2017-2018

FAMILY & COMMUNITY MEDICINE

▶ Clerkship Manual

THE UNIVERSITY OF ARIZONA
College of Medicine
Tucson

Family & Community Medicine Clerkship Manual

1501 N. Campbell Avenue
Tucson, Arizona 85724
Phone Enter text.• Fax Enter text.

Table of Contents*

* Click on the page number at right in the Table of Contents above to go directly to each section.

The University of Arizona
College of Medicine – Tucson
Enter text Clerkship

Welcome

"Healthy families, healthy communities"
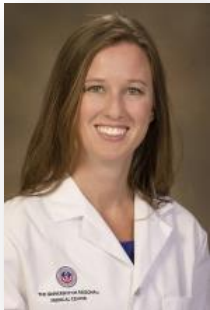
Krista Sunderman, MD

Welcome to the Family and Community Medicine Clerkship. This manual will introduce you to the specialty of Family Medicine and provide you with specific information about the FCM Clerkship.

The specialty of Family Medicine is centered on lasting, caring relationships with patients and their families. Family physicians integrate the biological, clinical and behavioral sciences to provide continuing and comprehensive health care. Family physicians care for patients of all ages. They serve as the patient's or family's advocate in all health-related matters, including the appropriate use of consultants and community resources.

This clerkship experience is designed to provide you with the medical education and foundation of clinical skills necessary to be a successful physician.

We look forward to working with you and supporting you during your clerkship experience.

Sincerely,

Krista Sunderman, MD
FCM Clerkship Director

Clerkship Director, Coordinator and Core Curriculum Faculty

FCM CLERKSHIP ADMINISTRATIVE FACULTY & STAFF

Krista Sunderman, M.D.   520-626-7824   kristas@u.arizona.edu
  Tucson Clerkship Director

Abrams Building Room 206A
1450 N. Cherry Ave
Tucson, Arizona   85719

Rosalind Fair   520-626-7865   fair@u.arizona.edu
  FCM Clerkship Coordinator   626-6134-fax

Abrams Building Room 206B
1450 N. Cherry Ave
Tucson, Arizona   85719

FCM CLERKSHIP CORE-CURRICULUM FACULTY

Susan Hausser, M.D.   520-295-2550   susan.hausser@mail.ihs.gov

Randa Kutob, M.D., MPH   520-626-3083   rkutob@email.arizona.edu

Craig McClure, M.D.   520-626-4509   cmcclure@email.arizona.edu

Larry Moher, M.D.   520-626-7435   moher@email.arizona.edu

Ron Pust, M.D.   520-626-7822   rpust@email.arizona.edu

Clerkship Organization

Sites

Alvernon Family Medicine Center	707 N. Alvernon	Tucson
AZ Family Medicine Sports Medicine	6130 E. Brown Road	Mesa
Carondelet Medical Group - Alvernon	630 N. Alvernon, Suite #251	Tucson
Carondelet Medical Group – St. Mary's	395 N. Silverbell road Suite 344	Tucson
Carondelet Medical Group - St. Joseph's	6567 E. Carondelet Dr., Ste. #555	Tucson
Carondelet Nogales	1209 W. Target Range Rd.	Nogales
Copper Queen	101 Cole Avenue	Bisbee
El Dorado Family Medicine	1500 N. Wilmot Rd., Suite A-110	Tucson
Gila Valley Clinic	1680 S. 20th Avenue	Safford
Integrated Medical Services	111 W. Cedar Lane, Suite A	Payson
Main Street Family Practice	660 S. Main St.	Florence
Mt. Graham Family Practice	1300 S. 20th Avenue	Safford
Music Mountain Family Medicine	1739 Beverly Ave	Kingman
Norterra Family Medicine	2060 W. Whispering Wind Dr.	Phoenix
North Country Community Health Center	2920 N. 4th Street	Flagstaff
Polacca Indian Health Service	PO Box 4000	Polacca
Prescott Valley - Shirley Rheinfelder, MD	3149 N. Windsong Dr.	Prescott Valley
Prescott Valley -Moyer, MD	3251 Windsong	Prescott Valley
Prescott/Chino Valley	801 Miller Valley Road	Prescott
Renee Gallo, MD	7457 E. Tanque Verde	Tucson
Roberto Garcia, MD	1150 West 24th St. , Suite C	Yuma
Saguaro East Clinic	9302 East 22nd Street	Tucson
San Pedro Family Care	890 W. 4th Street	Benson
San Xavier Indian Health Service	7900 South J. Stock Road	Tucson
Sells Indian Health Service	P.O. Box 548	Sells
Sierra Vista Family Practice	1800 E. Wilcox Dr.	Sierra Vista
Tuba City Regional Health Care	P.O. Box 600	Tuba City
UA South Campus	3950 S. Country Club, Suite 130	Tucson
United Community Health Centers	50 E. Duval Road Suite 10	Green Valley
Whiteriver Indian Health Service	PO Box 860	Whiteriver
Winslow Indian Health Service	500 Indiana Avenue	Winslow
Yuma YMRC	2400 S. Avenue A	Yuma

Student Assignments to Instructional Sites

UA COM Procedure for Student Assignments to Instructional Sites

Endorsed by EPC – 04/18/2012
Approved by PCCS – 03/27/2012
Approved by TCCS – 03/15/2012

Clinical Rotation Site Assignments

Students request their top choices of clinical sites (process may vary by clerkship). Clinical rotations sites are assigned by the respective clerkship offices in Tucson. When it is not impossible to meet the student's top choice(s), assignments are made with the aim of best meeting, collectively, the student's educational goals and geographic/personal preference.

Student Assignments to Instructional Sites
Click & Go!

Change of Rotation Site Requests—Extreme Hardships

Although rarely granted, students who wish to change their rotation site after assignments have been made may only apply for a change of rotation site if they have an extreme hardship. Requests will be considered on a case-by-case basis. Students must complete a Change of Clinical Site Request form and submit it to the responsible clinical department coordinator.

Students must provide justification for their request on the form, and if possible, may indicate the student who has agreed to exchange sites in the identical course rotation. Students are required to verify all information associated with their justification. If the request gains approval, the responsible clinical department notifies the previous and new site.

A change of rotation site may not take place unless the responsible clinical department coordinator has received the above document **as early as possible after the site assignments are published but prior to the start date** of the rotation. The resulting decision will be based on the information provided by the student and any information gathered regarding the site.

FCM Clerkship Procedure for Assignment to Clinical Sites

Clinical Rotation Site Assignments

Students request their top choices of clinical sites. Clinical rotations sites are assigned clerkship office in Tucson. When it is impossible to meet the student's top choice(s), assignments are made with the aim of best meeting, collectively, the student's educational goals and geographic/personal preference.

Indian Health Service (IHS) Drug Regulations for Clinical Sites

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

The only exception to this law is when the tribal body and state has legally authorized the use, possession, and sale of alcohol. Refer to the accompanying chart for tribal rules by location. If you have any questions or concerns, contact your clerkship coordinator.

Note: Federal law does not recognize cannabis to be of medical value and it is currently regulated as a schedule I drug. The law stipulates that any such substance or paraphernalia is unlawful on any federal property and any tribal reservation unless the tribe has legislated otherwise. While Arizona has instituted a medical cannabis program, this substance is prohibited at most IHS sites and tribal reservations.

University of Arizona Statement on Drug Free Campus

Tohono O'odam	Alcohol - Title 21, Chapter 1, Article 1
	Marijuana -Title 7 Chapter 13: Section 13.6
Hopi Code	Chapter 15: §3.15.1
	Alcohol - A-B.
	Marijuana - D
Navajo Code	Title 17 Ch 3: subsection 12
	Alcohol -§394, §410
	Marijuana §391
Apache Code	Alcohol - Health & Safety Code Section 11.1
	Marijuana - Criminal Code - Section 2.5.6

If you have any questions about regulations on Tribal property, please contact the clerkship coordinator.

Clerkship	Location	Name	Reservation	Alcohol	Medical Marijuana
FCM					
	San Xavier	San Xavier Indian Health Service Clinic	Tohono O'odam	Prohibited	Authorized
	Sells	Sells Indian Health Service Clinic	Tohono O'odam	Prohibited	Authorized
	Polacca	Hopi Health Care Center	Hopi	Possession, transportation, use on tribal lands prohibited	Authorized
	Tuba City	Tuba City Regional Health Care Corp	Navajo	Possession, transportation, use prohibited*	Prohibited
	Ft Defiance	Tsehootsooi Medical Center	Navajo	Possession, transportation, use prohibited*	Prohibited
	Winslow	Winslow Indian Health Services	Navajo	Possession, transportation, use prohibited*	Prohibited
	Whiteriver	Whiteriver IHS	Apache	Import Prohibited. Limited sale at authorized tribal liquor stores'	Authorized
Medicine					
	Tuba City	Tuba City Regional Health Care Corp	Navajo	Possession, transportation, use prohibited*	Prohibited
	Ft Defiance	Tsehootsooi Medical Center	Navajo	Possession, transportation, use prohibited*	Prohibited
OB-GYN					
	Tuba City	Tuba City Regional Health Care Corp	Navajo	Possession, transportation, use prohibited*	Prohibited
	Peridot	San Carlos Apache Healthcare Corp	Apache	Import Prohibited. Limited sale at authorized tribal liquor stores'	Authorized
Pediatric					
	Tuba City	Tuba City Regional Health Care Corp	Navajo	Possession, transportation, use prohibited*	Prohibited
	Ft Defiance	Tsehootsooi Medical Center	Navajo	Possession, transportation, use prohibited*	Prohibited
Surgery					
	Ft Defiance	Tsehootsooi Medical Center	Navajo	Possession, transportation, use prohibited*	Prohibited

	Tuba City	Tuba City Regional Health Care Corp	Navajo	Possession, transportation, use prohibited*	Prohibited
	Winslow	Winslow Indian Health Services	Navajo	Possession, transportation, use prohibited*	Prohibited

Course Description and Educational Objectives

Course Description

[The Family & Community Medicine Clerkship is a 6-week rotation that encompasses the comprehensive and longitudinal care of patients with a special emphasis on care of individuals in the context of families and communities. This is primarily an outpatient rotation, working with preceptors throughout the state.
Our clerkship provides an opportunity for students to learn about the diagnosis and management of patients with acute common problems, as well as chronic disease. Students will be expected to learn a comprehensive approach to the patient with these diagnoses that entails consideration of etiology, incidence, pathophysiology, clinical presentation, course, prognosis, treatment, and the appropriate aspects of patient education, disease prevention, and health promotion.

The goal of this clerkship if for students to learn family-centered primary health care that is humanistic, comprehensive, cost-effective, continuous, and sensitive to psychosocial, ethical, and financial issues.

By the end of the clerkship, students should be able to:
-demonstrate knowledge and implementation of comprehensive evidence-based, gender- and age-specific individualized care.
-outline treatment strategies for the patient as a whole; addressing acute and chronic diseases, health promotion and disease prevention in the context of each patient's social, economic, cultural and religious background.
-recognize the complex interactions among culture, literacy, community, race, age, gender, education, and language on an individual patient's experience with health care.

Educational Program Objectives and Competencies (Tucson)

The educational program objectives are found in their entirety below, however, they are subject to periodic updating and the most recent version will always be found online.

The College of Medicine – Tucson curriculum is designed to develop six educational competencies central to the practice of medicine.

EPOs
Click & Go!

In the following competencies and objectives diversity is understood to include race, sex, ethnicity, culture, ability, disability, socioeconomic status, education level, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin, education and genetics.

Patient Care

Graduates obtain appropriate histories; perform skillful, comprehensive and accurate patient examinations; and develop appropriate differential diagnoses and management plans. Graduates will recognize and understand the principles for managing life-threatening situations. They will select, perform and accurately interpret the results of laboratory tests and clinical procedures in order to provide patient-centered care that results in high-quality outcomes. 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
- Identify appropriate diagnostic procedures, perform those commonly used, and correctly interpret the results
- Reason deductively and efficiently to reach a diagnosis for patients with common medical conditions
- Outline an optimal plan of management for patients with common medical conditions, and describe prevention plans for common conditions
- Recognize patients with immediate life threatening conditions regardless of etiology, and institute appropriate initial treatment
- Demonstrate knowledge of the principles of rehabilitation, long-term care, and palliative and end-of-life care
- Provide appropriate care to all patients, regardless of any individual characteristics, background, or values
- Provide health care services as well as health education that empower patients to participate in their own care and that support patients, families, and communities in preventing health problems and maintaining health

Medical Knowledge

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. 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 of homeostasis
- Cognitive, affective and social growth and development
- 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
- The many and varied social determinants of health and disease
- The legal, ethical issues and controversies associated with medical practice
- Critical thinking about medical science and about the diagnosis and treatment of disease
- The scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics
- The effective use of information technology to acquire new information and resources for learning

Practice Based Learning and Improvement

Graduates are prepared to practice medicine today and in the future 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 scientific and patient care information. They are dedicated to continuous learning within the science of healthcare delivery. They understand the limits of their own personal knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into their daily activities. 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:

- Identifying strengths, deficiencies and limits in one's knowledge and expertise
- Identifying and performing learning activities that address gaps in one's knowledge, skills, or attitudes
- Incorporate feedback into clinical practices
- Remaining informed about new, most current practices on national and international levels
- Locating, appraising, and assimilating evidence from scientific studies related to clinical care
- Participating in the education of patients, families, students, trainees, peers, and other health professionals
- Obtaining information about the populations and communities from which individual patients are drawn and applying it to the diagnosis and treatment of those patients
- Understanding the population, background, socio-economic, and community factors that can affect health and health care delivery for individual patients
- Identifying and critically analyzing the role and cost-benefits of guidelines, standards, technologies, and new treatment modalities for individual patients

- Describing the causes and systemic approaches to prevent medical errors and provide a safe environment for patient care

Interpersonal and Communication Skills

Graduates demonstrate interpersonal and communication skills that result in the effective information exchange and collaboration with patients, their families, and health professionals. They use effective communication skills with patients, families, and the community to educate and promote health and wellness. Graduates will demonstrate the ability to:

- Develop a meaningful therapeutic and ethically sound relationship with patients and their families across diverse backgrounds
- Effectively communicate with patients and families by understanding and appropriately responding to emotions, using listening skills, nonverbal, explanatory, questioning and writing skills to elicit information and manage interactions
- Document and present patient data and clinical information in an organized, accurate, legible and/or verbally clear manner
- Encourage patients' health and wellness through appropriate health education
- Engage in collaborative communication when working within a team of one's profession or as part of an interprofessional team

Professionalism

Graduates are committed to carrying out professional responsibilities, demonstrating compassion, adhering to ethical principles, and are sensitive to diverse patient populations. Graduates respect patients, families, and professional colleagues and are advocates for improving access to care for everyone. Graduates will exemplify a professional character that exhibits:

- Compassion, integrity, and respect for others
- Respect for patients' autonomy, privacy, and dignity
- Respect for patients' *race, sex, ethnicity, culture, ability, disability, socioeconomic status, education level, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin, education and genetics*
- Integrity, reliability, dependability, truthfulness in all interactions with patients, their families and professional colleagues
- A responsiveness to patient's needs and society that supersedes self-interest
- The skills to advocate for improvements in the access of care for everyone, especially vulnerable and underserved populations
- A commitment to excellence and on-going learning, recognizing the limitations of their personal knowledge and abilities, and the capacity to effectively address their own emotional 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

Systems-based Practice and Population Health

Graduates demonstrate awareness of and responsiveness to the context and system of health and healthcare. They recognize health disparities and 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, assessing symptoms, diagnosing illnesses, making treatment plans and considering the patient care and systems-level implications of their work. Graduates will demonstrate:

- 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
- An understanding of factors involved in healthcare disparities and how to optimize care for vulnerable or underserved populations
- Knowledge of how types of medical practice and delivery systems differ from one another
- An understanding of how to practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocacy for quality patient care and access for all people, including the underserved, and a commitment to 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 knowledge of 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
- The ability to acquire relevant information about the health of populations or communities and use this information to provide appropriate services
- The ability to appropriately mobilize community-based resources and services while planning and providing patient care

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 Curricular Affairs works closely with each department to identify, recruit, and maintain a wide array of sites that offer a range of individualized learning experiences around a core set of goals and specific patient encounters.

Learning experiences are unique to 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.

Clerkship Learning Objectives

[

OBJ #	COMPETENCY	FAMILY & COMMUNITY MEDICINE CLERKSHIP LEARNING OBJECTIVES
1	PC	Develop competence in the medical interview and Physical examination of patients, incorporating ethical, social and diversity perspectives to provide culturally competent health care.
2	PC	Apply recommended preventive strategies throughout the life-span of families
3	PC	Demonstrate knowledge of the impact of medical conditions, genetics, social, environmental and other risk factors on patient health.
4	PC	Describe 14 common problems in family medicine, their symptoms, methods to evaluate these problems and develop a plan of care.
5	PC	Demonstrate knowledge in the following 6 topics of preventive care: Diagnosing and Preventing illness – the Continuum; Primary Prevention: Behavioral Counseling to Prevent Cardiovascular Disease and Obesity; Secondary Prevention: Screening to Make a Difference; Family Medicine and Public Health; Care of Older Adults- Health Promotion and Disease Prevention; Women's Health)
6	PC	Demonstrate clinical reasoning skills to develop a list of differential diagnosis for common problems in family medicine.

Required Patient/Clinical Conditions

Type of patient/clinical condition	Clinical setting (Inpatient, Outpatient, Both)	Level of student responsibility	Alternative Requirement
Abdominal Pain	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 217-268
Asthma	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine,

			Sixth Edition pp 607-624
Low Back Pain	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 437-446
Chest Pain	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 99-124
Cough	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 625-658
Depression	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 587-596
Diabetes type 2	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 149-164
Dysuria	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 327-350
Extremity Pain	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 409-420; 457-466
Fatigue	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 513-524
Headache	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 533-542
Hyperlipidemia	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp
Hypertension	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 125-134
Obesity	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 179-190
Skin Disorders	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 467-476

Substance Use	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 551-566
Red Eye	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 199-206
Upper Respiratory Illness	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 625-646
Contraceptive Choice, Discuss	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 309-326
Review a vaccine record and identify need vaccines for an adult	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp
Review a vaccine record and identify need vaccines for child	Outpatient	Activity Participate in Care	Report to Clerkship Director
Administer a vaccine	Outpatient	Activity Participate in Care	Report to Clerkship Director
Discuss exercise	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 179-190
Complete H&P and recommend a wellness plan: Well adult male	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 61-76
Complete H&P and recommend a wellness plan: Well adult female	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 61-76
Complete H&P and recommend a wellness plan: Well child	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 51-60
Complete H&P and recommend a wellness plan: Elderly Patient	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 77-88

Discuss screening for colon cancer	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 71
Discuss screening for cervical cancer	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 29-36
Discuss screening for breast cancer	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 297-308
Discuss screening for prostate cancer	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 361-374
Discuss screening for STI	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 385-398
Discuss screening for Osteoporosis	Outpatient	Activity Participate in Care	Report to Clerkship Director Essentials of Family Medicine, Sixth Edition pp 77-86

Clinical Skills Goals

- Enhance and refine date collection and problem solving skills
- Demonstrate the principles and interventions for health promotion and disease prevention
- Incorporate health-care resources and identify community based challenges
- Recognize social/economic factors that impact health care delivery for each patient.
- Demonstrate knowledge and proficiency in assessing patient and developing plan

Alternative Experience

When a student must complete an alternative experience, the following procedures should be followed:

1. The student requests the Clerkship Director's approval.
2. The clerkship coordinator adds the alternative experience to the student's patient log making it visible to the student.
3. The student logs the alternative experience.

Professionalism and Integrity

Attributes of Professional Behavior (COM)

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.

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

Attributes of Professional Behavior
Click & Go!

The Attributes are consistent with existing University of Arizona and Arizona Board of Regents (ABOR) policies, as well as established policies implemented in undergraduate medical education, graduate medical education, residency programs, Arizona Health Sciences Center departments and clinical settings.

Attributes:

- Communicate in a manner that is effective and that promotes understanding, inclusion and respect for individuals' diverse characteristics.
- Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research, and patient care including advances in medicine.
- Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, cultural background, gender, disability, social and economic status, sexual orientation, or other unique personal characteristics.
- Strive for excellence and quality of care in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing one's own limitations.
- Uphold and be respectful of the privacy of others.
- Consistently display compassion, humility, integrity, and honesty as a role model to others.
- Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability.
- Maintain a professional appearance and demeanor and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.
- Promote wellbeing and self-care for patients, colleagues, and 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 Professionalism.
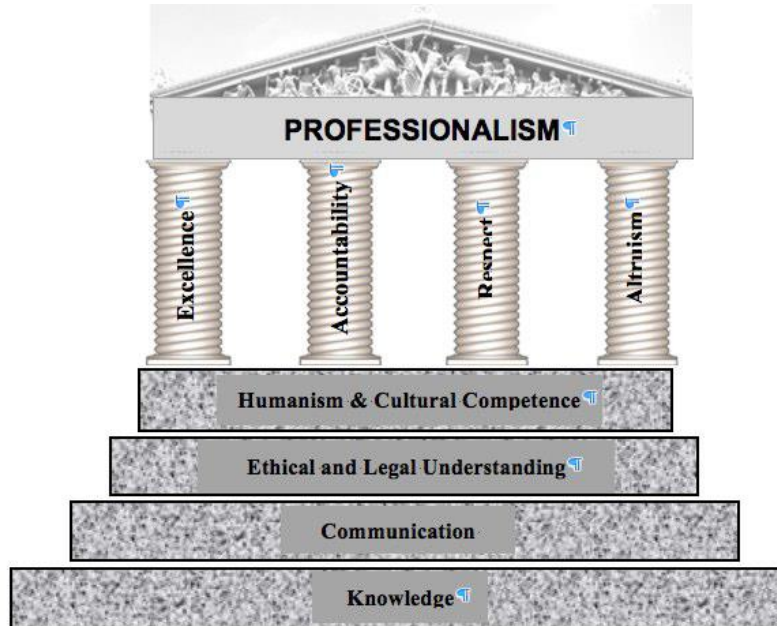
Model adapted from Arnold l, Stern DT. What is Medical Professionalism? In: Stern DT, ed. *Measuring Medical Professionalism*. New York, NY: Oxford University Press; 2006:19.

The blocks at the base of the model above represent knowledge and skills that serve as foundations for developing professionalism.

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

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

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

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

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

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

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

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

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

Code of Academic Integrity

February 2009

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.

PRINCIPLE

Integrity and ethical behavior are expected of every student in all academic work. This Academic Integrity principle stands for honesty in all class work, and ethical conduct in all labs and clinical assignments. This principle is furthered by the student Code of Conduct and disciplinary procedures established by ABOR Policies 5-308 through 5-404, all provisions of which apply to all University of Arizona students. This Code of Academic Integrity (hereinafter "this Code") is intended to fulfill the requirement imposed by ABOR Policy 5-403.A.4 and otherwise to supplement the Student Code of Conduct as permitted by ABOR Policy 5-308.C.1. This Code of Academic Integrity shall not apply to the Colleges of Law or Medicine, which have their own honor codes and procedures.

PROHIBITED CONDUCT

Students enrolled in academic credit bearing courses are subject to this Code. Conduct prohibited by this Code consists of all forms of academic dishonesty, including, but not limited to:

> **Code of Academic Integrity**
>
> **Click & Go!**

1. Cheating, fabrication, facilitating academic dishonesty, and plagiarism as set out and defined in the Student Code of Conduct, ABOR Policy 5-308E.6, E.10, and F.1.

2. Submitting an item of academic work that has previously been submitted or simultaneously submitted without fair citation of the original work or authorization by the faculty member supervising the work.

3. Violating required disciplinary and professional ethics rules contained or referenced in the student handbooks (hardcopy or online) of undergraduate or graduate programs, or professional colleges.

4. Violating discipline specific health, safety or ethical requirements to gain any unfair advantage in lab(s) or clinical assignments.

5. Failing to observe rules of academic integrity established by a faculty member for a particular course.

6. Attempting to commit an act prohibited by this Code. Any attempt to commit an act prohibited by these rules shall be subject to sanctions to the same extent as completed acts.

7. Assisting or attempting to assist another to violate this Code.

STUDENT RESPONSIBILITY

Students engaging in academic dishonesty diminish their education and bring discredit to the academic community. Students shall not violate the Code of Academic Integrity and shall avoid situations likely to compromise academic integrity. Students shall observe the generally applicable provisions of this Code whether or not faculty members establish special rules of academic integrity for particular classes. Students are not excused from complying with this Code because of faculty members' failure to prevent cheating.

FACULTY RESPONSIBILITY

Faculty members shall foster an expectation of academic integrity and shall notify students of their policy for the submission of academic work that has previously been submitted for academic advancement, as well as any special rules of academic integrity or discipline specific ethics established for a particular class or program (e.g., whether a faculty member permits collaboration on coursework; ethical requirements for lab and clinical assignments; etc.), and make every reasonable effort to avoid situations conducive to infractions of this Code.

STUDENT RIGHTS

Students have the right to a fair consideration of the charges, to see the evidence, and to confidentiality as allowed by law and fairness to other affected persons. Procedures under this Code shall be conducted in a confidential manner, although a student has the right to an advisor in all procedures under this Code. The Dean of Students serves as advisors to students on any questions of process related to this Code.

ACADEMIC INTEGRITY PROCEDURES

I. Faculty-Student Conference

The faculty member of record for the course (i.e., responsible for signing the grade sheet) conducts these procedures and is responsible for ensuring that they are followed. If faculty allege a violation of this Code has occurred they shall make sure that students receive written notice in advance of the conference within a reasonable timeframe, detailed reason for the conference and fair consideration of the charges against them. The faculty member must confer with the student within 15 academic days (hereinafter referred to as "days") of receiving evidence of a suspected violation of this Code, unless good cause is shown for an extension of no more than 30 days. Such an extension must be approved by the Dean of the College. After 15 academic days the faculty member may proceed with imposing

decision and sanction for an alleged violation if the student has not responded to reasonable attempts for the conference to take place. If the faculty member has not acted on the alleged violation after 15 academic days, then the student shall not be subject to this code for the alleged violation in question. The faculty member shall confer with the student in private, explain the allegations, present any evidence, and hear the student's response. If more than one student is involved in an incident, separate conferences are recommended but not required. When dealing with students who are unavailable for the conference, students not enrolled in the class, or graduate students, refer to the General Provisions. After the conference the faculty member shall decide, by a preponderance of the evidence, whether or not the student has committed an act prohibited by this Code. "Preponderance of the evidence" means that it is more likely than not that a violation of this Code occurred. If the evidence does not support a finding of a violation, the University will make no record of the incident in any University files. The student may continue in the class without prejudice.

If the evidence supports a finding that the student has engaged in misconduct, the faculty member shall impose sanctions after considering the seriousness of the misconduct, the student's state of mind, and the harm done to the University and to other students. In addition, the faculty member shall consider mitigating and aggravating factors in accordance with the provisions of ABOR Policy 5-308.H. A faculty member may impose any one or a combination of the following sanctions: a written warning, loss of credit for the work involved, reduction in grade, notation of the violation(s) on the student's transcript, a failing grade in the course, or revocation of a student's degree. The faculty member may also impose a sanction of suspension or expulsion from the program, department, college, or University. When appropriate faculty members may also assign students to participate in educational sanctions that address the violation of this Code. If the faculty member assigns a notation on the transcript, suspension or expulsion from the University or revocation of a degree as a sanction, the student is automatically granted an appeal to the Dean of the College. Within 10 days of the conference, the faculty member shall prepare a written decision outlining the charges, evidence, findings, conclusions and sanctions imposed. The faculty member should use the standard form entitled "Record of Faculty-Student Conference," and furnish copies to the student (as provided in the "Notice" section under General Provisions) and to all others as noted on the form, including the Dean of Students Office. When possible, the faculty member should have the student sign the "Record of Faculty-Student Conference." See the General Provisions section for Grade Before Appeals.

II. Additional Sanctions for Multiple Violations

Multiple violations of this Code may subject students to additional sanctions, including suspension or expulsion at the discretion of the Academic Dean or his/her designee.
Upon receiving the Record of Faculty-Student Conference, the Dean of Students Office will notify the student and the Academic Dean of the existence of multiple violations. The Academic Dean will decide within 20 days if any additional sanctions are to be imposed on the student as a result of multiple violations. The Academic Dean shall not revisit the decisions made in previous violations of the Code. The Academic Dean will notify the student, the Dean of Students Office and the Dean of the College where the violation occurred as provided in the "Notice" section under General Provisions within 20 days of receipt of notice of multiple violations from the Dean of Students Office in writing of any additional sanctions and related information. The Academic Dean should use the form entitled "Sanctions for Multiple Violations," and outline the findings and conclusions supporting his/her decision for any additional sanctions. Except in cases where the sanction for multiple violation results in suspension or expulsion from the University, a notation on the student's transcript or revocation of a student's degree the additional sanctions imposed by the Academic Dean for multiple violations of this

Code shall be final. If the case is appealed as set forth below, the Academic Dean will present the case for the additional sanction.

III. Appeal to Dean of the College

The student may appeal the faculty member's decision and sanctions to the Dean of the College or his/her designee. The student shall deliver the form entitled "[Request for Appeal to the Dean of the College](#)" to the Dean of the College within 10 days of the date on which the "Record of Faculty-Student Conference" is postmarked electronically or via postal mail. The Dean of the College may extend this filing period if the student shows good cause for the extension. If a student does not appeal within the time provided, the decision and sanctions of the faculty member will be final.

Within 15 days of receiving the appeal, the Dean of the College shall schedule the appeal hearing for this specific case only. The appeal hearing must be concluded within 30 days of receiving the appeal. Upon appeal, the Dean of the College shall review the faculty member's decision, sanctions and supporting evidence and any evidence provided by the student, and shall confer with the faculty member and the student. The Dean of the College shall have the authority to uphold, modify, or overturn the faculty member's decision and sanctions. If the Dean of the College finds:

1. that the conclusion of a violation is not supported by the evidence, then he/she shall render a finding of no violation and that the sanction(s) imposed be overturned.

2. that the conclusion of a violation is supported by the evidence and the sanction imposed is appropriate, then he/she shall uphold the faculty member's decision and sanction(s).

3. that the conclusion of a violation is supported by the evidence, and the sanction(s) imposed are inadequate or excessive, then he/she shall modify the sanction(s) as appropriate.

The Dean of the College shall notify the student, the faculty member and the Dean of Students in writing of his/her decision as provided in the "Notice" section under General Provisions. The Dean of the College should use the form entitled "Record of Appeal to Dean of the College" for this purpose. If the Dean of the College decides no violation occurred, all reference to the charge shall be removed from the student's University records, and the student may continue in the class without prejudice. If the semester has ended prior to the conclusion of the appeal process, the faculty member shall calculate the grade without the sanction. If work was not completed due to the academic integrity allegation, the faculty member and the student shall confer and a grade of "I" shall be assigned. If a grade of "I" is assigned, the student shall have the opportunity to complete any remaining work without prejudice within the timeframe set forth in the student's academic catalog.

If the alleged academic integrity violation and subsequent appeal process continues past a student's graduation date, the Dean of the College should make every reasonable attempt to hear the appeal in an expedited manner. If the Dean of the College is unable to hear the appeal in an expedited manner the Vice President for Instruction will hear the appeal according to the procedures set forth above.

IV. Interim Action

1. The Dean of the College involved may suspend the student from one or more classes, clinics or labs for an interim period prior to resolution of the academic integrity proceeding if the Dean of the College believes that the information supporting the allegations of academic misconduct is

reliable and determines that the continued presence of the student in classes or class-related activities poses a significant threat to any person or property.

2. The Dean of the College must provide a written notice of the interim suspension to the student, with a copy to the Provost and the Dean of Students Office. The interim suspension will become effective immediately on the date of the written notice.

3. A student who is suspended for an interim period may request a meeting with the Provost or his/her designee to review the Dean of the College's decision and to respond to the allegations that he or she poses a threat, by making a written request to the Provost for a meeting. The Provost or his/her designee will schedule the meeting no later than five (5) days following receipt of the written request and decide whether the reasons for imposing the interim suspension are supported by the evidence.

4. The interim suspension will remain in effect until a final decision has been made on the pending academic misconduct charges or until the Provost, or his/her designee, determines that the reasons for imposing the interim suspension no longer exist or are not supported by the available evidence.

V. Appeal to University Hearing Board

The student may appeal to a University Hearing Board any decision of the Dean of the College or the Academic Dean that imposes suspension or expulsion from the University, provides for a notation on the student's transcript, or revokes a student's degree. The student may also appeal to a University Hearing Board if the Dean of the College failed to act on a request for an appeal of a faculty member's decision within the 30 day period. The Dean of the College may grant the student the option to appeal to a University Hearing Board if the sanction of a failing grade is imposed and the Dean of the College believes reasonable persons would disagree on whether a violation occurred. The appeal must be filed within 10 days from receipt of the decision or the Dean of the College's failure to act, by providing written notice of appeal to the Dean of Students Office. The student should use the form entitled "Request for Appeal to a University Hearing Board" for this purpose. If a student does not appeal within the time allowed, the most recent decision of record shall become final. The University Hearing Board shall follow the procedures set forth in ABOR Policy 5-403.D with the following modifications:

1. The Hearing Board shall be composed of three faculty members and two students and shall convene within 30 days of the time the student files the appeal.

2. Wherever the term Vice President of Student Affairs appears, it shall be replaced with Senior Vice President for Academic Affairs/Provost. The Provost is empowered to change grades and the Registrar shall accept the Provost's decision. The Provost shall also notify the parties of the final decision. The Provost may designate a Vice Provost or other Vice President to act on his/her behalf.

3. Wherever the Dean of Students is indicated as presenting evidence or witnesses, it shall be replaced with the faculty member who made the charges or his/her representative. Additionally, the Academic Dean or designee may also present evidence to support sanctions for multiple violations.

4. The student may be assisted throughout the proceedings by an advisor or may be represented by an attorney. If the student is represented by an attorney, the faculty member may also be represented by an attorney selected by the University's Office of the General Counsel.

5. The faculty member has the same right as students to challenge the selection of any Board member, as noted in the Student Disciplinary Procedures (5-403.D.3.f).

6. The Board may, in its recommendation, address any egregious violations of process.

7. Sanctions for multiple violations will be recommended and presented to the Board by the Academic Dean or his/ her designee

GENERAL PROVISIONS

Academic Days
"Academic Days" are the days in which school is in session during the regular fall and spring semesters, excluding weekends and holidays. If possible, Faculty-Student Conferences and appeals may be heard during the summer or winter break. The Dean of the College or Dean of Students may extend these time limits when serving the interests of a fair consideration or for good cause shown. Alleged violations of the Code during Pre-Session, Summer Sessions, or Winter Session shall proceed according to the timeline for the faculty-student conference set forth above. Appeals from an alleged violation during Pre-Session, Summer Sessions, or Winter Session shall proceed at the availability of the Dean of the College or if unavailable, the Dean's designee. If the appeal process cannot proceed during Pre-Session, Summer Sessions, or Winter Sessions the student shall continue in the class without prejudice and the timeline for the appeal process shall continue at the start of the next regular fall or spring semester. Appeals involving a student who has graduated shall follow the expedited process set forth above.

Academic Dean
The Academic Dean is the Dean of the academic college where the student's major is housed. In the case of dual degree students, the Dean of the student's primary major college will hear the appeal under this Code the Academic Dean may designate another member of the college administration to act on his/her behalf.

Advisor
An individual selected by the student to advise him/her. The advisor may be a faculty or staff member, student, attorney, parent or other representative of the student. The student will be responsible for any fees charged by the advisor. The advisor may confer with the student during any proceedings provided by this Code, but may only speak during a University Hearing Board. The advisor may be dismissed from the hearing if University Hearing Board Chairperson finds that the advisor is disruptive. If the advisor is dismissed from the meeting, the student has the right to end the meeting and reschedule when a new advisor can be present.

Dean of the College
The Dean of the College is the Dean of the faculty member's academic college where the alleged violation occurred. In the cases where the alleged violation is initiated by the Graduate College or the Honors College, the Deans of those Colleges will hear the appropriate appeal. Under this Code, the Dean of the College may designate another member of the college administration to act on his/her behalf.

Dean of Students

The Dean of Students serves as administrators of this Code and advisors to students and faculty when questions of process are raised by either party.

Grade Before Appeals

Students must be allowed to continue in class without prejudice until all unexpired or pending appeals are completed. If the semester ends before all appeals are concluded, a grade of "I" shall be recorded until appeals are completed.

Graduate Students

In cases involving graduate students, faculty shall follow the procedures outlined for undergraduate students except that in all cases where the student is found to have violated this Code, the faculty member (and in the case of appeals, the Dean of the College or Hearing Board) shall notify the Associate Dean of the Graduate College.

Notice

Whenever notice is required in these procedures it shall be written notice delivered by hand or by other means that provides for verification of delivery including email delivery to a secure University email account

Record

Whenever a sanction is imposed, the sanction and the rationale shall be recorded in the student's academic file as appropriate. It is recommended that the forms entitled "Record of Faculty-Student Conference" and "Record of Appeal to Dean of the College" be used. These forms are available from the Dean of Students Office website.

Rights and Responsibilities of Witnesses

Witnesses from within the University community are expected to cooperate in any proceedings under this Code. The privacy of a witness shall be protected to the extent allowed by law and with consideration to fairness to the students charged and other affected persons. Retaliation of any kind against witnesses is prohibited and shall be treated as a violation of the Student Code of Conduct or of other applicable University rules.

Students or Faculty Not Available For Conference

In cases where the student is not available, e.g., out of the area after final exams, the faculty member shall make every reasonable effort to contact the student through personal contact, telephone, University email, or mail to inform the student of the charges. If the faculty member is able to contact the student, the Faculty-Student Conference shall be scheduled as soon as both parties are available, e.g., at the beginning of the next semester. The student shall be given the grade of Incomplete until the conference is held. If either of the parties will not be available for an extended period, the Faculty-Student Conference shall be held via telephone. If after several efforts, contact cannot be established, the faculty member may impose sanctions but must send a letter or copy of the "Record of Faculty-Student Conference" form via certified return receipt requested mail to the student's last permanent address outlining the charges, findings, conclusions and sanctions.

Students Not In Class

If students not enrolled in the class are involved in a violation of this Code, faculty shall file a Student Code of Conduct complaint with the Dean of Students Office.

Role of the Department Head
Academic Department Heads serve a consultative role for faculty members working with matters of academic integrity since Department Heads are not part of the appeal process.

Cup of Coffee Conversations to Promote Professionalism Initiative

On July 1, 2017 the University of Arizona College of Medicine – Tucson is implementing the Cup of Coffee Conversations to Promote Professionalism* pilot program. The Curricular Affairs Professionalism Support Team in collaboration with the Professionalism Program modeled this initiative after the process developed by Vanderbilt University. The purpose of the Cup of Coffee Conversation is to take a proactive, non-punitive approach to lapses in professionalism.

Trained messengers include faculty, fellows, residents, staff, and medical students, who deliver a single story/observation of a reported unprofessional behavior with no judgment or intervention. This is done with the sole purpose of raising awareness.

Cup of Coffee Conversations
Click & Go!

Professionalism Support Team:

Amy Waer, MD
awaer@surgery.arizona.edu

Sonia de Leon, BS
soniabdeleon@medadmin.arizona.edu

Diane Poskus, MA
dposkus@medadmin.arizona.edu

T. Gail Pritchard, PhD
tpritcha@medadmin.arizona.edu

Paul Weissburg, PhD
pweissburg@medadmin.arizona.edu

* Promoting Professionalism: Addressing Behaviors that Undermine a Culture of Safety, Reliability, and Accountability © Center for Patient and Professional Advocacy, Vanderbilt University Medical Center, 2016

Mistreatment

Professionalism Program Mistreatment Definitions and Reporting for Medical Students
6-30-16
Rev 10-2016

Goal
The University of Arizona College of Medicine-Tucson Professionalism Program and the College's administrators are dedicated to improving and advancing our learning environment and to reducing/eliminating behaviors toward our learners not conducive to their growth and professional development.

Mistreatment
Click & Go!

This policy is in addition to the University of Arizona's [Non-discrimination and Anti-harassment policy](#), which prohibits discrimination, including harassment and retaliation, based on a protected classification, including race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity or genetic information. Any suspected violation of this policy will be referred to the Office of Institutional Equity.

Definition of Mistreatment

The Association of American Medical Colleges (AAMC) Graduation Questionnaire[1] defines mistreatment as follows:

"Mistreatment either intentional or unintentional occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender or sexual orientation; humiliation; psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner."

Categories of Mistreatment[2]

Physical Mistreatment:
- "Physically mistreated causing pain or potential injury"
- "Pushed/slapped hand"
- "Exposed to other forms of physical mistreatment used to express frustration, make a point, or get attention"

Verbal Mistreatment:
- "Threatened/intimidated"
- "Yelled at"
- "Degraded/ridiculed/humiliated/insulted/sworn at/scolded/berated"
- "Exposed to inappropriate conversation/comments"

Sexual Harassment:
- "Exposed to hostile environment, including inappropriate physical contact, gender discrimination, sexual jokes, inappropriate comments, innuendo, and inappropriate requests of a sexual nature"
- "Unwanted social invitations (quid pro quo)"
- "Ignored because of gender"

Ethnic Mistreatment:
- "Exposed to racial or religious slurs/jokes"
- "Stereotyped"
- "Neglected/ignored (because of ethnicity)"

Power Mistreatment:
- "Dehumanized/demeaned/humiliated"
- "Deliberately asked a question the physician knows the student cannot answer (malignant pimping)"
- "Intimidated/threatened with poor evaluation or grade consequences"
- "Asked to do inappropriate tasks"
- "Forced to adhere to inappropriate scheduling"

- "Neglect/ignored"

Adapted from The Pritzker School of Medicine, University of Chicago's examples of mistreatment and non-mistreatment[3:]

		Mistreatment is not . . .	Mistreatment is . . .
M	Malicious intent	On the first day of third year, the ward clerk says to the student, "you guys are green," then offers to help the students find a computer station.	A resident purposely gives a student misinformation before rounds. The student overhears the resident laughing about messing him over.
I	Intimidation on Purpose	A student working with the chairman of surgery says he feels nervous about operating with him since the chairman can "make or break" his career.	A resident tells a student that he intends to make her cry before the rotation is over.
S	Sexual harassment	A male student is asked not to go into a room because a female patient only wants a female to examine her.	A male attending tells a female student, "I can tell you know how to grab it like you mean it" while she is inserting an indwelling Foley catheter.
T	Threatening verbal or physical behavior	A student is yelled at to "get the XXX out of the way" by a nurse as a patient is about to be shocked during a code.	An attending grabs the student's finger with a clamp in the OR or tells the student he is an idiot after he could not answer a "pimp" question.
R	Racism or excessive discrimination	An attending gives a student feedback on how to improve performance.	A resident tells a Hispanic student his "people" (assuming illegal immigrants) are responsible for high healthcare costs.
E	Excessive or unrealistic expectations	A student is asked to review an article and present it on rounds to the team.	A resident tells a student it is her job to perform rectal exams (necessary or not) on all the patients admitted to the service.
A	Abusive favors	A student is asked to get coffee for herself and for the team prior to rounds. The resident did it yesterday. The team gives the student money.	A student is asked to pick up an attending's dry cleaning.
T	Trading for grades	A resident tells a student she can review and present a topic to the team as an opportunity to enhance her grade.	A student is told that if he helps a resident move, he will get honors.

As the above table illustrates, there is a distinction between **embarrassment**, which is NOT mistreatment, and **harassment**, which is mistreatment.

- Embarrassment: The state of feeling foolish in front of others. Example: An attending tells a student to prepare for an upcoming surgery by reviewing the relevant anatomy. The student fails to do so and is embarrassed when the attending asks an anatomical question during the surgery and is unable to provide the answer.
- Harassment: When an unpleasant or hostile situation is purposefully created. Example: An attending physician purposely asks a question s/he feels the student will not know the answer to and then publically calls her/him "stupid."

Reporting Concerns of Possible Mistreatment[4]

a. Medical students who are the subject of mistreatment or who have witnessed mistreatment of their fellow student are encouraged to discuss it with a faculty member/staff who is in a position to understand the context and address necessary action. Retaliation against medical students who report is not tolerated.

b. The following positions should be considered as primary resources:
- Block/Course Directors
- Deans in the College of Medicine
- Professionalism Support Team (Sonia de Leon, Diane Poskus, Gail Pritchard, Amy Waer)
- Ombudsman
- Students on away rotations should report to their course director at the site or to the above College of Medicine resources.
- If the student does not feel comfortable reporting the mistreatment in person he/she can file a confidential report via the professional conduct comment form.

Any report suggesting mistreatment will be referred to the University's Professionalism Committee. Any report suggesting unlawful discrimination or harassment under the University's Non-discrimination and Anti-harassment policy will be referred to the Office of Institutional Equity. Students may also directly report suspected discrimination or harassment to the Office of Institutional Equity.

Anyone found to have engaged in mistreatment will be subject to disciplinary action.

References

1. Mavis B, Sousa A, Lipscomb W, Rappley MD. Learning about medical student mistreatment from responses to the Medical School Graduation Questionnaire. *Acad Med*. 2014;89(5):705-711.
2. Fried JM, Vermillion M, Parker NH, Uijtdehaage S. Eradicating medical student mistreatment: A longitudinal study of one institution's efforts. *Acad* Med. 2012;87(9): 1191–1198.
3. Pritzker School of Medicine. (n.d.). Retrieved June 10, 2016, from https://pritzker.uchicago.edu/page/student-treatment
4. Mistreatment of Medical Students Policy. (2013). Retrieved June 10, 2016, from http://phoenixmed.arizona.edu/policy/mistreatment-medical-students-policy

Teacher Learner Compact

The teacher-learner compact was developed around the professional attributes to outline the responsibilities of the faculty, fellows, residents, and staff (teachers) toward our medical students and the medical students' (learners') professional responsibilities toward the faculty, fellows, residents, and staff. 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.

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.

Teacher-Learner Compact
Click & Go!

University of Arizona College of Medicine Teacher - Learner Compact

Approved by the Educational Policy Committee 10/17/12

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.
- Promote 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.

Banner Associated Core Behaviors:

http://strongjourney.bannerhealth.com/banner_vmv.html

All Banner employees:

People Above All		Excellence		Results
Patient Centered	**Collaboration**	**Ownership**	**Continuous Improvement**	**Outcome Focused**
Compassionate	Promotes Teamwork	Proactive	Safe & Reliable	Performance Driven
Respectful	Fosters Cross Departmental Coordination	Resourceful	Shares Knowledge	Agile
Responsive	Effectively Communicates	Responsible	Continual Leader	Accountable

Leader Behaviors (Leaders must exhibit all of the above behaviors plus three additional behaviors):

People Above All	Excellence	Results
Optimized Organizational Talent	**Shape the Future**	**Executive Presence**
Creates an inclusive and safe environment where people can thrive	Acts as a change champion	Exhibits energy, excitement, enthusiasm, and courage
Identifies and promotes talent by providing opportunities for growth	Performs effectively in an ambiguous and complex environment	Effectively communicates to, and influences a variety of audiences
Engages employees in improving individual and team performance	Actively engages others in our goal of achieving Industry Leadership	Builds credibility and trust through visibility

Ombudsman

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

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

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.

Professional Conduct Comment Form

Click & Go!

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. 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.

Academic Participation Requirements

Patient Care at your Clinical Site

You will be at your clinical site for the majority of your time in this clerkship. You will participate in all activities expected by the supervising physicians at your site, including on-site teaching conferences and, for your own patients, following continuity of care including consults to other physicians or community and home health agencies.

Night and weekend call is not required by the Clerkship. Several of the sites offer night call opportunities. Participating in night time call activities is strictly voluntary and can enhance your clerkship experience. Your choice whether or not to take call will not be factored into your clinical grade.

Flex-time Option: Some of the FCM Clerkship sites offer an approved flex-time option to broaden your exposure to family medicine activities beyond the ambulatory clinic. Depending upon your site, alternative flex-time activities may include such experiences as emergency room, podiatry, public health nursing visits, home or nursing home visits, satellite family medicine clinics, homeless care, or other activities that relate to your clinic's practice. These alternative activities may comprise up to (but no more than) 10% of your clerkship time (e.g., one half-day per week or one full day on alternate weeks).

Arizona Med via MedPortal

Clerkship Patient Encounter Log (PX/DX)

You will need to document that you see a patient with each of the clinical problems listed on the patient encounter table (p. 19). The clerkship is not considered to be complete until the patient encounter and procedure lists are completed. The documentation is performed by logging onto ArizonaMed. No notes are necessary and you only need to document each item once.

Observed History and Physical

Students are required to be observed at least once per clerkship taking a medical history (partial or complete) and performing a physical exam (partial or complete).

Students must document this observation in ArizonaMed. Under the H&P tab on your home page, enter the date of the observation, the name of the observer and whether the observer was a faculty/preceptor or resident. It is only necessary to document one observation per clerkship.

Arizona Med is now accessed by entering MedPortal. Please see Appendix A for instructions and more information. **URL: medportal.medicine.arizona.edu**

Didactic Sessions

Didactic teaching occurs as listed on the calendar provided and will be discussed at orientation. In general, the majority of the teaching is scheduled for mid-clerkship and all students will return to Tucson to participate. Attendance at the didactic sessions is required.   Students should plan on bringing a case from their clinical site and be prepared to participate in the common problem sessions. Students will be given a grade based on their participation in the problem solving sessions. The prevention sessions, also listed below, are aimed at building your competence in health promotion and disease prevention skills. If you cannot attend any part of any session for any reason, please call or email the clerkship office prior to the scheduled meeting time (520-626-7865, fair@email.arizona.edu)

FCM Core Curricular Content	
14 Common Clinical Problems	**Preventive Medicine Topics**
GI: Abd pain/diarrhea- to include IBD, IBS	Diagnosing and Preventing Illness – the Continuum
MSK/Neuro/Rheum: Back Pain, RA vs OA	
CV/Resp: Chest Pain	Primary Prevention: Behavioral Counseling to
Resp: Cough/Asthma/COPD	
Endo: Diabetes/Thyroid	Prevent Cardiovascular Disease and Obesity
GU: Dysuria- to include male, female, peds,	
pregnancy, elderly, and STDs	Secondary Prevention: Screening to Make a
MSK: Acute MSK/Sports Med/Ext pain	Difference
Heme/Psych: Fatigue and Depression	
Neuro: Headache- to include trauma and	Family Medicine and Public Health
concussion	
Infectious/HEENT: Fever, URI, and Sore Throat	Care of Older Adults – Health Promotion & Disease
Neuro: Delirium/Dementia/Mild Cognitive	Prevention
Impairment	
GU: Female GU complaint- pelvic pain, vaginal	Women's Health
bleeding, pregnancy concern/complication, etc.	
Visual Difficulty/Red Eye	
Primary Care Dermatology	

COM Requirements for Student Participation in Years III & IV

1. **Basic Life Support (BLS):** A valid Basic Life Support course completion card is required for student participation in Years III and IV. This requirement must be completed prior or during Transition to Clerkships in Year 3. Certification is valid for two years. Proof of certification must be submitted to the Student Affairs office and kept in the student record.

2. **Mask Fit Testing:** Prior to beginning Year 3 Transition to Clerkship course, students must have been fitted for respirators that fit tightly to face in accordance with OSHA protection standards. The University of Arizona (UA) Risk Management Services administers the UA Respiratory Protection Program. Proof of certification must be submitted to the Student Affairs office and kept in the student record.

Student Health & Safety

The safety and security of our students is of utmost importance. Students should review all relevant safety, emergency contact information, hospital codes, evacuation plans, security policies and procedures at assigned locations. Emergency contact information for the student and for the facility 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 Student Affairs office should also be contacted:

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**.

UAHS Library
Evacuation Plan
Click & Go!

UAHS & 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.

Disability Resources

The University of Arizona is committed to inclusion and access. The Disability Resources Center (DRC) is the campus department designated by the University to determine and provide access to University classes, programs and activities for disabled individuals on main campus, Banner UMC South, Phoenix campus and UA Online. Through an interactive process, we facilitate access either through determining a reasonable accommodation or by redesigning aspects of a University experience. Our processes are designed to be convenient for students.

Accessibility and Accommodations:

Disability Resources
Click & Go!

It is the University's goal that learning experiences be as accessible   as possible. If you anticipate or experience physical or academic barriers based on disability or pregnancy, please let the clerkship know immediately. You 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 Insurance

Formative and Summative Assessment

Mid-Clerkship Formative Feedback

This clerkship expects students to seek formative feedback from their attending physicians and residents throughout the rotation in order to improve their performance based on the six competencies. Approximately half-way through the scheduled rotation students need to document feedback using the Mid-Clerkship Formative Feedback form (see appendix B). We expect students to present this form to their attending to discuss both their strengths and areas in which they need to improve. This will serve as a strategy to ensure adequate evaluation at the end of the rotation and a means to remedy any experiential gaps prior to the end of the rotation.   These forms should be filled out in a one-on-one session with your attending physician or resident, signed and then returned to the clerkship office. Although the mid-clerkship feedback is not considering in the determination of your grade, its completion is mandatory and lateness is considered in professionalism points.

Grading Criteria

Clinical Assessment (50% of the composite grade)
This is based on the assessment completed by the preceptor(s) in your clinic. The students are assessed using the six core competencies: medical knowledge; physical exam skills; interpersonal communication skills; professionalism; practice-based learning improvement; and systems-based practice.   The scores for each competency will average in New Innovations.

Professionalism points (5% of the composite grade)
In order to receive full professionalism points:
- Midterm evaluation turned in by/on the first day of mid-period didactics
- Patient log and H&P feedback tab completed in AZMed Wednesday before exam
- Teaching Survey completed by deadline
- High Value Care Module completed by deadline
- Didactic attendance: You must be present and on time for all Didactics
- Respond to emails in a timely manner (within 2 business days)

If you fail in any one component of the professionalism you will receive ZERO points for the professionalism portion of their overall grade.

OSCE (10% of the composite grade) The Family & Community Medicine Objective Structured Clinical Examination (OSCE) uses simulated patients to test clinical reasoning skills. Each student will see 2 Standardized Patient cases that are common in the Family Medicine outpatient setting. The OSCE is graded based on student performance during the interview and physical exam as well on the post-encounter SOAP note. You should be dressed appropriately, wearing your white coat and bring your stethoscope.

Review Exercise (5% of composite grade)
This is a short exercise that will help you review assess your knowledge of the preventive topics taught in the didactic sessions.

Final NBME Examination (30% of the composite grade)
The FCM examination is a NBME shelf exam. Your raw score will be converted into a percentile using NBME norms. A passing grade is greater or equal to 10% (national norm). You must pass the exam to pass the clerkship.

A student who fails the exam will be allowed to take the test again at the next break in the academic schedule. Successful passing of the examination on the second attempt will change the grade from "Incomplete" to "Pass".

Assessment of Student Performance

Faculty and resident assessment of student performance will be collected via the New Innovations online system. Summary assessment of student performance reports can be obtained by contacting the clerkship coordinator.   All faculty and resident comments are de-identified in the report. If there are questions about how evaluations are matched to faculty and residents, students should discuss the process with the clerkship coordinator

We reserve the right to assign a failing grade for the entire clerkship if a student performs in an unprofessional manner in terms of interactions with patients and other health professionals, falsifying patient care data, completing assignments, attendance at scheduled activities, or falsely covering for a colleague.

Each of the 6 ACGME competencies will be evaluated by your clinical preceptors. You must achieve a 'Satisfactory' overall assessment in each competency to pass the clerkship.

Five Clerkship Grades are Possible

Honors -Students who are in the top 25 percent of FCM Clerkship students. All competencies have been exceeded and exam grade is consistent with clinical performance as well as the OSCE.

High Pass -Students who rank in the next 25%. These students have exceeded expectations in several competencies, done well on the OSEC and have an above average exam grade.

Pass -Students who complete the clerkship requirements and meet all expectations, do well on the OSCE and pass the exam.

Fail - Students who do not complete the clerkship requirements at the pass level because they have failed clinically based on FCM 5 point Likert scale, fail the final exam and retake exam, or obtain an Unsatisfactory in any competency. A failure requires repeating the clerkship.

Incomplete –Students who pass clinically but have failed initial exam have a grade of incomplete until they retake and pass the exam.

Clinical (50%)	Exam (30 %)	OSCE (10%)	Review Exercise (5%)	Professionalism (5%)	Composite Points (clinical+exam+prof+ OSCE + Review.)
4.5 – 5.0 Honors	80% - 100% Nat'l Norm	10			89– 100 Honors
4.0 – 4.45 High Pass	65% - 79%	9			78 – 88 High Pass
3.0 – 3.99 Pass	10% - 64%	7-8	Pass	Pass	51 – 77 Pass
< 3.0 Fail	>10%	6			< 51 Fail

NBME Shelf Exam

All clerkships administer the NBME Shelf Exam (electronic) on the last day of each rotation to all students. The clerkship coordinator will notify students regarding the time to report and testing location. Coordinators will be present to proctor. The time allotted for the exam is 2 hours and 45 minutes.

Each student will take the electronic NBME shelf exam with a laptop provided by IT. The laptop will be prepared and ready for use in the testing room.

Per the NBME, students may be admitted to the testing room up to 30 minutes after the exam has started, provided the examinee's name is on the check-in roster. If a student arrives *more than 30 minutes* after the scheduled exam start time, he/she will not be admitted and must pay a fee to reschedule the exam.

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:

- Cell phones
- iPads/tablets
- iPods/media devices
- Watches with alarms, computer or memory capability
- Calculators
- Paging devices
- Recording/filming devices
- Reference materials (book, notes, papers)
- Backpacks, briefcases, or luggage
- Beverages or food of any type
- Coats, outer jackets, or headwear

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.

If an unscheduled break is needed to use the restroom during the examination, raise your hand to signal a proctor and click the **Pause** button at the bottom of your screen. A screen saver will appear, but, the timer for the exam will not stop. The testing time will continue to expire while you are taking your break. Students will be escorted one at a time on all unscheduled breaks.

If the screen freezes, raise your hand and a proctor will assist you.

Student Feedback Surveys

New Innovations is the online evaluation system used by the clerkships. Faculty and residents with whom students have worked will be requested to complete an online evaluation through New Innovations.

Students must complete program evaluation surveys for each assigned site within a clerkship and the clerkship rotation as well as evaluations of attendings and residents. These feedback surveys can be completed by logging into New Innovations. Your Net ID serves as your user name and password. **Clerkship grades will be withheld unless surveys are completed within 2 weeks of the clerkship's end date**.   An email should be received as a reminder when they open as well as periodically thereafter until completed.

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

If you have any questions, please consult with the clerkship coordinator or email Diane Poskus, Manager, Clerkship Education, dposkus@medadmin.arizona.edu.

Resources

Appendix A: ArizonaMed

Appendix B: Assessment Forms:
                Assessment of Student Performance
                Mid-Clerkship Feedback Form

Appendix C: Affiliate and Student Affairs Phone Tree

Appendix D: Choosing Wisely

Appendix E: UAMC Security and Safety Plan – South Campus

Appendix F: Student Policies

Appendix A: MedPortal

URL: medportal.medicine.arizona.edu

MedPortal is a fully-integrated "portal" in which students, faculty, and staff enter one system that manages the entire educational ecosystem and reporting. Students will be able to access their schedules, course-related materials, finances, campus health, and other links and resources.

You will be required to login with your UA NetID and password.

MedPortal
Click & Go!

Appendix B: Assessment Forms

University of Arizona College of Medicine
Assessment of Student Performance in the FCM Clerkship

STUDENT:	ROTATION:
EVALUATOR:	# OF ABSENCES:

MEDICAL KNOWLEDGE	Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations
Exhibits an appropriate fund of knowledge and an understanding of basic pathophysiological processes	☐	☐	☐	☐	☐
Demonstrates the ability to apply knowledge to specific clinical situations	☐	☐	☐	☐	☐
Demonstrates an understanding of psychosocial influences on illness and treatment	☐	☐	☐	☐	☐
Demonstrates critical thinking and clinical decision making	☐	☐	☐	☐	☐

Comments regarding Medical Knowledge:

PATIENT CARE	Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations
Conducts accurate history and physical exams, covering all essential aspects	☐	☐	☐	☐	☐
Suggests and/or performs appropriate diagnostic tests	☐	☐	☐	☐	☐
Appropriately manages patient care	☐	☐	☐	☐	☐
Works effectively with health care professionals	☐	☐	☐	☐	☐
Suggests appropriate preventative interventions such as immunizations and chemoprophylaxis	☐	☐	☐	☐	☐
Develops an appropriate differential list	☐	☐	☐	☐	☐
Writes a concise progress note	☐	☐	☐	☐	☐
Counsels patients on health risks	☐	☐	☐	☐	☐

Comments regarding Patient Care:

INTERPERSONAL & COMMUNICATION SKILLS	Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations
Creates & sustains a therapeutically and ethically sound relationship with patients and families	☐	☐	☐	☐	☐
Clearly documents & presents patient data and clinical information	☐	☐	☐	☐	☐
Demonstrates effective listening skills	☐	☐	☐	☐	☐

Comments regarding Interpersonal and Communication Skills:

PROFESSIONALISM	Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations
Demonstrates punctuality, accountability, honesty	☐	☐	☐	☐	☐

	Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations
Actively seeks responsibility beyond the scope of expectations	☐	☐	☐	☐	☐
Demonstrates sensitivity and responsiveness to diversity, including culture, ethnicity, income	☐	☐	☐	☐	☐
Demonstrates respect for:					
• patients and families	☐	☐	☐	☐	☐
• physician colleagues (residents & attendings) and peers	☐	☐	☐	☐	☐
• other patient care providers & clinic personnel	☐	☐	☐	☐	☐

Comments regarding Professionalism:

PRACTICE-BASED LEARNING IMPROVEMENT	Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations
Exhibits skills of self-directed learning	☐	☐	☐	☐	☐
Uses evidence-based approaches to patient care	☐	☐	☐	☐	☐
Appropriately self-assesses and incorporates feedback to improve performance	☐	☐	☐	☐	☐
Is aware of patient safety and actively seeks to anticipate potential errors	☐	☐	☐	☐	☐

Comments regarding Practice-based Learning Improvement:

SYSTEMS-BASED PRACTICE	Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations
Advocates for quality patient care and access	☐	☐	☐	☐	☐
Knows and works appropriately within delivery systems, health costs	☐	☐	☐	☐	☐
Knows the role of MD in community health & prevention and applies to patient care	☐	☐	☐	☐	☐
Applies knowledge of disease prevalence/incidence to the clinical care of patients.	☐	☐	☐	☐	☐

Comments regarding Systems-based Practice:

What is this student's greatest strength?

What are the next steps for this student to improve?

Summary Comments:
(Please provide comments on the overall performance of a student, such as how s/he integrates the multiple competencies and his/her strengths and weaknesses.)

Signature of evaluator: _____   Date_____

OTHER PERSONS CONTRIBUTING TO THIS EVALUATION:

MID-CLERKSHIP FORMATIVE FEEDBACK			
Student		Evaluator	
Clerkship		Site	
		Date	

Strengths: Overall, what did you observe to be the greatest strengths of this student?

Areas of Improvement: Please be specific about what you observed and how you think these areas could be improved in the future:

Provide feedback for areas that you personally observed:

Medical Knowledge • Exhibits appropriate knowledge and understanding of basic pathophysiological processes • Demonstrates critical thinking and clinical decision making	☐ Needs improvement ☐ Meets expectations ☐ Did not observe **Written comments:**
Patient Care • Conducts accurate history & physical exam • Appropriately manages patient care • Works effectively with health care professionals	☐ Needs improvement ☐ Meets expectations ☐ Did not observe **Written comments:**
Interpersonal & Communication Skills • Establishes effective therapeutic & ethical relations with patients, family and colleagues • Clearly documents & presents patient data & clinical information • Demonstrates effective listening skills	☐ Needs improvement ☐ Meets expectations ☐ Did not observe **Written comments:**
Professionalism • Demonstrates punctuality, accountability, honesty • Shows respect for others & seeks responsibility • Demonstrates sensitivity & responsiveness to diversity, including culture, ethnicity, income	☐ Needs improvement ☐ Meets expectations ☐ Did not observe **Written comments:**
Practice-based Learning Improvement • Uses evidence-based approaches • Exhibits skills of self-directed learning • Self-assesses and incorporates feedback to improve performance	☐ Needs improvement ☐ Meets expectations ☐ Did not observe **Written comments:**
Systems-based Practice • Advocates for quality patient care and access • Works appropriately within delivery systems, health costs • Knows role of MD in community health & prevention and applies to patient care • Applies knowledge of disease prevalence/incidence to clinical care	☐ Needs improvement ☐ Meets expectations ☐ Did not observe **Written comments:**

REVIEW	H&P/SOAP Notes	Patient Log	Direct Observation/CEX	Record Keeping
	☐	☐	☐	☐

For Student to complete - Please use this space to describe the learning goal(s) that you have developed based on this feedback:

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

_____   _____
Signature – Evaluator   Date   Signature – Student   Date
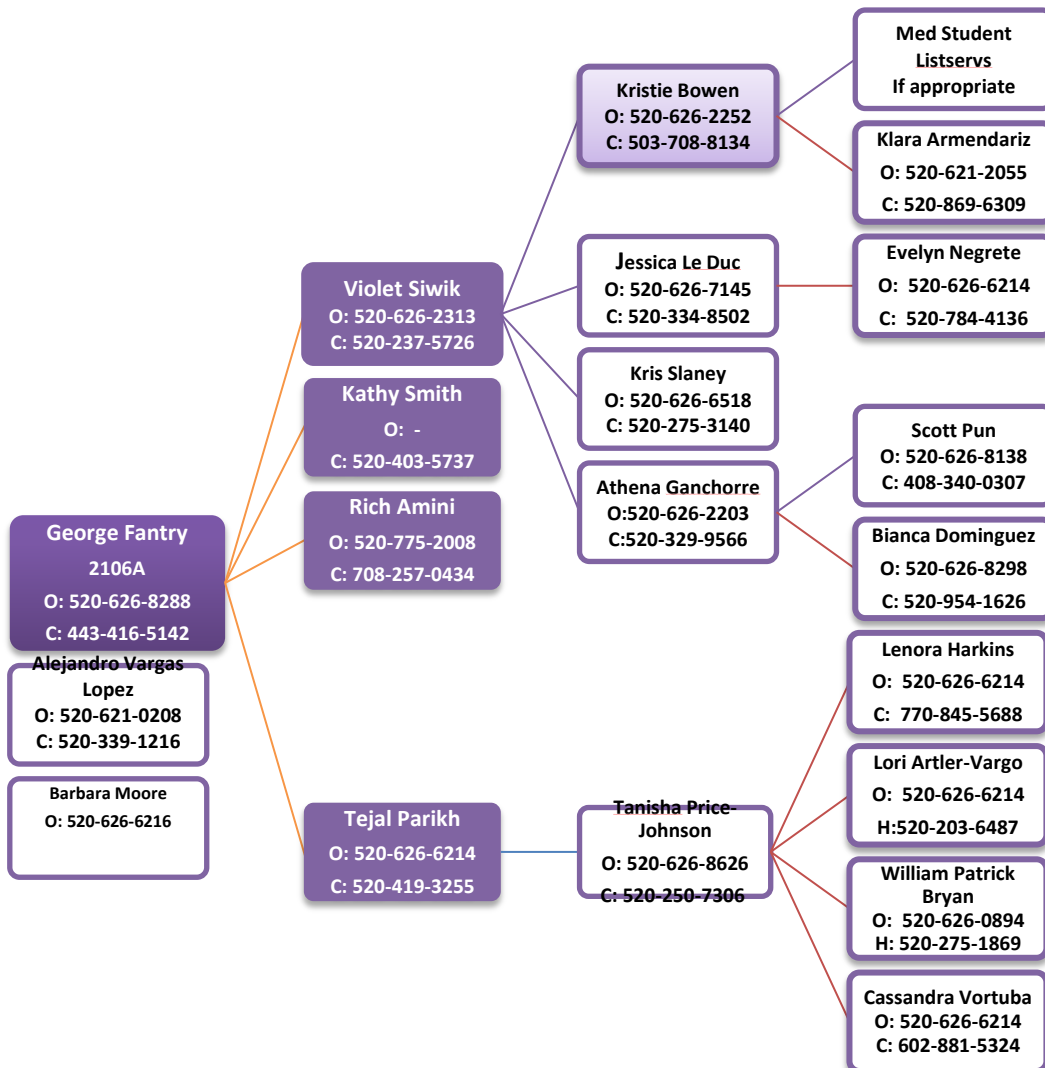
Appendix C: Affiliate & Student Affairs Phone Tree

Clinical Affiliate Phone Tree

Clinical Affiliate can reach any of the individuals in the red boxes. This will initiate the Student Affairs Phone Tree.

Clinical Affiliate

Chuck Cairns
O: 520-626-0998

George Fantry
O: 520-626-8288
C: 443-416-5142

Kevin Moynahan
O: 525-626-6505
C: 520-425-0614

Amy Waer
O: 520-626-8074
C: 520-661-9899

See Student Affairs Phone Tree

Student Affairs Phone Tree

George Fantry
2106A
O: 520-626-8288
C: 443-416-5142

Violet Siwik
O: 520-626-2313
C: 520-237-5726

Kathy Smith
O: -
C: 520-403-5737

Rich Amini
O: 520-775-2008
C: 708-257-0434

Alejandro Vargas Lopez
O: 520-621-0208
C: 520-339-1216

Barbara Moore
O: 520-626-6216

Tejal Parikh
O: 520-626-6214
C: 520-419-3255

Kristie Bowen
O: 520-626-2252
C: 503-708-8134

Med Student Listservs If appropriate

Klara Armendariz
O: 520-621-2055
C: 520-869-6309

Jessica Le Duc
O: 520-626-7145
C: 520-334-8502

Evelyn Negrete
O: 520-626-6214
C: 520-784-4136

Kris Slaney
O: 520-626-6518
C: 520-275-3140

Athena Ganchorre
O: 520-626-2203
C: 520-329-9566

Scott Pun
O: 520-626-8138
C: 408-340-0307

Bianca Dominguez
O: 520-626-8298
C: 520-954-1626

Tanisha Price-Johnson
O: 520-626-8626
C: 520-250-7306

Lenora Harkins
O: 520-626-6214
C: 770-845-5688

Lori Artler-Vargo
O: 520-626-6214
H: 520-203-6487

William Patrick Bryan
O: 520-626-0894
H: 520-275-1869

Cassandra Vortuba
O: 520-626-6214
C: 602-881-5324

Appendix D: Choosing Wisely

Appendix E: Banner UMC South Campus Security and Safety Plan

Section: Managing Risk	EC.01.01.01 EP4	Reviewed Date:
Subject: Security Management Plan		
Approval Date: 8/8/13		Page 1 of 6

THE ENVIRONMENT OF CARE
SECURITY MANAGEMENT PLAN

SCOPE

The Security Management Plan describes the methods of providing security for people, equipment and other material through risk assessment and management for The University of Arizona Medical Center - South Campus, as well as associated off site locations. Security protects individuals and property against harm or loss, including workplace violence, theft, infant abduction, and unrestricted access to medications.

The program is applied to the South Campus and all other associated clinics and off-site areas of The University of Arizona Medical Center - South Campus.

FUNDAMENTALS

A. A visible security presence in the hospital helps reduce crime and increases feelings of security by patients, visitors, and staff.

B. The assessment of risks to identify potential problems is central to reducing crime, injury, and other incidents.

C. Analysis of security incidents provides information to assist with predicting and preventing crime, injury, and other incidents.

D. Training hospital staff is critical to ensuring their appropriate performance. Staff is trained to recognize and report either potential or actual incidents to ensure a timely response.

E. Staff in sensitive areas receive training about the protective measures designed for those areas and their responsibilities to assist in protection of patients, visitors, staff and property.

F. Violence in the workplace awareness; please see UAHN Policy HR-102 Standards of Conduct and Corrective Action.

OBJECTIVES

The Objectives for the Security Management Plan are developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year's plan activities, performance measures, Security Department Reports and environmental tours. The Objectives for Security to fulfill this Plan are:

- *Conduct and document adequate security rounds on all shifts.*

- *Respond to emergencies and requests for assistance in a timely fashion*

.

- *Maintain and expand current electronic security protection devices, including card access systems, surveillance cameras, and alarm systems.*

ORGANIZATION & RESPONSIBILITY

The Board of Directors receives regular reports of the activities of the Security Management Plan from the Environment of Care Committee, which is responsible for the Physical Environment issues. They review reports and, as appropriate, communicate concerns about identified issues and regulatory compliance. They also provide financial and administrative support to facilitate the ongoing activities of the Security Management Plan.

The Administrator or other designated leader collaborates with the Director of Security to establish operating and capital budgets for the Security Management Plan.

The Director of Security, in collaboration with the committee, is responsible for monitoring all aspects of the Security Management Plan. The Director of Security advises the Committee regarding security issues which may necessitate changes to policies and procedures, orientation or education, or expenditure of funds.

Department leaders are responsible for orienting new staff members to the department and, as appropriate, to job and task specific to security procedures. They are also responsible for the investigation of incidents occurring in their departments. When necessary, the Director of Security provides department heads with assistance in developing department security plans or policies and assists in investigations as necessary.

Individual staff members are responsible for learning and following job and task-specific procedures for secure operations.

PERFORMANCE ACTIVITIES

The performance measurement process is one part of the evaluation of the effectiveness of the Security Management Plan. Performance measures have been established to measure at least one important aspect of the plan.

The performance measures for the plan are:

Security Management Plan Performance Measures			
Performance Standard	Performance Indicator	Justification for the Selection of the measure	Source of Data
Security will conduct monthly panic alarm testing for all devices monitored by AMAG or SIS. An alarm should sound and register on appropriate monitoring device.	Percentage of properly working panic alarms. (Needs Improvement: 0-95%, Threshold 96-97%, Target 98-100%)	Staff Safety and Timely Response	Panic Alarm Binder
Security will enforce smoking policy and track number of contacts for non-compliance.	Informational	UAHN Tobacco-Free Environment Policy	Dispatch Log
100% of reported security restraint incidents are evaluated for compliance with established security procedures	% of reports evaluated (0-60% needs improvement, threshold 71-90%, Target 100%)	Assessment incident reporting systems	Security Department Reports
Security arrives within two minutes for emergent patient care and staff requests	% <2 minutes (Needs Improvement: 0-95%, Threshold 96-97%, Target 98-100%)	Assessment of response times	Security Daily Statistics
Security responds to non-emergency Security Presence requests within 15 minutes	% <15 minutes (Needs improvement: 0-79%, Threshold: 89-89%, Target: 90-100%)	Assessment of response times	Security Daily Statistics

PROCESSES FOR MANAGING SECURITY RISKS

Management Plan

The Director of Security develops and maintains the Security Management Plan. The scope, objectives, performance, and effectiveness of the plan are evaluated on an annual basis.

Security Risk Assessment

The Director of Security manages the security risk assessment process for the organization and offsite facilities. The Director of Security is designated to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. The Director of Security ensures compliance with applicable codes and regulations.

The assessment of the hospital identifies security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessment, and from credible external sources such as Sentinel Event Alerts.

The risk assessment is used to evaluate the impact of the environment of care on the ability of the hospital to perform clinical and business activities. The impact may include disruption of normal functions or injury to individuals. The assessment evaluates the risk from a variety of functions, including structure of the environment, the performance of everyday tasks, workplace violence, theft, infant abduction, and unrestricted access to medications.

Use of Risk Assessment Results

Where the identified risks are not appropriately handled, action is taken to eliminate or minimize the risk. The actions may include creating new programs, processes, procedures, or training programs. Monitoring programs may be developed to ensure the risks have been controlled to achieve the lowest potential for adverse impact on the security of patients, staff, and visitors.

Identification Program

The Director of Security coordinates the identification program. All supervisory personnel manage enforcement of the identification program.

Hospital administration maintains policies for identification of patients, staff, visitors, and vendors. All employees are required to display an identification badge on their upper body while on duty. Identification badges are displayed on the individual with the picture showing. Personnel who fail to properly display their identification badge are counseled individually by their department head.

Visitors to patients are not normally expected to have identification. Visitors to some specific units, such as Behavioral Health, are requested to have identification. The Security Officers assist in enforcement of visitor identification policies.

The Purchasing Department provides vendor identification. Contractor identification is provided by Security.

Sensitive Areas

The Director of Security works with leadership to identify security sensitive areas by utilizing risk assessments and analysis of incident reports.

The following areas are currently designated as security sensitive areas:

- *Cashier's office*
- *Emergency Services*
- *Human Resources*
- *Pediatric Clinic*
- *Pharmacy*
- *Behavioral Health Areas*
- *Other off-site or remote locations*

Personnel are reminded during their annual in-service about those areas of the facility that have been designated as sensitive. Personnel assigned to work in sensitive areas receive department level continuing education on an annual basis that focuses on special precautions or responses that pertain to their area.

Security Incident Procedures

The Director of Security coordinates the development of organization-wide written security policies and procedures, and provides assistance to department heads in development of departmental security procedures, as requested. These policies and procedures include infant and pediatric abduction, workplace violence, and other events that are caused by individuals from either inside or outside the organization. Organization-wide security policies and procedures are distributed to all departments. Department heads are responsible for distribution of department level policies and procedures to their staff and for ensuring enforcement of security policies and procedures. Each staff member is responsible for following security policies and procedures.

Organization-wide and departmental security policies and procedures are reviewed at least every three years. Additional interim reviews may be performed on an as needed basis.   The Director of Security coordinates the triennial and interim reviews of organization-wide procedures with department heads and other appropriate staff.

Section: Managing Risk	EC.01.01.01 EP4	Reviewed Date:
Subject: Security Management Plan		
Approval Date: 8/8/13		Page 6 of 6

Security Department Response

Upon notification of a security incident, the Director of Security or designee assesses the situation and implements the appropriate response procedures. The Security Director notifies Administration, if necessary, to obtain additional support. Security incidents that occur in the Emergency Department are managed initially by the Intake Officer in accordance with policies and procedures for that area. The Director of Security is notified about the incident as soon as possible.

Security incidents that occur in the departments are managed according to departmental or facility-wide policy. The Director of Security or designee is notified about any significant incident that occurs in a department as soon as possible. Additional support is provided by the Security Department, as well as public law enforcement if necessary.

Following any security incident, a written "Security Department Report" is completed by the Security Officer responding to the incident. The Report is reviewed by the appropriate Security Supervisor and Director of Security. Any deficiencies identified in the report are corrected.

Evaluating the Management Plan

On an annual basis Director of Security evaluates the scope, objectives, performance, and effectiveness of the Plan to manage the utility system risks to the staff, visitors, and patients.

Ron Coles, Director of Security   Date

Sarah Frost, Hospital Administrator   Date

2013 Security Management Plan.doc

Appendix F: Student Policies

*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.

2017-2018 Academic Calendar (see Resources for Education section)

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 and Competencies (Tucson)

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)

Mistreatment

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

Professional Conduct Policy

Professionalism Conduct Comment Form

Protected Health Information and HIPAA Policy (COM)

Risk Management

Student Health

Technology