



2018-2019



Obstetrics and Gynecology

► Clerkship Manual



THE UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE - TUCSON

Obstetrics and Gynecology Clerkship Manual



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

Welcome

Welcome to your third year clerkship in Obstetrics and Gynecology. This primary learning experience is designed to meet several goals. First, we hope you develop some appreciation for the specialty of obstetrics and gynecology that deals exclusively with female patients at all stages of their life cycle.

Second, during the next six weeks, students will focus on medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning and system-based practice in the field of obstetrics and gynecology. It is our hope that you will integrate all of the experiences that you have had in your education to this point regarding women's health into a great picture, which will assist you in becoming a more knowledgeable, compassionate and excellent physician.

Finally, please realize whatever specialty you ultimately choose you will undoubtedly encounter women and you will want to provide them with the best care and information possible.

We look forward to seeing you soon.

Kathryn Reed, MD
Professor and Head

Heather Reed, MD
Clerkship Director

Amy Mitchell, MD
Assistant Clerkship Director

Clerkship Director, Coordinator and Site Directors

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Clerkship Organization

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Banner UMC, Pantano

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Marilyn.medwied@bannerhealth.com

Copperstate OB/GYN

5550 E. Hampton St.
Tucson, AZ 85712
Phone: 520-721-8605
Fax: 520-721-4209



Kathy Farias, MD, Site Director
Kbfarias@gmail.com

(Credentialing: Carondelet, updated immunizations, flu shot, drug screening required, 2-3 weeks to process application)

Genesis OB/GYN

4881 E. Grant Road
Tucson, AZ 85712
Phone: 520-795-8080



Jennifer Reinhart, MD, Site Director
reinbudd@yahoo.com

Gaye Dean, MD

Lydia Wester, MD



Erin Sperry, MD
esperry@gmail.com

(Credentialing:TMC updated immunizations, flu shot, EMR training required, 2-3 weeks to process application))

Genesis OB/GYN

6261 N. La Cholla Blvd Suite 277
Tucson, AZ 85741
Phone: 520-877-3800
Fax: 520-877-3801



Janet Warner, MD, Site Director
jpwarner72@hotmail.com



Anna Nelson, MD, Site Director
anelsonmoseke@genesisobgyn.net

(Credentialing: Northwest Medical Center, updated immunizations, flu shot, drug screening required, 3 weeks to process application)

Marana Health Center

2055 W Hospital Dr, #115
Tucson, AZ 85704
Phone: 520-797-0011
Fax: 520-797-7550



Alicia Costantino, MD, Site Director
acostantino@maranahealthcenter.org



Marsha Brooks, MD
mbrookscandela@mhhealthcare.org



Christine Canela, MD
ccanela@mchhealthcare.org

(Credentialing: Northwest Medical Center, updated immunizations, flu shot, drug screening required, 3 weeks to process application)

Northwest Allied Physicians
1980 W. Hospital Drive Suite 301 Tucson, AZ 85704
520-539-1981 Dr. Stacey Yell

Obstetrix

5301 N. Grant Rd
Tucson, AZ 85712
Phone: 520-795-8188
Fax: 520-325-0809
Gina Connelly, MD, Site Director
bgconn@aol.com

(EMR training at TMC - 4 hours)

Private Practice - Frank Laudonio, MD

523 N. Tucson Blvd
Tucson, AZ 85716
Phone: 520-323-5577
Fax: 520-323-5547
Frank Laudonio, MD, Site Director
Sandra@midtownobgyn.org

(Credentialing: Carondelet, updated immunizations, flu shot, drug screening required, one weeks to process application)

7510 N. Oracle Road, #100
Tucson, AZ 85704
Phone: 520-324-4910
TMCOne, North Hills



Jamie Ledesma, MD, Site Director
Jledesma@comcast.net

Credentialing:TMC updated immunizations, flu shot, EMR training required, 2-3 weeks to process application))

Tuba City Regional Health (Tuba City)

167 N. Main St.
Tuba City, AZ 86045
Phone: 928-283-2588
Fax: 928-283-2591
Jennifer Whitehair, MD, Site Director
Jennifer.whitehair@tchealth.org
Kathleen Harner, MD
Kathleen.harner@tchealth.org

(Credentialing: Tuba City Regional Health, current immunizations, flu shot, fingerprint req'd, drug screening may be required at site, at least 2 months to process application)

Southern Arizona VA Health Care System
3601 S 6th Ave
Tucson, AZ 85723
520-792-1450 | 800-470-8262
Dr. Lori Hudson
(VA Packet)

Women's Health Specialists (Yuma)
2911 S. 8th Ave
Yuma, AZ 85364
Phone: 928-783-3050



James Vining, MD, Site Director
jvining@whsaz.com

(Credentialing: Yuma Regional Medical Center, updated immunizations, flu shot, one week to process application)

Student Assignments to Instructional Sites

NOTE: Students may not arrange their own clerkship rotation. If a student would like to work with a particular site/physician not currently part of a clerkship, this should be communicated to the clerkship coordinator who will then determine the likelihood of an assignment to that site in the time period desired. In order to comply with University and LCME requirements, there is a process in place to acquire new sites/preceptors that must be completed prior to a student placement.

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
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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.

Obstetrics & Gynecology Clerkship Procedure for Assignment to Clinical Sites

The Obstetrics and Gynecology clerkship has very few community and rural sites. Site assignments are completed in a random fashion, with an effort made to have students rotating at different sites for a more broadened clinical experience. All site assignments are final. There is no site swapping allowed between students. However, students will have an opportunity to select from six OB rotation schedules at BUMCT. If students wish to change their clinical site due to extreme hardship, the above Change of Clinical Site Request form must be completed and returned to the clerkship coordinator.

Most of our community and rural sites require drug screening/background/fingerprint clearance, which will be at the expense of the student. The following sites also require you to be credentialed:

- Copperstate OB/GYN, Dr. Kathy Farias: This site requires credentialing at Carondelet. Drug screening is required. Drug screening must be current within academic year. Completed credentialing packet must be turned in to clerkship coordinator two weeks prior to the start of the clerkship and drug screening results. Drug screening can be done at Campus Health.
- Genesis OB/GYN, Dr. Janet Warner: This site requires credentialing at Northwest Medical Center. Drug screening is required. Drug screening must be done within 30 days prior to the start of the clerkship and must be a 10-panel test. Completed credentialing packet must be turned in to clerkship coordinator three weeks prior to the start of the clerkship. Drug screening can be done at Campus Health.
- Marana Health Center, Dr. Alicia Costantino: This site requires credentialing at Northwest Medical Center. Drug screening is required. Drug screening must be done within 30 days prior to the start of the clerkship and must be a 10-panel test. Completed credentialing packet must be turned in to clerkship coordinator three weeks prior to the start of the clerkship. Drug screening can be done at Campus Health.
- Private Practice, Dr. Frank Laudonio: This site requires credentialing at Carondelet. Drug screening is required. Drug screening must be current within academic year. Completed credentialing packet must be turned in to clerkship coordinator two weeks prior to the start of the clerkship. Drug screening can be done at Campus Health.

•Tuba City Regional Health, Dr. Jennifer Whitehair: This site requires credentialing at Tuba City Regional Health. Background and fingerprinting clearance is also required for this location (retrieve forms from clerkship coordinator). Completed credentialing packet and fingerprint cards must be turned in directly to Carolee Nelson, TCRHCC – Clinical Services Dept, PO Box 600, 3008 E. Birch Ave, Tuba City, AZ 86045. Carolee Nelson must have completed documents eight weeks prior to the start of your clerkship or you will be denied this site.

•Women’s Health Specialists, Dr. James Vining: This site requires credentialing at Yuma Regional Medical Center. Completed credentialing packets must be returned to clerkship coordinator two weeks prior to clerkship. Drug screening is required. Drug screening can be done at Campus Health.

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](#)

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
Pediatrics					
	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

This course is an introductory experience in the provision of comprehensive medical care and counseling services to elderly, adult and adolescent female patients. The obstetrical conditions and gynecological problems commonly encountered by the physician provide the primary focus for this clerkship experience, but knowledge of serious or less common conditions is also available. Therefore, the basis for the clerkship is to introduce the clinical information thought to be fundamental in the education of all physicians.

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
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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

The following clerkship learning objectives have been adapted from the 10th edition of the Association of Professors of Gynecology & Obstetrics (APGO) Medical Student Educational Objectives handbook.

OBJ #	COMPETENCY	OBSTETRICS AND GYNECOLOGY CLERKSHIP LEARNING OBJECTIVES
1	MK PC	Demonstrates competence in the medical interview and physical examination of women and incorporates ethical, social, and diversity perspectives to provide culturally competent health care.
2	PC	Applies recommended prevention strategies to women throughout their lifespan.
3	MK PC	Demonstrates competency of basic skills appropriate for this clerkship.
4	PC	Obtains accurate obstetric and gynecologic histories.
5	PC	Performs both a complete physical exam including a pelvic exam.
6	PC	Orders commonly used diagnostic procedures and accurately interprets results.
7	MK PC	Exhibits effective problem-solving skills.
8	PC	Provides care that is psychosocially and culturally appropriate.
9	MK PC	Demonstrates knowledge of preconception care including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.
10	MK	Explains the normal physiologic changes of pregnancy including interpretation of common diagnostic studies.

OBJ #	COMPETENCY	OBSTETRICS AND GYNECOLOGY CLERKSHIP LEARNING OBJECTIVES
11	MK	Describes common problems in obstetrics.
12	MK	Demonstrates knowledge of intrapartum care.
13	MK	Demonstrates knowledge of postpartum care of the mother and newborn.
14	MK PC	Describes menstrual cycle physiology, discusses puberty and menopause and explains normal and abnormal bleeding.
15	MK	Describes the etiology and evaluation of infertility.
16	MK	Displays a thorough understanding of contraception, including sterilization and abortion.
17	MK	Demonstrates knowledge of common benign gynecological conditions.
18	MK	Formulates a differential diagnosis of acute abdomen and chronic pelvic pain.
19	MK	Describes common breast conditions and outlines the evaluation of breast complaints.
20	MK PC	Demonstrates knowledge of perioperative care and familiarity with gynecological procedures.
21	MK PC	Describes gynecological malignancies including risk factors, signs and symptoms and initial evaluation.
22	MK PC	Provides a preliminary assessment of patients with sexual concerns.
23	MK	Demonstrates adequate knowledge by answering questions related to Obstetrics and Gynecology.
24	MK PC	Exhibits a satisfactory fund of knowledge and an understanding of basic pathophysiological processes concerning common OB/GYN problems.
25	MK PC	Demonstrates ability to apply knowledge to clinical situations.
26	MK PC PRO	Demonstrates an understanding of the influences of patient's age, sex, socioeconomic conditions, culture, race and ethnicity in the perception of illness and its treatment.
27	PLI	Uses an evidence-based approach.
28	PLI	Organizes and discusses literature related to this specialty.
29	PLI	Demonstrates appropriate use of information technology.
30	IPS	Creates and sustains a therapeutic and ethically sound relationship with patients, families, and colleagues.
31	IPS	Uses effective listening skills.
32	IPS	Clearly documents and presents patient data and clinical information.
33	PRO SBP	Recognizes his/her role as a leader and advocate for women.
34	MK PC IPS	Asks insightful questions and contributes to the care of his/her patient.

OBJ #	COMPETENCY	OBSTETRICS AND GYNECOLOGY CLERKSHIP LEARNING OBJECTIVES
35	IPS PC	Effectively works with health care professionals to provide patient-focused care.
36	PRO	Displays respect for others.
37	PRO	Actively seeks responsibility beyond the scope of expectations.
38	PRO	Recognizes limitations of knowledge and incorporates feedback.
39	PRO	Demonstrates integrity in all interactions.
40	PRO	Maintains appropriate dress and demeanor.
41	SBP	Practices cost-effective health care and resource allocation that does not compromise quality of care.
42	PRO SBP	Functions as patient advocate.
43	SBP	Functions effectively in different types of delivery systems.
44	SBP	Demonstrates awareness of social and community issues related to OB/GYN.

Required Patient/Clinical Conditions

Types of patient/clinical condition	Clinical setting (Inpatient, Outpatient, Both)	Level of student responsibility	Alternative Experience
First Trimester Bleeding (OB)	Inpatient or Outpatient	Actively participate in care	uWISE ET 16, 43 & 45; Chapter 13 in text
Pregnancy-Induced Hypertension (OB)	Inpatient or Outpatient	Actively participate in care	uWISE ET 18; Chapter 16 in text
Prenatal Examination (OB)	Outpatient	Actively participate in care	Additional clinical experience
Third Trimester Bleeding (OB)	Inpatient	Actively participate in care	uWISE ET 23, and 45; Obstetrics and Gynecology e-Learning Module: Third Trimester Bleeding
Abnormal Uterine Bleeding (GYN)	Inpatient or Outpatient	Actively participate in care	uWISE ET 45
Amenorrhea (GYN)	Inpatient or Outpatient	Actively participate in care	uWISE ET 43; Obstetrics and Gynecology e-Learning Module: Amenorrhea
Contraceptive Counseling (GYN)	Inpatient or Outpatient	Actively participate in care	uWISE ET 33; APGO Educational Series on Women's Health Issues: Contraception-Patient Counseling and Management

Ectopic Pregnancy (GYN)	Inpatient or Outpatient	Actively participate in care	uWISE ET 15; Chapter 13 in text
Hormone Replacement Therapy/Menopause (GYN)	Outpatient	Actively participate in care	uWISE ET 47; Chapter 37 in text
Pelvic Pain (GYN)	Inpatient or Outpatient	Actively participate in care	uWISE ET 39
Screening for Reproductive Cancers (GYN)	Outpatient	Actively participate in care	uWISE ET 50, 51, 52, 53, 54, and 55
Sexually Transmitted Diseases/PID (GYN)	Inpatient or Outpatient	Actively participate in care	uWISE ET 36; Chapter 27 in text, Obstetrics and Gynecology e-Learning Module: Vaginitis

Required Clinical Skills

Types of Patients	Clinical setting (Inpatient, Outpatient, Both)	Expected level of student responsibility
APGAR evaluation (OB)	Inpatient	Perform (at least 1 infant)
Cervical exam on patients in labor (OB)	Inpatient	Perform (at least 1 patient)
Chart Friedman Curve (OB)	Inpatient	Perform (at least 1 patient)
Follow patient through labor and delivery (OB)	Inpatient	Perform (at least 1 patient)
Perform sterile techniques (OB)	Inpatient	Perform/Demonstrate
Review fetal heart rate tracing in labor (OB)	Inpatient	Perform (at least 1 patient)
Speculum examination (OB/GYN)	Both	Perform (at least 1 patient)
Vaginal delivery (OB)	Inpatient	Perform (at least 1 patient)
Write H&P of new antepartum patient (OB)	Inpatient	Perform (at least 1 patient)
Write H&P of OB patients expected to deliver (OB)	Inpatient	Perform (at least 1 patient)
Basic suture tying techniques (GYN)	Inpatient	Demonstrate
Breast examination (GYN)	Both	Perform (at least 1 patient)
Cervical culture/STI screening (GYN)	Both	Perform (at least 1 patient)
Female catheterization (GYN)	Inpatient	Perform (at least 1 patient)
Gynecologic history taking (GYN)	Inpatient	Perform (at least 1 patient)
Pap smear (GYN)	Both	Perform (at least 1 patient)
Pelvic exam (GYN)	Both	Perform (at least 1 patient)

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 I, 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:



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 implemented the Cup of Coffee Conversations to Promote Professionalism* pilot program. The 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!

* 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 Questionnaire¹ 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 Mistreatment²

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-mistreatment³:

		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 Mistreatment⁴

- 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>

Office of Institutional Equity

INFORMATION FOR STUDENTS

The University of Arizona is committed to fostering a learning, working, and living environment free from all forms of discrimination, including harassment. The University's Nondiscrimination and Anti-harassment Policy prohibits discrimination and harassment on the basis of race, color, national origin, sex, religion, age, disability, veteran status, sexual orientation, gender identity, or genetic information. It is important that all members of our community know where to turn if they have a concern under the policy. If you ever experience or witness what you believe to be discrimination or harassment, you are encouraged to report this information to the appropriate University office. Note that retaliation is also prohibited by the Nondiscrimination and Anti-harassment Policy.

If you have concerns related to discrimination or harassment about a University employee, please contact:

Office of Institutional Equity
University Services Building, Room 113
(520) 621-9449

<http://equity.arizona.edu>

Director, Office of Institutional Equity: Kristen Klotz

If you have concerns related to discrimination or harassment about another student, please contact:

Dean of Students Office
Robert L. Nugent Building
1212 E. University Blvd
(520) 621-7057

<http://deanofstudents.arizona.edu>

Assistant Vice President for Student Affairs, Dean of Students & Deputy Title IX Coordinator: Kendal Washington-White

Title IX Investigator: Susan Wilson

Students can contact these offices anonymously to receive information or ask questions. Complaints should be filed promptly. For definitions of discrimination, harassment, and retaliation, please see the University's Nondiscrimination and Anti-harassment Policy at: <http://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy>.

Additional information and resources about Title IX can be found at the link below:

[Title IX Website](#)

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

Written History & Physical Exam (3 required)

Students must complete three written H&P's, two of which will be reviewed and discussed with your preceptor. Your 3rd H&P will be graded by the clerkship director. The format of the written H&P must follow the "Student History and Physical Evaluation" form located in your Feedback Notebook. Your H&Ps are part of your preceptor clinical grade, so thoroughness is vital. The director will use the Clinical H&P Rubric to determine your final written H&P grade.

Please upload your three written H&Ps in MedLearn under assignments. Failure to upload H&P assignments on the due dates and record HP Feedback will cause you to lose professionalism points.

Observed History and Physical

Students are required to be observed by an attending, residents and/or fellow at least once per clerkship taking a medical history (partial or complete) and performing a physical exam (partial or complete).

Students must document this observation in MedLearn. On the Logging tab, choose H&P, then enter the date of the observation, the name of the observer and whether the observer was a faculty, resident or fellow. It is only necessary to document one observation per clerkship.

Didactic Sessions

Lectures will be a mixture of team based learning, traditional lectures, and skills labs. Lectures will be held at the Tucson Campus during week one of your rotation. Attendance is mandatory. Failure to attend didactic sessions will cause you to lose professionalism points.

OB/GYN Department Conferences

1 st Wednesday	7:00am – 8:00am M&M Conference (Dining Room E&F) 8:00am – 9:00am Core Lecture (Room 8304)
2 nd Wednesday	7:00am – 8:00am Path Conference (Room 8403) 8:00am – 9:00am Core Lecture (Room 8304)
3 rd Wednesday	7:00am – 8:00am Grand Rounds (Room 8403) 8:00am – 9:00am Core Lecture (Room 8304)
4 th Wednesday	7:00am – 8:00am Journal Club (Room 8403) 8:00am – 9:00am Core Lecture (Room 8304)
5 th Wednesday	7:00am – 8:00am Grand Rounds (Room 8403) 8:00am – 9:00am Core Lecture (Room 8304)

Feedback Notebook

The Feedback Notebook was designed to give immediate feedback to students. The Feedback Notebook contains templates for students to write OB Notes and GYN Notes. Each student is required to complete at least 11 Notes for a passing grade. Any grade above a pass will be differentiated by the quantity, quality, and completion of Notes, as determined by the clerkship director. The Feedback Notebook must be fully completed and turned in to your Clerkship Coordinator by 5 pm on the last day of your clerkship. Please carry the Feedback Notebook with you at all times. It is the student's responsibility to make sure skills are observed by faculty, fellows, residents, or RNs and have them complete the related Skills Checklist. Failure to complete and turn in the Feedback Notebook will cause you to lose professionalism points.

Patient Encounters and Duty Hour Logs (MedPortal/ArizonaMed)

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 at:

URL: medportal.medicine.arizona.edu

- **Duty Hours:** You must login daily to complete recording of your duty hours. Clerkship directors and/or clerkship coordinators will routinely review cumulative duty hours data and correct any systemic problems that prevent compliance with the stated duty hours policy. Students who stay over the limitations of duty hours on their own volition must provide a justification for the reason at the time the hours are recorded. Students will not be penalized for accurate reporting, nor will duty hours information be used to determine grades or for student evaluations. Duty hour reports will be retained in the electronic database systems. Grades will not be released until the student reports duty hours.
- **Patient Log:** You must login daily to record your required patient encounters and skills as described under Clerkship Educational Objectives in this manual. All of the required patient logs must be logged in by the end of the clerkship. If student is unable to see a particular case, the Clerkship Director will assign an alternative experience. You are **ONLY** to log alternative experience in ArizonaMed if it was approved by the Clerkship Director. Please see Clerkship Learning Objectives for a list of approved Alternative Experiences.

Failure to complete Patient and Duty Hour Logs in ArizonaMed by 5 pm on the last day of the clerkship will cause you to lose professionalism points.

Student Presentations

Each student is required to do a student presentation during their Clerkship. Please refer to the APGO Medical Student Education Objectives, 10th Edition for a sample of topics. Students must present their topic to a faculty member, resident, or attending during their rotation. Please upload your student presentations into ArizonaMed under assignments before 5 pm on the last day of the clerkship. Failure

to upload your student presentation assignments before the end of the clerkship will cause you to lose professionalism points.

In APGO uWISE Exam

Students are required to complete all comprehensive exams in uWISE as part of their professionalism grade. Failure to complete the exams will cause you to lose professionalism points. The exams utilize various clinical vignettes followed by multiple choice questions. Your focus need not be on exam scores, but rather preparation for the NBME exam.

You are required to complete the following uWISE exams and provide a screen shot to the Clerkship Director/Clerkship Coordinator to show that you have completed your exam:

- 50 point comprehensive exam: Due by end of week 1.
- 50 point comprehensive exam on either OB or GYN: Due by week 3 mid-clerkship evaluations.
- 50 point comprehensive exam on either OB or GYN (whichever wasn't completed above): Due by end of week 4.
- 100 point comprehensive exam: Due by end of week 5.

Please go to **SCHOOL LINK:** <https://apgo.mycrowdwisdom.com/diweb/institution?guid=9599562e-eba3-4adb-9b27-aeb2ae0e03d4> and sign in with username and password. Each student must create their own username and password before entering the site. Once you complete your exam, take a screen shot of the completed exam and download in ArizonaMed.

Dress Code

You will notice that there are certain expectations of the medical students in obstetrics and gynecology pertaining to their professional attire. While scrubs are considered appropriate when you are in L & D, when you are away from L&D a white laboratory coat should be worn. You should wear your identification badge on your laboratory coat and a name tag will be issued to you to wear on "scrubs". When you are not on L & D, neatly pressed clean clothes are required. Specifically, sandals without socks are not considered appropriate. The wearing of a necktie is strongly encouraged. It is the students' responsibility to make sure their coat is clean and maintained in a professional manner. If you have any questions or concerns about this policy please contact the clerkship site coordinator

Night Call

There will be required night calls assigned during the clerkship. Students assigned to BUMCT will do – three-four 24-hour night calls at BUMCT, and off-site students assigned to community preceptors will do at least two 24-hour night calls at TMC or Northwest Medical Center. Students assigned to rural sites will communicate with their rural preceptor to set up two 24-hour night calls. Students assigned night call at BUMCT will receive \$11.00 per night shift added to their meal card.

COM Requirements for Student Participation in the Clinical Years

1. **Basic Life Support (BLS):** A valid Basic Life Support course completion card is required for student participation in the clinical years. This requirement must be completed prior or during Transition to Clerkships. Certification is valid for two years. Proof of certification must be submitted to the Student Affairs office and kept in the student record.
2. **Mask Fit Testing:** Prior to beginning the Transition to Clerkship course, students must have been fitted for respirators that fit tightly to 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." The preceptor will assure that the medical student is directed to services in a timely manner.

In the event of any emergency related to the student from the University of Arizona College of Medicine, 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**.

Student Safety

See the links to University of Arizona Fire Alarm Policy for Building Occupants, AHSC – Sarver Heart Center and student areas.

[UAHS Library
Evacuation Plan
Click & Go!](#)

[UAHS & Sarver
Evacuation Plan
Click & Go!](#)

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:

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 Resources
Click & Go!

[Disability Insurance](#)

Formative and Summative Assessment

Mid-Clerkship Formative Feedback

At the midpoint of the clerkship a process known as the mid-clerkship evaluation will occur. This process consists of a student self-evaluation and resident/attending evaluation. Its purpose is to provide feedback to the students on their current performance as well as to allow the opportunity to correct any significant deficiencies and/or problems which students may have encountered to date on the clerkship. The Feedback Notebook will be reviewed at this time, as well as Patient Logs and Duty Hours. Students are expected to have the student self-assessment mid-evaluation completed and prepared to be discussed at the time of their face-to-face evaluation. This form will be included in your Feedback Notebook.

Grading Criteria

Composite grades will be based on the following criteria:

Composite (Clinical 50% + Exam 30% + Prof 5%+ OSCE 10% + other 5%)	
Honors	87.50% - 100%
High Pass	76.50% - 87.49%
Pass	47% - 76.49%
Fail	Below 47 %

Clinical (50% +5%):

- **New Innovations Evaluations:** The six ACGME competencies (PC, MK, PBL, COMM, PROF, SBP) will be averaged from each evaluation completed on behalf of the student in New Innovations for the clinical portion of student's grade.
- **3rd & final written H&P:** The third and final written H&P will be turned in and graded by the clerkship director. The director will follow the H&P Assessment (rubrics) attached in Appendix B.
- **Feedback Notebook:** Each student is required to complete at least 11 Notes for a passing grade. Any grade above a pass will be differentiated by the quantity, quality, and completion of Notes, as determined by the clerkship director. The director will follow the H&P Assessment (rubrics) attached in Appendix B.

Clinical - Evaluations (worth 50% of final grade)			Assignment - Final H&P (worth 3% of final grade)		Assignment - Feedback Notebook (worth 2% of final grade)		OSCE (worth 10% of final grade)	
Honors	90 - 100%	4.5 - 5.0	Honors	3%	Honors	2%	Honors	10%
High Pass	80 - 89%	4.0 - 4.49	Pass	1%	Pass	1%	Pass	5%
Pass	60 - 79%	3.0 - 3.99	Needs Improvement	1%			Needs Improvement	1%
Fail	Below 60%	Below 3	Fail	0%	Fail	0%	Fail	0%

NBME Shelf Exam (30%):

Your raw score will be converted into a percentile using the NBME 2016/2017 Academic Year Norms graph. The percentiles change during each quarter (1-4).

Exam (worth 30% of final grade)	
Honors	80% - 100%
High Pass	65% - 79%
Pass	1% - 64%
Fail	Below 1%

Your Equated Percent Correct Score (raw score) will be converted into a Percentile Rank using the NBME Academic Year Norms graph, and the quarter (1-4) in which the exam was taken. The Percentile Rank may change over the course of the academic year in each quarter (e.g. a raw score that converts to the 15th percentile in quarter 1 may fall in the 10th percentile in quarter 4 for the same raw score).

Retake exams will utilize the same method. Your Equated Percent Correct Score (raw score) will be converted to the Percentile Rank for the quarter (1-4) in which the retake exam was taken.

Professionalism Grade (5%)

Professionalism (worth 5% of final grade)	
Pass	100%
Fail	0%

Professionalism accounts for 5% of your grade; it is an all or nothing component. A significant lapse and/or a pattern of lapses will result in a deduction of the full 5%. The Clerkship Director makes the final decision. It is expected that most students will receive full credit.

The following list, while not exhaustive, should help to clarify what is included in the Professionalism grade throughout the clerkships.

Students will:

- Complete credentialing paperwork and site-specific requirements such as, but not limited to, fingerprinting and drug screening, by the stated deadline.
- Complete assignments by due date. This includes but is not limited to the following:
 - AZMed (Duty hours, H&P feedback, Patient Logs)
 - Surveys (e.g. New Innovations)
 - Scholarly Case Report
 - Written History and Physicals
 - SOAP Notes
 - Mid-Clerkship form
 - Observed Interview form
 - Return of books and other borrowed items
- Respond to emails in a timely manner (within 2 business days)
- Refrain from using cell phones during meetings/sessions/didactics
- Always inform your team/preceptor of your whereabouts
- Be considerate to staff, faculty, residents, and/or patients
- Be on time for required meetings/sessions and do not leave without permission or until dismissed. This includes, but is not limited to the following:
 - Clerkship orientation
 - Seminars/Didactics/Core Lectures/Grand Rounds
 - Clinical Rounds
 - Community Preceptor meetings
 - OSCE orientation or interview
 - Mentor meetings
 - Scholarly case report presentations
- Sign-in for didactics or other activities where requested ONLY for yourself
- Be punctual and comply with NBME Shelf Exam rules
- Obtain advance permission from the clerkship director/coordinator for absences from activities and/or wards; inform appropriate residents and/or attendings

See [Mistreatment](#) definitions

A clerkship reserves the right to assign a failing grade for the entire clerkship if a student performs in an unprofessional manner in terms of interactions with patients and other health professionals, completing assignments, attendance at scheduled activities, or other inappropriate actions or activities.

Assessment of Student Performance

The students' assessment process is explained under the grading criteria.

There are five clerkship composite grades possible:

- Honors - Students who are in the top 25% of OB/GYN clerkship students, based on historical performance and your whole class, not just on the students in your clerkship period.
- High Pass - Students who rank in the next 25% (just below honors).
- Pass - Students who complete the clerkship requirements at the pass level.
- Fail - Students who do not complete the clerkship requirements at the pass level because they have failed clinically, failed the final exam and retake exam. A failure requires repeating the clerkship.
- Incomplete - Students who pass clinically but have failed initial exam have a grade of incomplete until they repeat and pass the exam.

Faculty and resident assessment of student performance will be collected via the New Innovations online system. Summary assessment of student performance reports will be provided to students by clerkship coordinators after the end of the rotation and before grades are posted. All faculty and resident comments are de-identified in the report.

Also include a detailed explanation of how your clerkship determines how evaluations are created and who completes them. **The information below is only an example.**

All faculty and residents with whom students work will be requested to complete an online evaluation of the student in New Innovations.

- New Innovations uses a schedule matching system based on student rotations and dates on service that are the same as each of the faculty and residents.
- For example, if a resident (or attending) is assigned to a service from March 20 through April 15 and a student is assigned during that same time or a portion of that time, then an evaluation will be created in New Innovations that matches the student to the resident for evaluation.
- There may be an instance where the resident (or attending) was not on service because of a vacation, conference or other reason. In that case, if there was not an opportunity to work with the student, or resident/attending worked with the student for too limited an amount of time, the evaluator will mark the evaluation NET (not enough time).
- A notice of a pending student evaluation is generated by New Innovations and sent to faculty and residents on designated dates during the rotation.

If there are questions about how evaluations are matched to faculty and residents, students should discuss the process with the clerkship coordinator.

NBME Shelf Exam

All clerkships administer the electronic NBME Shelf Exam on the last day of each rotation to all students. The clerkship coordinator will notify students regarding the time to report and testing location. 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, the student 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 an online medical education management system. The system is used by the clerkships to collect data on (1) faculty assessment of student performance, (2) student feedback on instruction, (3) student feedback on sites, and (4) student feedback on clerkships. Assessment data contributes to the determination of student grades and feedback provides information on the effectiveness of instruction, educational experiences at sites, and the clerkships as a whole. Systematic education program data collection and a coordinated evaluation of the curriculum that includes student feedback data on clerkships is required by the Licensing Committee on Medical Education (LCME) accreditation standards. New Innovations supports the collection and compilation of this data to not only meet educational goals but also accreditation standards.

Faculty and residents with whom students have worked will be requested to complete an online evaluation through New Innovations. Evaluations are created automatically using the matching function in this system.

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 instruction. 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 will be automatically sent by the system as a reminder when they open as well as periodically thereafter until completed.

URL: <https://www.new-innov.com/UA/Login.aspx>



Difficulty logging in?
Please contact Darlene Vanover at dvanover@email.arizona.edu.
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Student feedback data is reported by Curricular Affairs to the clerkship directors in aggregate in the form of a composite, de-identified report twice per academic year in January and July. All student comments are also de-identified in the report.

If you have any questions, please consult with the clerkship coordinator or email the Assistant Director, Clinical Education, Emily Leyva (emilyleyva@medadmin.arizona.edu).

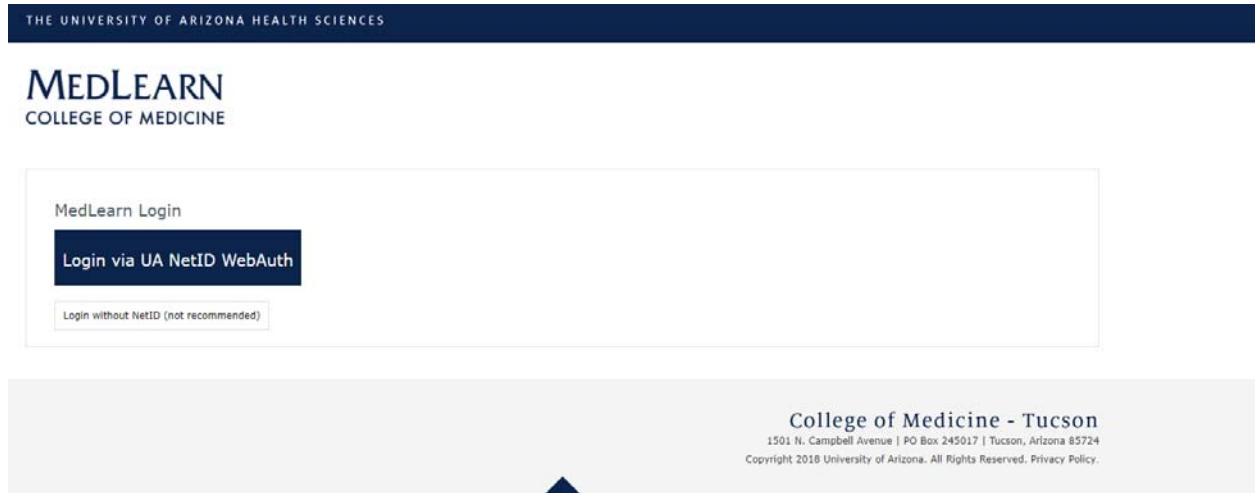


Resources

- Appendix A: MedLearn
- Appendix B: Academic Calendars
Class of 2020
Class of 2021
- Appendix C: Assessment Forms:
Assessment of Student Performance
Mid-Clerkship Feedback Form
- Appendix D: Clerkship Directory
- Appendix E: Affiliate and Student Affairs Phone Tree
- Appendix F: Choosing Wisely
- Appendix G: UAMC Security and Safety Plan – South Campus
- Appendix H: [Insert any additional appendix such as tips, recommended literature sources & websites, etc.]

Appendix I: Student Policies

Appendix A: MedLearn



URL: <https://medlearn.medicine.arizona.edu/>

MedLearn is the new curriculum and learning management system for students, faculty, and staff at the University of Arizona College of Medicine.

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



Appendix B: Academic Calendars

AY 2018-2019: Class of 2020

Event	Start Date	End Date
Fall Semester BEGINS	6/25/2018	
Transition to Clerkships	6/25/2018	6/29/2018
2020-MED-001 (12 wks)	7/2/2018	9/21/2018
2020-FCM/OBG/PED/PSYI/SURG-001 (6 wks)	7/2/2018	8/10/2018
2020-NEUR-001 (3 wks)	7/2/2018	7/20/2018
<i>Independence Day (holiday)</i>	<i>7/4/2018</i>	
2020-NEUR-002 (3 wks)	7/23/2018	8/10/2018
2020-FCM/OBG/PED/PSYI/SURG-002 (6 wks)	8/13/2018	9/21/2018
2020-NEUR-003 (3 wks)	8/13/2018	8/31/2018
2020-NEUR-004 (3 wks)	9/3/2018	9/21/2018
<i>Labor Day (holiday)</i>	<i>9/3/2018</i>	
Intersessions Week 1	9/24/2018	9/28/2018
2020-MED-002 (12 wks)	10/1/2018	12/21/2018
2020-FCM/OBG/PED/PSYI/SURG-003 (6 wks)	10/1/2018	11/9/2018
2020-NEUR-005 (3 wks)	10/1/2018	10/19/2018
2020-NEUR-006 (3 wks)	10/22/2018	11/9/2018
<i>Veterans Day Observed (holiday)</i>	<i>11/12/2018</i>	
2020-FCM/OBG/PED/PSYI/SURG-004 (6 wks)	11/12/2018	12/21/2018
2020-NEUR-007 (3 wks)	11/12/2018	11/30/2018
<i>Thanksgiving Recess (holiday)</i>	<i>11/22/2018</i>	<i>11/23/2018</i>
2020-NEUR-008 (3 wks)	12/3/2018	12/21/2018
Fall Semester ENDS		12/21/2018
<i>Winter Recess</i>	<i>12/24/2018</i>	<i>1/4/2019</i>
<i>New Year's Day</i>	<i>1/1/2019</i>	
Spring Semester BEGINS	1/7/2019	
2020-MED-003 (12 wks)	1/7/2019	3/29/2019
2020-FCM/OBG/PED/PSYI/SURG-005 (6 wks)	1/7/2019	2/15/2019
2020-NEUR-009 (3 wks)	1/7/2019	1/25/2019
<i>Dr. Martin Luther King, Jr. Day (holiday)</i>	<i>1/21/2019</i>	
2020-NEUR-10 (3 wks)	1/28/2019	2/15/2019
2020-FCM/OBG/PED/PSYI/SURG-006 (6 wks)	2/18/2019	3/29/2019
2020-NEUR-11 (3 wks)	2/18/2019	3/8/2019
2020-NEUR-12 (3 wks)	3/11/2019	3/29/2019
<i>Spring Recess</i>	<i>4/1/2019</i>	<i>4/5/2019</i>
Intersessions Week 2	4/8/2019	4/12/2019
2020-MED-004 (12 wks)	4/15/2019	7/5/2019
2020-FCM/OBG/PED/PSYI/SURG-007 (6 wks)	4/15/2019	5/24/2019
2020-NEUR-13 (3 wks)	4/15/2019	5/3/2019
2020-NEUR-14 (3 wks)	5/6/2019	5/24/2019
2020-FCM/OBG/PED/PSYI/SURG-008 (6 wks)	5/27/2019	7/5/2019
2020-NEUR-15 (3 wks)	5/27/2019	6/14/2019
<i>Memorial Day (holiday)</i>	<i>5/27/2019</i>	
2020-NEUR-16 (3 wks)	6/17/2019	7/5/2019
OSCE III	6/24/2019	6/28/2019

Spring Semester ENDS		7/5/2019
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AY 2018-2019: Class of 2021

Event	Start Date	End Date
Fall Semester BEGINS	8/6/2018	
Life Cycle (7 wks)	8/6/2018	9/21/2018
<i>Labor Day (holiday)</i>	9/3/2018	
Immunity and Infection (8 wks)	9/24/2018	11/16/2018
<i>Veterans Day Observed (holiday)</i>	11/12/2018	
<i>Advanced Topics (3 weeks)</i>	11/19/2018	12/7/2018
<i>Thanksgiving Recess (holiday)</i>	11/22/2018	11/23/2018
Mock NBME & OSCE 2	12/10/2018	12/21/2018
Fall Semester ENDS		12/21/2018
<i>Winter Recess</i>	12/24/2018	1/4/2019
<i>New Year's Day</i>	1/1/2019	
Spring Semester BEGINS	1/7/2019	
Board Study & Exam (USMLE Step 1)	1/7/2019	2/15/2019
<i>Dr. Martin Luther King, Jr. Day (holiday)</i>	1/21/2019	
<i>Transition to Clerkships</i>	2/18/2019	2/22/2019
Clerkships: 6 wk rotations		
Clerkship 2021-FCM/OBG/PED/PSYI-001 (6 wks)	2/25/2019	4/5/2019
Clerkship 2021-FCM/OBG/PED/PSYI-002 (6 wks)	4/8/2019	5/17/2019
BREAK: 6 wk rotations	5/20/2019	5/24/2019
Clerkship 2021-FCM/OBG/PED/PSYI-003 (6 wks)	5/27/2019	7/5/2019
Clerkship 2021-FCM/OBG/PED/PSYI-004 (6 wks)	7/8/2019	8/16/2019
Clerkships: 8 wk & 4 wk rotations		
Clerkship 2021-SURG/MED-001 (8 wks)	2/25/2019	4/19/2019
Clerkship 2021-NEUR/AMBMED-001 (4 wks)	2/25/2019	3/22/2019
Clerkship 2021-NEUR/AMBMED-002 (4 wks)	3/25/2019	4/19/2019
Clerkship 2021-SURG/MED-002 (8 wks)	4/22/2019	6/14/2019
Clerkship 2021-NEUR/AMBMED-003 (4 wks)	4/22/2019	5/17/2019
Clerkship 2021-NEUR/AMBMED-004 (4 wks)	5/20/2019	6/14/2019
<i>Memorial Day (holiday)</i>	5/27/2019	
BREAK: 8 & 4 wk rotations	6/17/2019	6/21/2019
Clerkship 2021-SURG/MED-003 (8 wks)	6/24/2019	8/16/2019
Clerkship 2021-NEUR/AMBMED-005 (4 wks)	6/24/2019	7/19/2019
<i>Independence Day (holiday)</i>	7/4/2019	
Clerkship 2021-NEUR/AMBMED-006 (4 wks)	7/22/2019	8/16/2019
Spring Semester ENDS		8/16/2019

[Academic Calendars](#) (see Resources for Education section at bottom of page)

Appendix C: Assessment Forms

University of Arizona College of Medicine

Assessment of Student Performance in the OB/GYN Clerkship

UA - DEPARTMENT OF STUDENT AFFAIRS ASSESSMENT OF STUDENT PERFORMANCE IN A CLERKSHIP



[Subject Name]
 [Subject Class]
[Rotation:Location]
 [Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Class]

It is very important that you explain student performance for each of the competencies listed. The clerkship director relies on this information when assigning student's grades, and Senior Associate Dean for Student Affairs uses this information in writing Dean's Letters.

You can explain the ratings you assigned by commenting on the competencies separately (refer to the "Comments" section below each competency) and/or you can aggregate your comments in the "Summary Comments" section at the end of the survey.

I am unable to assess this student's performance due to a conflict of interest (e.g., I have a personal association with the student/family; I have provided health care for the student; I am the student's Society mentor).

MEDICAL KNOWLEDGE

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

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demonstrates the ability to apply knowledge to specific clinical situations

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demonstrates an understanding of psychosocial influences on illness and treatment

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demonstrates critical thinking and clinical decision making

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Remaining Characters:

PATIENT CARE

Conducts accurate history and physical exams, covering all essential aspects

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Suggests and/or performs appropriate diagnostic tests

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appropriately manages patient care

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Works effectively with health care professionals

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments re Patient Care

Remaining Characters: 5000

INTERPERSONAL & COMMUNICATION SKILLS

Creates & sustains a therapeutically and ethically sound relationship with patients and families

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clearly documents & presents patient data and clinical information

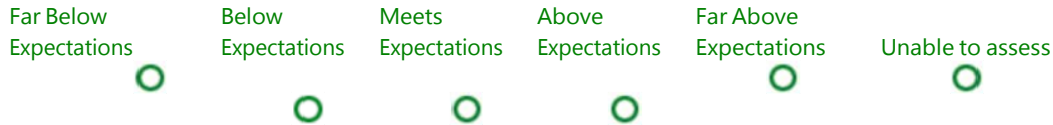
Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demonstrates effective listening skills

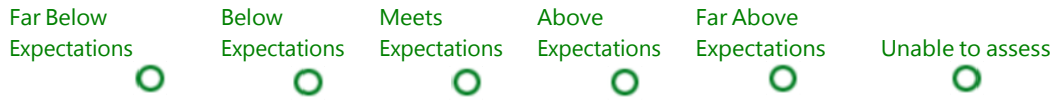
Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROFESSIONALISM

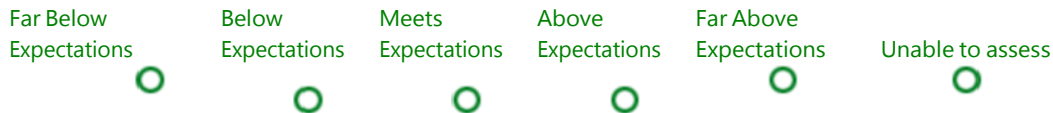
Demonstrates punctuality, accountability, honesty



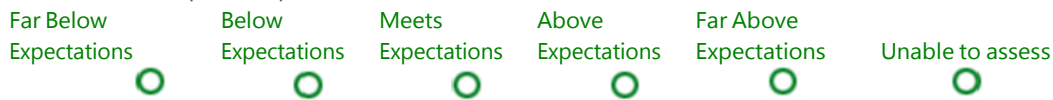
Actively seeks responsibility beyond the scope of expectations



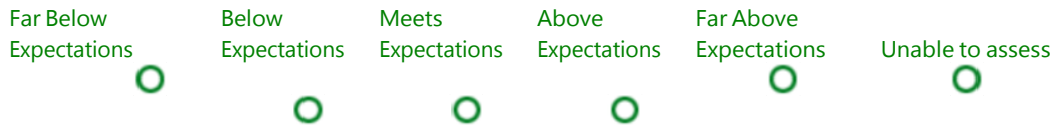
Demonstrates sensitivity and responsiveness to diversity, including culture, ethnicity, income



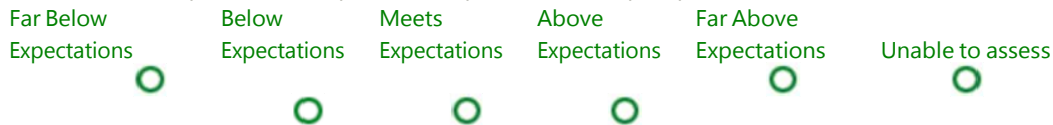
Demonstrates respect for: patients and families



Demonstrates respect for: physician colleagues (residents & attendings) and peers



Demonstrates respect for: other patient care providers & hospital personnel



Comments re Professionalism

Remaining Characters: 5000

PRACTICE-BASED LEARNING IMPROVEMENT

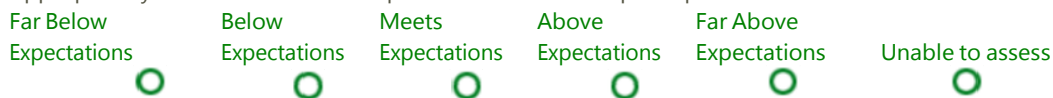
Exhibits skills of self-directed learning



Uses evidence-based approaches to pt care



Appropriately self-assesses and incorporates feedback to improve performance



Comments re Practice-based Learning Improvement

SYSTEMS-BASED PRACTICE

Advocates for quality patient care and access

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Knows and works appropriately within delivery systems, health costs

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Knows the role of MD in community health & prevention and applies to patient care

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Applies knowledge of disease prevalence/incidence to the clinical care of patients

Far Below Expectations	Below Expectations	Meets Expectations	Above Expectations	Far Above Expectations	Unable to assess
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments re Systems-based Practice

Remaining Characters: 5000

Clerkship-Specific Questions

What is this student's greatest strength?

Remaining Characters: 5000

What are the next steps for this student to improve?

Remaining Characters: 5000

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

Clinical H&P Rubric

Criteria	Exceeds expectations (EE)	Meets expectations (ME)	Needs improvement (NI)	Inadequate
Organization of write up	All information organized in logical sequence; follows acceptable format	Information generally organized in logical sequence; follows acceptable format	Errors in format, information intermittently organized	Errors in format, information disorganized
Thoroughness of history	Thoroughly documents all pertinent history components for type of note, includes critical as well as supportive information	Documents most pertinent history components; includes all critical information	Fails to document most pertinent history components; lacks some critical information or rambling in history	Minimal history, critical information missing
Thoroughness of physical examination	Thoroughly documents all pertinent examination components for type of note	Documents most pertinent examination components; includes all critical examinations	Documents some pertinent examination components	Physical examination cursory, misses several pertinent components
Diagnostic reasoning	Assessment consistent with prior documentation. Clear justification for diagnosis. Notes all secondary problems. Cost effective when ordering diagnostic tests	Assessment consistent with prior documentation. Clear justification for diagnosis. Notes most secondary problems.	Assessment mostly consistent with prior documentation. Fails to clearly justify diagnosis or note secondary problems or orders inappropriate diagnostic tests.	Assessment not consistent with prior documentation. Fails to clearly justify diagnosis or note secondary problems or orders inappropriate diagnostic tests.
Treatment plan/Patient Education	Treatment plan and patient education addresses all issues raised by diagnosis; excellent insight into patient's needs. Evidence based decisions. Cost effective treatment.	Treatment plan and patient education addresses most issues raised by diagnosis. Evidence based decisions	Treatment plan and patient education fail to address most issues raised by diagnoses	Minimal treatment plan and/or patient education addressed

Feedback Notebook Grading Rubrics

Clinical (Final H&P) worth 5% of final grade	Grade
Honors: 2 or more EE No more than 2 ME No NI No inadequate	100% = (3%)
Pass: 3ME 1NI No inadequate	80% = (2%)
Needs Improvement: 2 NI No inadequate	60% = (1%)
Fail: 2 or more NI Any inadequate	0% = zero
Clinical (Feedback Notebook) worth 5% of final grade	Grade
Honors	100% = (2%)
Pass	80% = (1%)
Fail	0% = zero

Final Grades sheet

Student #				
Clinical (NI Evaluations) worth 55% of final grade	Grade			
Honors	4.5 – 5.0 = 90% - 100%			
High Pass	4.0 – 4.49 = 80 – 89%			
Pass	3.0 – 3.99 = 60% - 79%			
Fail	Below 3.0 or below 60%			
	PC	0	MK	0
	PBL	0	COM	0
	PROF	0	SBP	0
Clinical Average:		0.00		
NI Clinical Grade:				
Assignment (Final H&P) worth 5% of final grade	Grade			
Honors	3%			
Pass	2%			
Needs Improvement	1%			
Fail	0			
Assignment (Feedback Notebook) worth 5% of final grade	Grade			
Honors	2%			
Pass	1%			
Fail	0%			
OSCE worth 10% of final grade	Grade			
Honors	10%			
Pass	5%			
Fail	0%			
NBME Exam worth 30% of final grade	Grade			
Honors	80% - 100%			
	Raw Score:	0		
	Percentile	0		

High Pass	65% - 79%
Pass	1% - 64%
Fail	Below 1%

NBME Grade:	
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Professionalism worth 5% of final grade	Grade
Pass	5%
Fail	0%

Score	0
Professionalism Grade	Pass

Composite	Composite Grade
Honors	87.5% - 100%
High Pass	76.5% - 87.49%
Pass	47% - 76.49%
Fail	Below 47%

Clinical & Assignments(50%+5%):	0.00
Exam (30%):	0.00
OSCE (10%):	0.00
Prof (5%):	0.00
Total (50%+10%+5%+30%+5%) :	0.00
Composite Grade:	

Final Composite Grade Summary:	
Communication Skills:	
Patient Care and Clinical Skills:	
Knowledge and Critical Thinking:	
Ability to function as part of a Healthcare Team:	
Professionalism:	
Additional Remarks:	

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 <ul style="list-style-type: none"> Exhibits appropriate knowledge and understanding of basic pathophysiological processes Demonstrates critical thinking and clinical decision making 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:
Patient Care <ul style="list-style-type: none"> Conducts accurate history & physical exam Appropriately manages patient care Works effectively with health care professionals 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:
Interpersonal & Communication Skills <ul style="list-style-type: none"> Establishes effective therapeutic & ethical relations with patients, family and colleagues Clearly documents & presents patient data & clinical information Demonstrates effective listening skills 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:
Professionalism <ul style="list-style-type: none"> Demonstrates punctuality, accountability, honesty Shows respect for others & seeks responsibility Demonstrates sensitivity & responsiveness to diversity, including culture, ethnicity, income 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:
Practice-based Learning Improvement <ul style="list-style-type: none"> Uses evidence-based approaches Exhibits skills of self-directed learning Self-assesses and incorporates feedback to improve performance 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:
Systems-based Practice <ul style="list-style-type: none"> 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 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:

REVIEW				
	H&P/SOAP Notes	Patient Log	Direct Observation/CEX	Record Keeping
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 D: Clerkship Directory



COLLEGE
OF MEDICINE

Tucson Clerkship Directors & Coordinators 2018-2019

CLERKSHIP	NAME	TITLE	EMAIL	PHONE
Family & Community Medicine	Krista Sunderman	Director	kristas@email.arizona.edu	520-626-7865
	Rosalind Fair	Coordinator	fair@email.arizona.edu	
Medicine	Amy Sussman	Director	asussman@deptofmed.arizona.edu	520-626-1574
	Lucia Contreras	Coordinator	lucia@deptofmed.arizona.edu	
Neurology	Holli Horak	Director	hhorak@neurology.arizona.edu	520-626-7159
	Anne de Leon	Coordinator	afd1@neurology.arizona.edu	
OB-GYN	Heather Reed	Director	hreed@obgyn.arizona.edu	520-626-7414
	Julie Tary	Coordinator	jtary@obgyn.arizona.edu	
Pediatrics	Ziad Shehab	Director	zshehab@peds.arizona.edu	520-626-4657
	Larissa Gronenberg	Coordinator	larissag@peds.arizona.edu	
Psychiatry	Barry Morenz	Director	barrym@psychiatry.arizona.edu	520-874-2179
	Polly Haffner	Coordinator	phaffner@psychiatry.arizona.edu	
Surgery	Rebecca Viscusi	Director	rviscusi@surgery.arizona.edu	520-626-3972
	Debra Sherrow	Coordinator	dsherrow@surgery.arizona.edu	

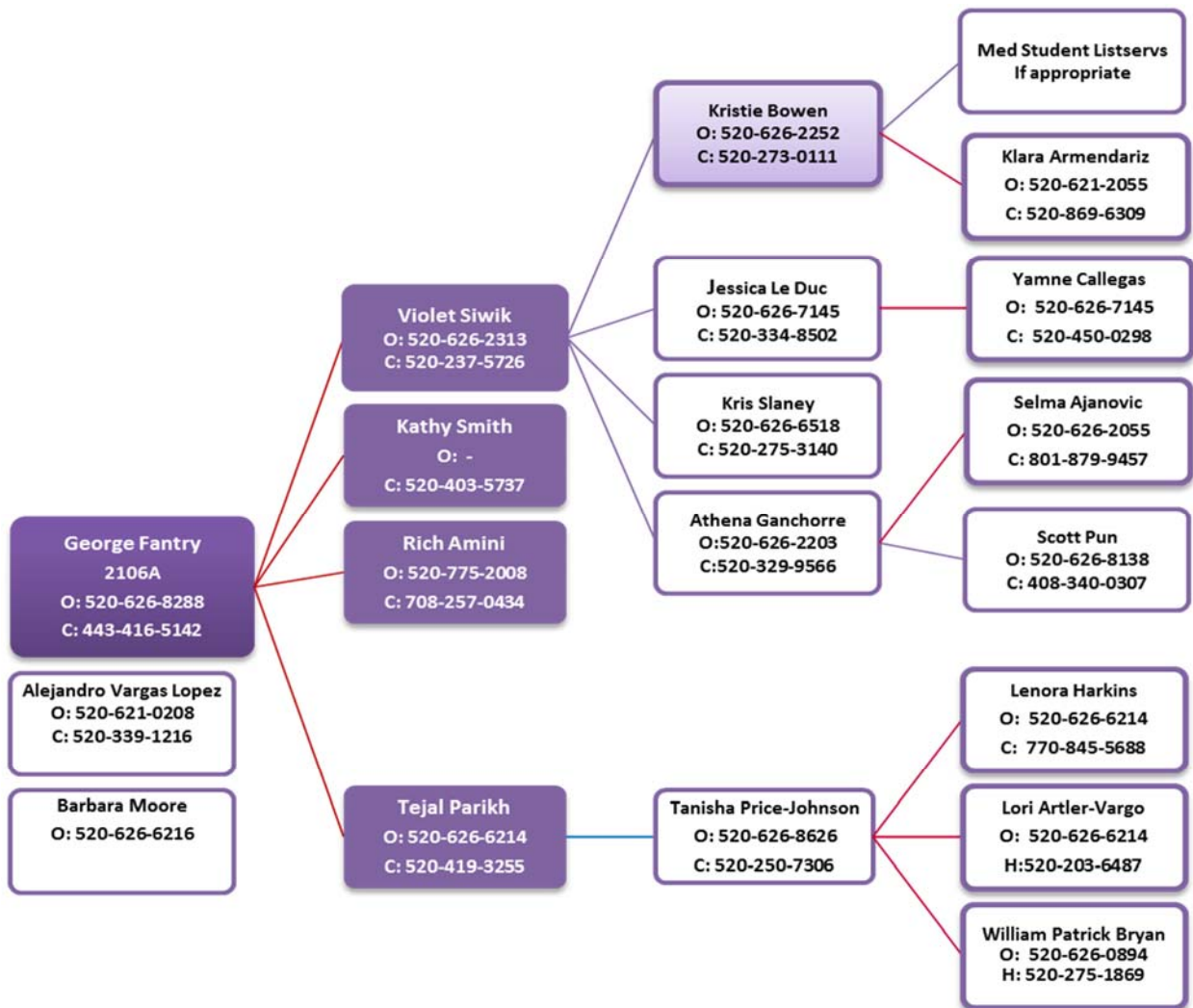
Appendix E: Affiliate & Student Affairs Phone Tree

Clinical Affiliate Phone Tree

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



Student Affairs Phone Tree



Appendix F: Choosing Wisely



An initiative of the ABIM Foundation

The American College of Obstetricians and Gynecologists



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Five Things Physicians and Patients Should Question

1

Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks 0 days gestational age.

Delivery prior to 39 weeks 0 days has been shown to be associated with an increased risk of learning disabilities and a potential increase in morbidity and mortality. There are clear medical indications for delivery prior to 39 weeks 0 days based on maternal and/or fetal conditions. A mature fetal lung test, in the absence of appropriate clinical criteria, is not an indication for delivery.

2

Don't schedule elective, non-medically indicated inductions of labor between 39 weeks 0 days and 41 weeks 0 days unless the cervix is deemed favorable.

Ideally, labor should start on its own initiative whenever possible. Higher Cesarean delivery rates result from inductions of labor when the cervix is unfavorable. Health care practitioners should discuss the risks and benefits with their patients before considering inductions of labor without medical indications.

3

Don't perform routine annual cervical cytology screening (Pap tests) in women 30–65 years of age.

In average risk women, annual cervical cytology screening has been shown to offer no advantage over screening performed at 3-year intervals. However, a well-woman visit should occur annually for patients with their health care practitioner to discuss concerns and problems, and have appropriate screening with consideration of a pelvic examination.

4

Don't treat patients who have mild dysplasia of less than two years in duration.

Mild dysplasia (Cervical Intraepithelial Neoplasia [CIN 1]) is associated with the presence of the human papillomavirus (HPV), which does not require treatment in average risk women. Most women with CIN 1 on biopsy have a transient HPV infection that will usually clear in less than 12 months and, therefore, does not require treatment.

5

Don't screen for ovarian cancer in asymptomatic women at average risk.

In population studies, there is only fair evidence that screening of asymptomatic women with serum CA-125 level and/or transvaginal ultrasound can detect ovarian cancer at an earlier stage than it can be detected in the absence of screening. Because of the low prevalence of ovarian cancer and the invasive nature of the interventions required after a positive screening test, the potential harms of screening outweigh the potential benefits.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.

Appendix G: Banner UMC South Campus Security and Safety Plan

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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.

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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.

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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.

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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.

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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.

ADM-295 Identification/Access Badges ADM-280

Searches and Inspections

SAF-700 Safety Program

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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

Appendix I: 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](#).

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 \(COM\)](#)

[Supervision of Sensitive Physical Examination Policy](#)

[Social Media Guidelines for Individuals \(COM\)](#)

[Society Mentors – Policy on Conflict of Interest](#) (pg 27)

[Student Code of Conduct](#)

[Student Disciplinary Procedures](#)

[Student Dress Code Policy](#)

[Student Honor Code Committee Policy \(COM\)](#)

Risk Management

[Smoking and Tobacco Policy](#)

[Supervision of Medical Students in Clinical Learning Situations](#)

[The University of Arizona Statement on Drug Free Schools and Campuses](#)

Student Health

[Mandatory Health Insurance Policy](#)

[Student Occupational Exposure Policy](#)

Technology

[Electronic Medical Record Operational Policy](#)