a leave of absence that has been approved by the Student Progress Committee, s/he must take the USMLE Step 1 exam by the June 30th following the end of Year 2 or at another time determined by the Student Progress Committee.
   d) The student must pass the USMLE Step 1 exam before entering his/her last academic year (Year 4).

C. Non-Progression Following Failure of First Attempt at Step 1

1) A student who does not achieve a passing score on his/her first attempt at the USMLE Step 1 exam may not enroll in any medical school curricular course, including any course for any dual-degree program, until after s/he has taken the Step 1 exam a second time. The sole exception is that the student may enroll in courses that are approved by the Office of Student Development (Tucson) or Office of Learning Resources (Phoenix) and that serve to prepare for another attempt at Step 1.
2) If a student learns of a failure on his/her first attempt while in clinical training, the student must stop clinical training at the end of the block (up to 2 rotation periods) s/he is then enrolled in. If a student is enrolled in a course, the student may complete the course, but then must stop.
3) After completing a second attempt at USMLE Step 1, the student may seek approval from the Student Progress Committee to enroll in a new clerkship rotation while awaiting his/her score on the second attempt. The student may not enroll in any course contributing to a dual-degree

program, however, until a passing score has been posted.

4) If the student learns of a failure on his/her second attempt while in clinical training, the student will cease progress in the clerkship immediately upon learning of the failure, and may not enroll in a subsequent clerkship rotation until a passing score has been posted.

5) The student is expected actively to engage in remedial efforts to improve his/her performance on the USMLE Step 1. For example, the student may enroll in a Step 1- preparation course offered by the University or outside the University. If needed, the student will be enrolled in an independent study and will be supervised by the Office of Student Development (Tucson) or Office of Learning Resources (Phoenix). As part of the independent study, the student will be required to meet weekly and have his/her study supervised by the Office of Student Development or Office of Learning Resources.

D. Limitations on Multiple Attempts at USMLE Step 1 Exam

Approved date: April 20, 2011

1) A student must obtain approval from the Student Progress Committee before scheduling a third or any additional attempts at the USMLE Step 1 exam.
2) The Student Progress Committee will consider the following criteria in deciding whether to approve a request:
   a) scores on the student's previous attempts
   b) progress of scores on previous attempts
   c) recommendations of the staff of the Office of Student Development (Tucson) or the Office of Learning Resources (Phoenix) who have supervised the student
   d) the history of the student's efforts to remediate, including what courses s/he has taken
   e) for the Tucson track, the student's participation in the PASS Step 1 course offered during Years 1 & 2
3) If an additional attempt is approved, the Student Progress Committee will review and approve the student's study plan.
4) Every student must have passed the USMLE Step 1 exam within one calendar year (12 months) after the date of his/her first attempt. A student who has not passed one year after his/her first attempt will be automatically dismissed.
   a) The exact deadline for a calendar year will be postponed only until a pending score is posted for an exam that was taken before the one -year deadline. No further attempts after the one -year deadline will be allowed.
   b) The one -year clock will be stopped for a student who has an approved leave of absence. The clock will resume once the leave of absence is concluded.

E. Timing of Step 2 Exams

1) It is recommended that a student take the USMLE Step II CK exam for a first time by November 30 of his/her senior year.

a) In the case of a student taking a leave of absence that has been approved by the Student Progress Committee, s/he must take the Step II exam by another time determined by the Student Progress Committee.

b) The student must pass the USMLE Step 1 exam before entering his/her last academic year (Year 4).

c) If a student wishes to take the USMLE Step II CK exam after November 30, the student must obtain approval from the Student Progress Committee.

2) Students are strongly advised to take USMLE Step 2 CS no later than December 31 of their final academic year.

3) Every student must have passed the USMLE Step 2 CK exam within one calendar year (12 months) after the date of his/her first attempt. A student who has not passed one year after his/her first attempt will be automatically dismissed.

a) The exact deadline for a calendar year will be postponed only until a pending score is posted for an exam that was taken before the one -year deadline. No further attempts after the one -year deadline will be allowed.

b) The one -year clock will be stopped for a student who has an approved leave of absence. The clock will resume once the leave of absence is concluded.

Section Four: Dismissal from the College of Medicine

Approved date: February 15, 2012
Effective date: February 15, 2012

1) A student who meets any of the following conditions will be automatically dismissed from the Doctor of Medicine degree program. The Deputy Dean for Education (or Vice Dean in Phoenix) will notify both the student and the Student Progress Committee of the criteria that triggered the automatic dismissal.

a) **The student fails the same course twice**. This includes any course in the curriculum, including for example blocks, longitudinal, clerkships, electives, and intersession courses.

b) **The student fails three different courses**. This includes any combination of failures of courses in the curriculum, including for example blocks, longitudinal, clerkships, electives, and intersession courses.

c) The student has not passed the USMLE Step 1 exam within one calendar year (12 months) after the date of his/her first attempt.

d) The student has not passed the USMLE Step 2 CK exam within one calendar year (12 months) after the date of his/her first attempt.

e) **(In effect beginning with the Class of 2016)** The student must complete all the requirements for the M.D. degree within six years from the date of matriculation. Leaves of absence for any reason are included and count towards the maximum time of six years.

f) **(In effect beginning with the Class of 2016)** The student in a dual degree program (e.g, MD-PhD, MD-MPH, etc) may exceed the six year limitation in satisfying the requirements of both degrees, but must take no more than three years from the date of matriculation to complete

satisfactorily Years 1 & 2 courses and no more than three years after beginning the required Year 3 clinical experiences to complete satisfactorily required clinical experiences and electives.

2) Policies concerning requests for reinstatement following automatic dismissal are established by the Student Progress Committee.

Separation of Academic Assessment and Provision of Health Services to Students

This policy is included in its entirety below (including the opt-out option), however, it is subject to periodic updating and the most recent version will always be found online.

Separation of Academic Assessment and

Provision of Health Services to Students
Approved by Student Affairs Committee
Approved by TEPC, December 5, 2012
Educational Policy Committee June 19, 2013

Policy Statement: Accreditation standard MS-27-A requires that health professionals at a medical education program who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services. In order to meet this standard the following policy will be implemented at the College of Medicine:

1) Health professionals who provide psychiatric/psychological counseling or other sensitive health services to University of Arizona medical students will not be involved in the academic assessment or promotion of the medical student receiving those services. Health professionals may give lectures in a large class setting but they may not facilitate small group discussions; serve as clinical preceptors, course/block/clerkship directors; or serve on the student progress or appeals committees.

2) **Procedures** by which this policy is implemented include:
   a) Health professionals from the University of Arizona Campus Health Service or the Arizona State University Healthcare who serve as instructional faculty in a block/course/clerkship in which the faculty member is expected to participate in academic assessment or promotion decisions for students may not provide health care to COM students. When a COM student requires urgent or emergency health services, the student should be referred to another physician who has no involvement in the academic assessment or promotion of the medical student unless either a

delay in referral would cause harm to the student, or no other healthcare provider is available to provide such care.

b) At the beginning of each block of small group sessions, each faculty member who serves as a facilitator in small group learning sessions will be asked to review the students assigned to his/her group and assure that he/she has not provided psychiatric/psychological counseling or other sensitive health services to any of these students. If a faculty facilitator has provided such services, the block/course/clerkship director will reassign the student or the faculty member to a different group.

c) In the event that faculty with appointments at the College of Medicine practice at a facility where students seek health services or counseling, students will not be assigned to those providers to receive care.

d) Students who determine that a faculty member from whom they have received psychiatric/psychological counseling or sensitive health services might be involved in assessment of their performance should notify the block/course/clerkship director or the Office of Student Affairs immediately; the director will reassign the student or the faculty member.

e) When students who are participating in a preceptorship or a rural health professions placement located distant from Tucson or Phoenix require urgent or emergency health services, their preceptors will refer the student to another member of the practice or another physician in the community or neighboring community who can competently care for the student and who has no involvement 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.

f) If a health professional who has taught in the medical student curriculum receives a student performance assessment form to complete regarding a student to whom they have provided psychiatric/psychological counseling or sensitive health services, he/she will check the box at the top of the assessment form and return the blank form:

- ***Pursuant to accreditation standards, I will not participate in assessment of this student's performance.***

Professionalism and Integrity

Attributes of Professional Behavior

The attributes of professional behavior that are expected of our University of Arizona COM medical students as well as our faculty, fellows, residents, and staff where developed and voted upon by our general faculty. The professionalism attributes are:

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

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

Attributes of Professional Behavior

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- Demonstrate sensitivity and respect for others, irrespective of age, race or ethnicity, cultural background, gender, disability, social and economic status, sexual orientation, or other unique personal characteristics.

- Strive for excellence and quality of care in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing one's own limitations.

- Uphold and be respectful of the privacy of others.

- Consistently display compassion, humility, integrity, and honesty as a role model to others.

- Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability.

- Maintain a professional appearance and demeanor and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.

- Promote wellbeing and self-care for patients, colleagues, and one's self.

- Be responsive to the needs of the patients and society that supersedes self-interest.

The model below serves to link the various attributes ascribed to the core competency of professionalism:

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Professionalism For All at the College of Medicine

Professionalism is one of the core competencies for the community at the College of Medicine.

Professionalism Policies
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Policies

There are numerous policies that define and outline best practices of professionalism. The College of Medicine has established a comprehensive policy for the community, entitled "Policy Regarding Professionalism and Reporting Misconduct for Faculty and Learners at the University of Arizona College of Medicine".

The comprehensive document provides information regarding the definition of professionalism and related policies. The first section includes the University of Arizona policies that apply for all faculty, learners, staff, as well as policies that apply only for medical students. The second section provides a means for reporting exemplary professional behavior or violations of professionalism. This is followed by policies for definitions of the violations and for reporting procedures.

Policy Regarding Professionalism and Reporting Misconduct for Faculty and Learners at the University of Arizona College of Medicine		
SECTION 1		**SECTION 2**
Policies for all faculty, learners, staff	*Policies related exclusively to medical students*	*Professionalism Report and policies for reporting what and to whom*
Attributes of Professional Behavior • Conflict of Interest • Student Code of Conduct • Nondiscrimination and Anti-Harassment • Workplace Violence • Disruptive Behavior in Institutional Setting • Disruptive and Threatening Student Guidelines • Protection of Employees from Reprisal for Whistle Blowing	**Student Progress & Appeals** • Program Objectives • Code of Conduct & Procedures for Honor Code Committee • Code of Academic Integrity	**Submit Report** • Nondiscrimination and Antiharassment Policies • Definitions • Professional Misconduct Prohibited • Policies for Reporting Misconduct • Confidentiality • Remedies • Records Retention

Community for the Practice and Teaching of Professionalism

Professionalism is taught and practiced in the College of Medicine community. The table below describes in general terms: (1) the formats for which teaching professionalism to medical students occurs in the community, (2) the ways in which student performance of professionalism is assessed, and (3) the ways in which the teaching of professionalism is evaluated. Not included in the table are the ways in which the community (hospitals, university departments) train and evaluate professionalism of its faculty and staff.

1. Description of the formats in which professionalism is taught to medical students in the College of Medicine community		
Direct Teaching	*Indirect Teaching*	
• Lectures/Didactics on Professionalism topics • Large and small group exercises • Interprofessional Activities • Honor Code Committee and Appeals Committee Orientation to expected standards of behavior at the start of the program, start of Year 3, start of individual clerkships, etc.	• Modeling in explicit teacher-learner settings • Pre-clinical classroom settings • Physician mentor/shadowing Research/Scholarly Project Advisor	• **Day-to-day Interactions** • Basic science and clinical teachers with learners in pre-clinical classroom settings • Interns with Residents-Attendings-Faculty in hospital setting University Clubs, regional and national Professional Associations

2. Description of the ways that professionalism of medical students is assessed in the College of Medicine community			
Courses in Years 1-4	*Objective Structured Clinical Examination (OSCE)*	*Portfolio*	*Professionalism Report*
One of the institutional objectives is professionalism, and a student must perform satisfactorily in the Professionalism competency in every course. Ways in which Professionalism is	A checklist is completed by standardized patients that includes items related to professional behavior	Narrative of faculty observations of behavior during history and physical examination with patients	The Professionalism Report Form provides a process for faculty students, residents, fellows and staff to anonymously and/or confidentially report exemplary professional behavior OR lapses in professional behavior.

measured in the courses: • Quantitative ratings on surveys (Basic science and clinical faculty, student peers) • Narrative on surveys (Basic science and clinical faculty, student peers) • Narrative by course director (pre-clinical and clinical years)			(This report may be submitted to reflect teachers' observations of medical students or may also be submitted by medical students based on their observation of teachers.)

3. Description of the ways that the professionalism curriculum is evaluated in the College of Medicine

Evaluation of individual sessions, courses, curricular components	*MC Graduation Questionnaire*	*ISTEP Learning Environment Study*
• Evaluation of individual session in which professionalism is directly taught • Evaluation of surveys and methods used to assess performance in Professionalism	The questionnaire is administered nationally and includes items regarding learning environment, harassment, mistreatment.	The study is a collaboration of 29 medical schools sponsored by the AMA to investigate the learning environment and its relationship to characteristics of students and medical schools, including the professionalism curriculum.

Professional Conduct Comment Form

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, to the Professionalism Program, through the mechanism outlined below.

The purpose of the Professionalism Program, which is composed of key administrators and faculty and staff representation, is to promote and reward excellence in professional behavior and ensure both

compliance with policies and procedures addressing professional conduct, as well as to address inappropriate conduct.

The comment form is a mechanism created to allow follow-up on a concern of a lack of or a departure from professionalism standards, or to commend an individual for exemplary professional behavior. Submitting a comment about a lack of professionalism will start a process to address a concern, which may or may not result in disciplinary action against the individual about whom the comment was submitted.

Any constituent will be able to access the comment form via the UA COM Internet site and submit a report (using Net ID). While not completely anonymous, the COM will strive to maintain the privacy of the individual who submitted the comment to reduce the "chilling" effect that making public comments would create. However, in the interest of fairness to the individuals charged with unprofessional conduct as well as other persons who may be asked to provide additional information, neither confidentiality nor anonymity can be guaranteed. Retaliation of any kind against individuals providing comments or others whose information may be required to substantiate a charge is prohibited and will be treated as a violation of the Student Code of Conduct or of other applicable University and ABOR policies.

After receiving a comment, the Professionalism Program will distribute it to the appropriate administrators for acknowledgement or action as deemed necessary.

> **Professional Conduct Comment Form**
> **Click & Go!**

Policy on Interactions with Industry/Conflict of Interest (COM)

Policy and Guidelines for Interactions Between The University of Arizona College of Medicine and Commercial Interests ("Industry")

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

> **Policy on Interactions with Industry/COI**
> **Click & Go!**

Purpose of Policy

The purpose of this policy is to establish guidelines for interactions with industry representatives for medical staff, faculty, staff, students, and trainees of The University of Arizona College of Medicine. Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies; training for newly purchased devices; the development of new devices; educational support of medical students and trainees; and continuing medical education. Faculty and trainees also participate in interactions with industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the College of Medicine. However, these interactions must

be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the College of Medicine or its personnel.

Definitions

Conflict of interest: That situation which exists when a faculty, staff, student or trainee of The University of Arizona College of Medicine may have a significant financial or other personal consideration that may compromise, or have the appearance of compromising, their professional judgment or integrity in clinical responsibilities, teaching, conducting or reporting research, or performing other College obligations.

Commercial interests (Industry): any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations and non-health care related companies.

Statement of Policy

It is the policy of The University of Arizona College of Medicine that interactions with industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise they must be addressed appropriately, as described herein.

Scope of Policy

This policy incorporates the following types of interactions with industry:

      I.   Gifts and compensation

      II.   Site access by sales and marketing representatives

      III.   Provision of scholarships and other educational funds to students and trainees

      IV.   Support for educational and other professional activities

      V.   Disclosure of relationships with industry

      VI.   Oversight of Conflict of Interest Policy

      VII.   Training of students, trainees, and staff regarding potential conflict of interest in industry interactions

I.   Gifts and Compensation

      A.   Personal gifts from industry may not be accepted anywhere at The University of Arizona College of Medicine or clinical facility operated by the College. In addition, University of Arizona College of Medicine faculty, staff and trainees may also not accept gifts at any non- College-operated clinical facility such as other hospitals, outreach clinics and the

like. Non-faculty medical staff are strongly discouraged from accepting gifts at non-College-operated clinical facilities but are not proscribed by this policy from doing so.

1. It is strongly advised that no form of personal gift from industry be accepted under any circumstances. Individuals should be aware of other policies, such as the AMA Statement on Gifts to Physicians from Industry (http://www.ama-assn.org/ama/pub/category/4001.html) and the Accrediting Council for Continuing Medical Education Standards for Commercial Support (www.accme.org), which apply by reference to faculty, staff and trainees under this Policy.

2. Individuals may not accept gifts or compensation for listening to a sales talk by an industry representative.

3. Individuals may not accept gifts or compensation for prescribing or changing a patient's prescription.

4. Individuals may accept product samples from commercial interests only for patient use.

B. Individuals must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any commercial interest. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

C. Individuals may not accept compensation, including the defraying of costs, for simply attending a CME or other activity or conference (that is, if the individual is not speaking or otherwise actively participating or presenting at the event).

D. Faculty, staff, students and trainees are discouraged from participating in Speaker's Bureaus. Financial compensation to faculty from Biomedical Companies such as Consulting Fees or Speaker's Bureaus compensation must be approved by the Department and reported to the College of Medicine.

II. **Site Access by Sales and Marketing Representatives**

A. Sales and marketing representatives are permitted in non-patient care areas by appointment only. Appointments will normally be made for such purposes as:

1. In-service training of College personnel for research or clinical equipment or devices already purchased.

2. Evaluation of new purchases of equipment, devices, or related items.

B. Appointments may be made on a per visit basis or as a standing appointment for a specified period of time, at the discretion of the faculty member, his or her division or department, or designated hospital personnel issuing the invitation and with the approval of appropriate hospital management.

III.   Provision of Scholarships and Other Educational Funds to Students and Trainees

   A.   Industry support of students and trainees should be free of any actual or perceived conflict of interest, must be specifically for the purpose of education and must comply with all of the following provisions:

      1.   The College of Medicine department, program or division selects the student or trainee.

      2.   The funds are provided to the department, program, or division and not directly to the student or trainee.

      3.   The department, program or division has determined that the funded conference or program has educational merit.

      4.   The recipient is not subject to any implicit or explicit expectation of providing something in return for the support, i.e., a "quid pro quo."

IV.   Support for Educational and Other Professional Activities

   A.   ACCME Standards for Commercial Support bind all such activities at the College of Medicine. They provide guidelines for evaluating all forms of industry interaction, both on and off campus and including both University of Arizona College of Medicine events, as well as other events. The Standards are found at www.accme.org.

   B.   All educational events offered by The University of Arizona College of Medicine must be compliant with ACCME Standards for Commercial Support whether or not CME credit is awarded.

      1.   Educational grants that are compliant with the ACCME Standards may be received from industry but must be placed in a general designated account, and administered by departments or divisions and not by individual faculty.
      2.   Divisions and departments must maintain records of compliance with the ACCME Standards.

   C.   Meals or other types of food or drink directly funded by industry may not be provided at University of Arizona College of Medicine activities or at associated clinics.

   D.   Faculty and medical staff should evaluate very carefully their own participation in meetings and conferences that are fully or partially supported or run by industry because of the high potential for perceived or real conflict of interest.

   E.   This provision does not apply to faculty attending meetings of professional societies that may receive partial industry support, meetings governed by ACCME Standards, and the like.

F.   Individuals who actively participate in meetings and conferences supported in part or in whole by industry (e.g., by giving a lecture, organizing the meeting) should follow these guidelines:

1.   Financial support by industry is fully disclosed prior to the activity and at the beginning of the presentation by the meeting supporter.

2.   The meeting or lecture content is determined by the speaker and not the commercial supporter.

3.   The lecturer is expected to provide an impartial and objective assessment of therapeutic options and to promote objective scientific and educational activities and discourse.

4.   The College participant is not required by the commercial supporter to accept advice or services concerning speakers, content, etc., as a condition of the commercial supporter's contribution of funds or services.

5.   The lecturer makes clear that content reflects individual views and not the views of University of Arizona College of Medicine.

6.   The use of The University of Arizona College of Medicine name in a commercially supported event is limited to the identification of the individual by his or her title and affiliation.

V.   Disclosure of Relationships with Industry

A.   Individuals are prohibited from publishing articles under their own names that are written in whole or material part by industry employees.

B.   In scholarly publications, individuals must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors (http://www.icmje.org).

C.   Faculty with supervisory responsibilities for students, residents, trainees or staff should ensure that the faculty's conflict or potential conflict of interest does not affect or appear to affect his or her supervision of the student, resident, trainee, or staff member.

D.   Individuals having a direct role making institutional decisions regarding equipment or drug procurement must disclose to the purchasing unit, prior to making any such decision, any financial interest they or their immediate family have in companies that might substantially benefit from the decision. Such financial interests could include equity ownership, compensated positions on advisory boards, a paid consultancy, or other forms of compensated relationship. They must also disclose any research or educational interest that might substantially benefit either the Department or the individual by making the decision. The purchasing unit will decide whether the individual must recuse him/herself from the purchasing decision.

1. This provision excludes indirect ownership such as stock held through mutual funds.

2. The term "immediate family" includes the individual's spouse or domestic partner or dependent children.

E. For disclosure requirements related to educational activities, see the ACCME Standards for Commercial Support (www.accme.org).

F. Faculty, staff and trainees who are engaged in teaching, research, administration or business operations in the College of Medicine also must comply with the University's Individual Conflict of Interest and Conflict of Commitment Policy. (See http://orcr.vpr.arizona.edu/COI-policy.) In addition to the annual reports required under that policy, faculty, staff and trainees must annually report all grants, contracts, speaker's bureaus, consulting arrangements, gifts, or financial interests they may have with biomedical companies.

VI. Oversight of Conflict of Interest Policy

A. Faculty and staff will complete disclosure reports during their annual evaluations. Department Heads are responsible for assuring that all faculty complete a yearly Conflict of Interest form. Failure to complete a disclosure form may result in adverse action by the Department and Dean's office.

B. Disclosure reports will be kept on file in the Faculty Affairs Office and will be made available to students and trainees.

C. Students, trainees, staff and faculty are encouraged to report any violation of this Conflict of Interest Policy or concerns about educational conflicts to the Dean's office. Any concern about a possible Conflict of Interest Policy violation will be investigated by the Dean's Office. Corrective action will be taken when necessary to assure compliance with the Policy.

VII. Training of Students, Trainees, and Staff Regarding Potential Conflict of Interest in Interactions with Industry.

All students, residents, trainees, and staff shall receive training regarding potential conflicts of interest in interactions with industry. Conflict of Interest education will be part of the New Faculty Orientation. Faculty will receive yearly reminders with a link to the Conflict of Interest Policy. Education of the College of Medicine trainees will be coordinated through the GME Office; education for medical students will be coordinated through the Office of Medical Education.

Society Mentors – Policy on Conflict of Interest

(Effective 12/12/2013)

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Rationale: Societies Program mentors have a unique role at the College of Medicine (COM) in which they maintain multiple responsibilities for their students including education, career advising and mentoring. Societies Program mentors are among the COM's best clinical educators and frequently serve in other leadership roles in the curriculum or administration of the COM. The purpose of this policy is to clarify the COM's position when there may be a perceived or real conflict of interest between a mentee and his/her mentor's other educational roles.

Society Mentors: Conflict of Interest
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1) Societies Program mentors may not grade their own students in the Doctor and Patient course, which is administered by Societies Program mentors. Rather, the grade in this course is determined by the student's score on the year 2 Clinical Thinking OSCE, which is observed and graded by a Societies Program mentor different from the student's designated mentor (this policy has been in place since the Societies Program was initiated in 2006).

2) Effective immediately, the Societies Program mentors who currently serves as a block director may tabulate and report grades based on students' performance in Case-based Instruction (CBI), Team-based Learning (TL) and exams but may not independently assess individual students. A block director who is also a Societies Program mentor may not function as a regular CBI facilitator for his or her assigned mentees, because serving as a CBI facilitator requires assessment of the performance of students in their CBI group. Additionally, if a mentee challenges the overall block grade, the matter will be referred to a co-Block Director and/or the Associate Dean for Medical Student Education rather than the block director who is the mentee's designated mentor.

3) Effective fall 2013, new Societies Program mentors may not serve as block directors.

4) Effective immediately, a Societies Program mentor may not function as a regular CBI facilitator for his/her assigned mentees.

5) Effective immediately, current clerkship directors who are Societies mentors (of which there currently are two) may continue in both roles, because clerkship directors may collect, tabulate and report composite grades based on clinical performance and the clerkship final exam but may not independently assess individual students. The clerkship director or another faculty member heavily involved in the clerkship will compile the summary narrative and final grade for those students who are the mentees assigned to the clerkship director. Additionally, if a clerkship director's mentee challenges an overall clerkship grade, the matter will be referred to a clerkship director and/or the Associate Dean for Medical Student Education rather than the clerkship director.

6) Effective fall 2013, new Societies Program mentors may not serve as clerkship directors.

7) Effectively immediately, a Societies Program mentor may not officially provide a performance assessment of his or her assigned mentees within the clerkships.

8) A Societies Program mentor may be a member of COM administration (exception as below). However, if an administrative issue that falls under his/her area of responsibility arises with one of his/her mentees, the matter will be referred to the administrator's direct supervisor.

9) A Societies Program mentor may not be employed in the Office of Student Affairs.

10) A Societies Program mentor may not be the director of a graduate medical education (GME) program.
11) Until the end of academic year 2013-2014 if a Societies Program mentor is a member of the Student Progress Committee (SPC), he/she must continue to recuse him/herself from the proceedings in the event that one of his/her mentees appears before the SPC.
12) Effective July 1st 2014, Societies Program mentors may not serve on the SPC.
13) Societies Program mentors, as their students' primary advisor, have access to his/her mentee's grades for the sole purpose of facilitating academic support when needed; Societies Program mentors will have access to the grades of only their assigned mentees and to no other students. Access to the mentees' grades is granted by the Office of Student Records only after mandatory Family Educational Rights and Privacy Act (FERPA) training is completed by the Societies Program mentor and verified by Office of Clinical and Professional Skills.

Risk Management

Supervision of Medical Students in Clinical Learning Situations

The University of Arizona COM recognizes the importance of graded and progressive responsibility in medical student education. The supervision policy as it pertains to students in the clinical learning situations outlines the requirements to be followed when supervising medical students in an effort to promote safe patient care and maximize the development of the students' knowledge and skills. Our medical students must be directly supervised at all times when in the clinical environment. The two types of supervision are: (1) direct supervision with the supervising physician present and (2) direct supervision with the supervising available.

Supervison Policy
Click & Go!

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Approved: October 17, 2012

The University of Arizona College of Medicine Phoenix and Tucson campuses recognize and support the importance of graded and progressive responsibility in medical student education. This policy outlines the requirements to be followed when supervising medical students. The college's goal is to promote safe patient care and maximize students' development of skills, knowledge, and attitudes needed to enter the practice of medicine.

Relevant LCME Standard

ED-25A. At a medical education program, students in clinical learning situations involving patient care must be appropriately supervised at all times. While students learn through graded responsibility as their skills progress, supervision at all times must ensure patient and student safety. *The accountability of physicians and non-physicians who supervise medical students in clinical learning settings will be clearly described in the program's policies and procedures. The level of responsibility delegated to the student by the supervisor will be appropriate for the student's level of training, and the activities supervised will be within the scope of practice of the supervising health professional.*

Distribution

This policy is distributed to all faculty within the University of Arizona College of Medicine including clerkship directors, residency program directors, fellowship directors, and community/rural faculty preceptors.

Supervising Physician Definition

An attending physician employed by the College of Medicine; a community/rural attending physician with an associate faculty appointment at the College of Medicine; a resident or fellow physician training in a graduate medical education program at or associated with the College of Medicine.

Responsibility

It is the responsibility of the supervising faculty member and/or site director to assure that the specifications of this policy are followed for all medical students of the University of Arizona College of Medicine.

Allied Healthcare Providers

When a medical student is participating in a private practice setting in which allied healthcare providers are present, it is the responsibility of the supervising faculty physician to assure that the allied healthcare providers are appropriately credentialed and capable of medical student supervision within the scope of their practice.

When a medical student is participating in a hospital-based practice, it is assumed that all allied healthcare providers employed are appropriately credentialed by the hospital and capable of medical student supervision within the scope of their practice.

Supervision Levels

- **Direct Supervision With Supervising Physician Present**: The supervising physician is physically present with the medical student and the patient and is prepared to take over the provision of patient care if/as needed.

- **Direct Supervision With Supervising Physician Available**: The supervising physician is on-duty and is available to provide direct supervision.

Clinical Supervision

- In the clinical setting (in-patient or out-patient), MS 1 and 2 students will be **directly supervised with the supervising physician present or with the supervising physician available** and MS 3 and MS 4 students will be **directly supervised with supervising physician available.**
- Faculty physicians will identify those patients for whom initial medical student supervision may be provided by fellows, residents, and/or appropriately credentialed allied healthcare providers.
- Medical Students, in the course of their educational curriculum, may take patient histories and perform complete physical examinations.

- Year 3 and year 4 medical students may enter findings in the medical record of the patient with the approval of the patient's supervising physician.
- The supervising physician will review medical student documentation and provide feedback for educational purposes**.**
- Clinical decisions and orders are never formulated or enacted by medical students without a supervising physician's input.
- All on-call experiences in which medical students participate are subject to the supervision rules described above.

Procedure Supervision

- Medical students may be assigned and directed to provide additional patient care services under the direct supervision of a supervising physician.
- A supervising physician is required to directly supervise (physician present or available) all procedures (clinical, in-patient bedside, emergency department, and/or operating room) in which a medical student is involved.
- The degree of supervision (direct supervision with supervision physician present or available) will take into account the complexity of the procedure, potential for adverse effects, and the demonstrated competence, maturity and responsibility of each student in order to ensure the safety and comfort of the patient.
- The supervising physician must have privileges or authorization to perform the procedure being supervised.

Student Health

Student Health and Safety

The safety and security of our students is of utmost importance. Please orient and review all relevant safety, emergency contact information, hospital codes, evacuation plans, security policies and procedures with any students assigned to your location. Emergency contact information for the student and for the facility that they are attending should be distributed to each party and maintained in a previously identified location.

Urgent/Emergent Health Care Services

Preceptors should relay the following information to any student on site.

"When students who are participating in a preceptorship or a rural health professions placement located distant from Tucson or Phoenix require urgent or emergency health services, their preceptors will refer the student to another member of the practice or another physician in the community or neighboring community who can competently care for the student and who has no involvement 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." He/she 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, the Office of Student Affairs should also be contacted at the appropriate campus:

Tucson
Office of Student Affairs
Dr. Violet Siwik, Senior Assistant Dean of Student Affairs
Contact number that can be reached 24/7 is **(520) 237-5726**.

AHSC Library
Evacuation Plan
Click & Go!

AHSC & Sarver
Evacuation Plan
Click & Go!

Student Safety

See the links to University of Arizona Fire Alarm Policy for Building Occupants, AHSC – Sarver Heart Center and student areas, and emergency contact information for College of Medicine personnel.

Student Occupational Exposure Policy

The medical student occupational exposure to potentially infectious agents and/or hazardous materials policy and procedures were developed in an effort to facilitate immediate evaluation and treatment in the event of any medical student exposure whether it is at a hospital setting or a rural setting.

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be online.

Exposure Policy
Click & Go!

University of Arizona Health Sciences
Student Occupational Exposure to
Potentially Infectious Agents and/or Hazardous Materials
Policy and Procedures

It is the policy of The University of Arizona Health Sciences Center (AHSC) that all students who are 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 seek and obtain prompt medical attention, including counseling, prophylactic drug treatment, and baseline and follow up laboratory values, as necessary.

PURPOSE

The purpose of this document is to establish policy and procedures for student occupational exposure to potentially infectious agents and/or hazardous materials.

DEFINITIONS

Students: University of Arizona students who are currently enrolled in one of the AHSC colleges or a non U of A student on an approved clinical rotation as a visiting student with an AHSC college.

Occupational exposure to potentially infectious agents and hazardous materials: An exposure by skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of duties or exposure by inhalation, skin, eye, or mucous membrane to substances defined as hazardous chemicals present in the training site.

STUDENT OCCUPATIONAL EXPOSURE PROCEDURE CARDS (Card)

Student Occupational Exposure Procedure Cards (hereafter referred to as "Card") are developed for and distributed to AHSC students by their respective college's Office of Student Affairs. Cards are also available at AHSC Student Affairs offices and posted online to all AHSC Student Affairs websites. Students must keep this Card readily available. Students must refer to and present the Card to the health care provider in the event of an exposure during training. AHSC periodically revises student occupational exposure policies and procedures and will distribute updated Cards as applicable.

Because students utilize many facilities for their training, it is important to note the Cards are intended to be general instructions on how to proceed in the event of an exposure. The Cards DO NOT take the place of IMMEDIATE evaluation and treatment.

PREVENTION EDUCATION FOR STUDENTS

In addition to education built into each college's curriculum, students must complete required chemical safety and bloodborne pathogens training as outlined by The Department of Risk Management Services (RMS). This training is required by Occupational Safety and Health Administration (OSHA) standards and includes information on hazard recognition, exposure prevention, and post-exposure procedures.

FINANCIAL RESPONSIBILITY:

After the student's insurance has paid the claim, the college will reimburse the student for the amount he/she paid for the initial assessment, prophylactic treatment, and necessary tests including labs related to the exposure. See Reimbursement Procedure.

Visiting students are not eligible for reimbursement.

The student maintains financial responsibility for medical costs beyond the care outlined above.

Students are not eligible for worker's compensation benefits.

TRAINING INSTITUTIONS AND SITE AFFILIATES

All contracts with training institutions and site affiliates will include a provision that requires the training institutions and site affiliates to provide or make available assessment of an exposure to determine exposure significance and the necessity for treatment, if applicable. Provision will also require the training institution and site affiliate to ensure any required assessment and treatment will be within the

time limits articulated, as set forth in the most recent protocols of the Centers for Disease Control (CDC) and consistent with the Occupational Safety and Health Administration (OSHA) Standards.

STUDENT OCCUPATIONAL 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, if appropriate. Administer first aid as appropriate to the exposure*
2. Immediately notify attending physician/supervisor of exposure
3. Students shall present at the Affiliate's Employee Health, ER, or Urgent Care for assessment and initial prophylactic treatment if applicable
4. Students should present the Card to treating health care provider
5. For Blood/Body Fluid Exposures: Following the incident, the Affiliate 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
6. Following the incident, the student must download and complete the Non-Employee Incident Report Form from the UA Risk Management website and send to BOTH of the departments listed below.

University of Arizona Campus Health	**Risk Management Services**
(Attn: Dr. Maureen Oskandy)	(Attn: Herb Wagner)
Highland Commons220	W. 6th Street
1224 E. Lowell Street	P.O Box 210300
PO Box 2710095	Tucson, AZ 85721-0300
Tucson, AZ 85721	Fax (520) 621-3706
Fax (520) 626-4301	

7. Within 5 days of the exposure, the student must follow up with Campus Health

> TUCSON: University of Arizona Campus Health 520-621-6493
> Make an appointment with Dr. Maureen Oskandy

FOR TREATING PHYSICIAN: If consultation is needed, treating physician may contact the on-call infectious disease physicians at UA via the Physician's Resource Line at 520-694-5868 or 800-777-7552 to discuss recommendations for tests and/or medications related to the student's exposure.

Arizona Poison and Drug Information Center (24/7): 1-800-222-1222

Post-exposure testing and further prophylactic drug treatment of AHSC students will be performed in Tucson or Phoenix.

REIMBURSEMENT PROCEDURE

For U of A AHSC Students Only
Colleges cannot process a payment to a health care facility on a student's behalf. Therefore, all claims will be processed as reimbursements.

In order to receive reimbursement, the student must first bill his/her health insurance. Then, the student must pay the remaining balance and submit the following documents to the student's respective college's Office of Student Affairs in order to have the claim reimbursed.

In order to have the claim reimbursed, the student must submit:
- 1.   Student Occupational Exposure Reimbursement Claim Form
- 2.   An itemized bill
- 3.   Explanation of Benefits (EOB) from insurance company
- 4.   Paid receipt

Non-employee incident report form Click & Go!
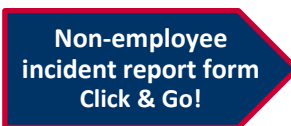
RESOURCES AND REFERENCES

UA Bloodborne Pathogens

UA Laboratory Chemical Safety

OSHA Bloodborne Pathogens Standard

OSHA Laboratory Standards

CDC Biosafety Standards

UA Non-Employee Incident Report Form

UA Risk Management Services

University of Arizona Campus Health

Resources

Appendix A: Academic Calendar for Year 3

Appendix B: Forms:
- Site Director Job Description
- Teacher Learner Compact

Appendix A: Academic Calendar

AY 16-17: Year 3 (Class of 2018)

Event	Special Note	Start Date	End Date
Fall Semester BEGINS		**6/27/2016**	
Transition to Clerkships		6/27/2016	7/1/2016
Clerkship 1: 12 wks		7/4/2016	9/23/2016
Clerkship 1A: 6 wks		7/4/2016	8/12/2016
Clerkship 1a (3 wks)		7/4/2016	7/22/2016
Independence Day (holiday)		7/4/2016	
Clerkship 1b (3 wks)		7/25/2016	8/12/2016
Clerkship 1B: 6 wks		8/15/2016	9/23/2016
Clerkship 1c (3 wks)		8/15/2016	9/2/2016
Clerkship 1d (3 wks)		9/5/2016	9/23/2016
Labor Day (holiday)		9/5/2016	
Intersessions Week 1		9/26/2016	9/30/2016
Clerkship 2: 12 wks		10/3/2016	12/23/2016
Clerkship 2A: 6 wks		10/3/2016	11/11/2016
Clerkship 2a (3 wks)		10/3/2016	10/21/2016
Clerkship 2b (3 wks)		10/24/2016	11/11/2016
Clerkship 2B: 6 wks		11/14/2016	12/23/2016
Clerkship 2c (3 wks)		11/14/2016	12/2/2016
Veterans Day Observed (holiday)		11/11/2016	
Thanksgiving Recess (holiday)		11/24/2016	11/25/2016
Clerkship 2d (3 wks)		12/5/2016	12/23/2016
Fall Semester ENDS			12/23/2016
Winter Recess		12/26/2016	12/30/2016
New Year's Day (observed 1/2/2017)		1/1/2017	1/2/2017
Spring Semester BEGINS		1/2/2017	
Clerkship 3: 12 wks		1/2/2017	3/24/2017
Clerkship 3A: 6 wks		1/2/2017	2/10/2017
Clerkship 3a (3 wks)		1/2/2017	1/20/2017
Dr. Martin Luther King, Jr. Day (holiday)		1/16/2017	
Clerkship 3b (3 wks)		1/23/2017	2/10/2017
Clerkship 3B: 6 wks		2/13/2017	3/24/2017
Clerkship 3c (3 wks)		2/13/2017	3/3/2017
Clerkship 3d (3 wks)		3/6/2017	3/24/2017
Spring Recess		3/27/2017	3/31/2017
Intersessions Week 2		4/3/2017	4/7/2017
Clerkship 4: 12 wks		4/10/2017	6/30/2017
Clerkship 4A: 6 wks		4/10/2017	5/19/2017
Clerkship 4a (3 wks)		4/10/2017	4/28/2017
Clerkship 4b (3 wks)		5/1/2017	5/19/2017
Clerkship 4B: 6 wks		5/22/2017	6/30/2017
Clerkship 4c (3 wks)		5/22/2017	6/9/2017
Memorial Day (holiday)		5/29/2017	
Clerkship 4d (3 wks)		6/12/2017	6/30/2017
OSCE III	**Exam will be scheduled on one of the days during this week.**	6/19/2017	6/23/2017
Spring Semester ENDS			**6/30/2017**

Appendix B: Student Policies (Links)

Please click on the link to take you to the policy

A comprehensive listing of policies can be found on the [College of Medicine website](#)

Attendance and Absence

[Attendance Policies for Medical Students (COM)](#)

[Leave of Absence Policy (COM)](#)

[Medical Student Duty Hours Policy](#)

Diversity

[Diversity Statement](#)

[Non-Discrimination and Anti-Harassment Policy](#)

Disability Resources

[Disability Resource Center](#)

Grading and Progression

[Educational Program Objectives (EPOs)](#)

[Essential Qualifications for Medical Students (COM)](#)

[Grading and Progression Policies for Years 1-4 (COM)](#)

[Procedures for Student Progress, Academic Integrity, and Managing Grade Appeals](#)

[Teacher Learner Compact](#)

Graduation Requirements

[College and Department Restrictions on Double-Dipping Courses (UA)](#)

[Enrollment and Scheduling Policies for Years 1-4 (COM)](#)

Professionalism and Integrity

[Attributes of Professional Behavior (COM)](#)

[Code of Academic Integrity](#)

[Fingerprinting and Background Checks (COM)](#)

[Policy on Interactions with Industry/Conflict of Interest (COM)](#)

[Professional Conduct Policy](#)

[Professionalism Conduct Comment Form](#)

Protected Health Information and HIPAA Policy (COM)

Social Media Guidelines for Individuals (COM)

Society Mentors – Policy on Conflict of Interest

Student Code of Conduct

Student Disciplinary Procedures

Student Dress Code Policy

Student Honor Code Committee Policy (COM)

Risk Management

Smoking and Tobacco Policy

Supervision of Medical Students in Clinical Learning Situations

The University of Arizona Statement on Drug Free Schools and Campuses

Student Health

Mandatory Health Insurance Policy

Student Occupational Exposure Policy

Technology

Electronic Medical Record Operational Policy

Appendix C: Forms

Clerkship Site Director Job Description
2016/2017

Thank you for your commitment and dedication to teaching our University of Arizona College of Medicine medical students. We truly appreciate the time and effort that you devote to being a clerkship site director.

Single Site Directors

- Provide administrative oversight of all of the University of Arizona College of Medicine students at your clerkship site
- Adhere to UA COM affiliation agreements, policies, and procedures (as outlined in the General Faculty Manual and the Clerkship Specific Student Manual)
- Review and sign a UA COM Site Director job description for each academic year which will be kept on file within the Office of Medical Student Education (Tucson campus) or within the office of the Senior Program Coordinator (Phoenix campus)
- Participate in the semi-annual clerkship director and site director meetings
- Participate in your annual clerkship physical site visit by the clerkship director or a designated UA COM faculty member
- Assure the timely completion of student evaluations (to include mid-clerkship feedback and end of clerkship feedback) at your clerkship site
- Familiarize medical students at your site to pertinent safety measures
- Orient medical students to your clerkship specific site
- Problem solve any concerns or issues medical students may have regarding the clerkship specific site

Site Directors with Multiple Preceptors (above plus the below)

- Assist in obtaining UA COM faculty titles for all faculty that teach at your site
- Inform all faculty at your clerkship site of their responsibility to be oriented and adhere to UA COM affiliation agreements, policies, and procedures (as outlined in the General Faculty Manual and the Clerkship Specific Student Manual)
- Help to identify other faculty to teach at your clerkship site
- Serve as a liaison between the UA COM clerkship director and the other faculty at your clerkship site to communicate information regarding the educational program and policies
- Provide oversight of the teaching faculty within your clerkship site including the provision of appropriate supervision of medical student learning

❑ I have read and understand the responsibilities of my role as clerkship site director for the University of Arizona College of Medicine.

_____

Printed Name

_____   _____

Signature   Date

University of Arizona College of Medicine Teacher-Learner Compact

_____

Approved by the Educational Policy Committee 10/17/2012

I have read and agree to adhere to the principles outlined in the Teacher Learner Compact.

_____   _____ _____

Print Name   Signature   Date

Preamble

Faculty, whether employed by the University of Arizona College of Medicine or affiliated through agreements with the University as community faculty, and medical students (who for purposes of this policy also include residents and fellows and hereafter are referred to as "learners") are obligated under a variety of policies and standards, both at the College of Medicine (COM) and within the University of Arizona, to interact with one another in a professional manner. The COM is committed to ensuring that the learning environment is conducive to open communication and robust interactions between faculty and learners that promote the acquisition of knowledge and foster attitudes and skills required for the professional practice of medicine. Such activities require an environment that is free from harassment, discrimination, retaliation, or other inappropriate conduct. All faculty and learners are governed by the University of Arizona, COM, and Arizona Board of Regent policies, and are expected to adhere to them. Violations of these policies will be investigated and disciplinary action imposed if appropriate.

Professionalism Attributes

These attributes of professional behavior describe those behaviors that are expected from all members of the University of Arizona College of Medicine to include the faculty, residents, fellows, students, staff, and community preceptors. This professional behavior is expected to be upheld during all exchanges including but not limited to face-to-face and telephone/teleconference meetings, texting, video, email, and social networking technologies. COM faculty at both the Phoenix and Tucson campuses approved the statement of professionalism attributes by a vote conducted in May of 2012.

- Communicate in a manner that is effective and promotes understanding.
- Adhere to ethical principles accepted to be the standards for scholarship, research, and patient care, including advances in medicine.
- Demonstrate sensitivity and respect to diversity in age, culture, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.
- Strive for excellence and quality in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing personal limitations.

- Uphold and be respectful of the privacy of others.
- Consistently display compassion, humility, integrity, and honesty as a role model to others.
- Work collaboratively to support the overall mission in a manner that demonstrates initiative, responsibility, dependability, and accountability.
- Maintain a professional appearance, bearing, demeanor, and boundaries in all settings that reflect on the College of Medicine.
- Encourage wellbeing and self-care for patients, colleagues, and self.
- Be responsive to the needs of the patients and society that supersedes self-interest.

Responsibilities of the College of Medicine Faculty and Administrators to Learners

Faculty members and administrators of the University of Arizona College of Medicine shall provide:

- An environment that is physically safe for learners.
- A curriculum in which education is paramount in the assignment of all tasks. In assigning tasks to learners, faculty and administrators shall keep in mind that the primary purpose of such assignments is to enhance the learner's educational experience.
- Support for the learner's professional development. This support will include a carefully planned and well-articulated curriculum. Administrators will facilitate the progress of learners through the curriculum. Faculty and administrators will support learners in their personal development as they adjust to the needs and standards of the profession.
- An understanding that each learner requires unscheduled time for self-care, social and family obligations, and recreation.
- Accurate, appropriate, and timely feedback to learners concerning their performance in the curriculum. In assessing learners, faculty and administrators will act in a manner that is consistent with the stated goals of the educational activity, which will in turn be meaningful for future medical practice. In addition, faculty will provide learners with professional and respectful feedback during and after educational and clinical activities.
- Opportunities for learners to participate in decision-making in the COM, including participation on committees that design and implement the curriculum and tools for student performance assessment in accordance with COM bylaws and other governing documents.

Responsibilities of Learners to Faculty and Administrators of the College of Medicine

Learners at the University of Arizona College of Medicine shall:

- Respect the authority of the faculty and administrators in determining the proper training environment and activities for their education.
- Meet the educational goals and objectives of the curriculum to the best of their abilities.
- Take an active role with the faculty regarding the refinement and evaluation of the curriculum.
- Support their colleagues in their professional development.
- Assume an appropriate level of responsibility on healthcare teams and execute assigned responsibilities to the best of their abilities.