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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

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

The University of Arizona
College of Medicine – Tucson
Surgery Clerkship

A foundation for comprehensive patient care

Welcome to the Surgery Clerkship. This clerkship is designed to expose students to experiences in both acute and elective surgical diseases. The experience will serve as a foundation for understanding the diagnosis, management and treatment of patients with surgical problems.

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 surgery. Medical students are expected to achieve a level appropriate for a third-year clerk. Students will also be exposed to the culture and environment of the operating room and technical aspects of surgical treatment.

We value the commitment of faculty members and College of Medicine staff to providing an exceptional education experience. We look forward to working with you in our mutual dedication to student success.

Best Regards,

Rebecca Viscusi, MD
Clerkship Co-Director, Tucson

Ara J. Feinstein, MD, MPH
Clerkship Co-Director, Phoenix
Clerkship Organization

Sites

- University of Arizona Medical Center, University Campus
  - Surgical Oncology: Endocrine/Soft Tissue/Breast
  - Surgical Oncology: Colorectal
  - HPB
  - Transplant
  - Vascular Surgery
- University of Arizona Medical Center, South Campus
  - General Surgery
- Southern Arizona VA Health Care Services
  - General Surgery
- Private Practice General Surgery
  - Flagstaff
  - Sierra Vista
  - Show Low
  - Winslow

Student Assignments to Instructional Sites

**UA COM Procedure for Student Assignments to Instructional Sites**

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

Clinical Rotation Site Assignments

Students request their top choices of clinical sites. Clinical rotations sites are assigned by the respective clerkship offices in Tucson. The Phoenix campus allows students to select clinical sites via an electronic scheduling system, E-Value. Clinical site assignments are based on the students’ top choices. When it is impossible to meet the student’s top choice(s), assignments are made with the aim of best meeting, collectively, the student’s educational goals and geographic/personal preference.

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 (Tucson Campus) or the clerkship program manager (Phoenix Campus - the Academic Affairs office).

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 (Tucson Campus) notifies the previous and new site. The Phoenix clerkship manager will distribute the request to the appropriate clerkship director/ Medical Education office at each of the sites to gain approval of the change.

A change of rotation site may not take place unless the responsible clinical department coordinator (Tucson Campus) 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 Phoenix campus requires the request to be submitted 60 days prior to the start date of the rotation and that the student has the required credentialing paperwork on file. The resulting decision will be based on the information provided by the student and any information gathered regarding the site. In Phoenix if the sites do not accept/approve the request no other recourse in available.

**Surgery Clerkship Procedure for Assignment to Clinical Sites**

Students submit a ranking of their choices for clinical sites. If more than the allotted number allowed are requested, the final decision will be determined based on the date and time of the form submission. The procedures for assigning students to clinical sites can be found at: http://epc.medicine.arizona.edu/node/187. The Change of Clinical Site Request form can also be found at the bottom of that page if a student wishes to change sites due to hardship.

*If you have a concern or problem, please do not hesitate to contact the coordinator (or Director or Associate Director) for help with resolving issues at UAMC or any other site.*
Chapter 1

Clerkship Co-Director, Coordinator and Site Directors

An Arizona native, Dr. Viscusi received her bachelor of science degree from the University of Arizona and her medical degree from Jefferson Medical College in Philadelphia.

Dr. Viscusi returned to the UA to complete her general surgery residency training. She also completed a one-year fellowship program in breast surgical oncology at the University of Texas Southwestern in Dallas. Dr. Viscusi’s research interests involve treatments for women who are at high-risk for the development of breast cancer; specifically those with a BRCA mutation. Dr. Viscusi participates in the High-Risk Cancer Clinic currently held at the University of Arizona Cancer Center.

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William J. Adamas-Rappaport, MD joined the Department of Surgery in 1984. He grew up in New York and received his medical degree from the University of Miami. He completed a pediatric residency at Mt. Sinai Medical Center in New York and then went on to finish a general surgery residency at the University of Cincinnati and a fellowship in plastic surgery at the University of Oklahoma. He is board certified in general surgery and addiction medicine.

Dr. Rappaport has been active in medical education since his arrival. For the past ten years the main focus of his research has been in the area of medical education which has resulted in the publication of numerous articles and two books. He has won many awards from the students and College of Medicine for his teaching and often serves as a mentor.

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Course Description and Educational Objectives

Course Description

The goal of the surgery clerkship is to introduce the student to the principles of caring for the surgical patient. This goal is accomplished by allowing the student to participate in the care of patients in the various stages of evaluation and treatment by surgeons. These stages include but are not limited to the preoperative office or clinic visit, inpatient admission, operative procedure and inpatient/outpatient recovery. Through this exposure, the student will begin to understand the general process of the application of surgical therapy to patients in a wide variety of settings. Furthermore, by participating as a member of the surgical team, the student will observe the role of the surgeon as a member of the multidisciplinary team that provides care for the patient. The clerkship is structured upon the principle that learning is a process which can be accomplished only by active participation by the student. The role of the faculty and housestaff is to provide guidance, stimulation, support and example.

Educational Program Objectives (EPOs)

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

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.
EDUCATIONAL PROGRAM OBJECTIVES

for the Program Leading to the MD Degree

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

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

COMPETENCY: PATIENT CARE (PC)

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

Measurable Objectives for the Patient Care competency

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

COMPETENCY: MEDICAL KNOWLEDGE (MK)

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

Graduates will demonstrate their knowledge in these specific domains:

**Core of Basic Sciences**

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

**Application to Patient Care**

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

**Critical Thinking**

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

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

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

**Measurable objectives for the Practice-Based Learning and Improvement competency:**

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

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

**COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS (IPS)**

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

**Measurable Objectives for the Interpersonal and Communication Skills competency:**

Graduates will demonstrate:

• The ability to create and sustain a therapeutic and ethically sound relationship with patients and their families
• Effective listening skills and the ability to elicit and provide information using effective nonverbal, explanatory, questioning and writing skills
• Ability to document and present patient data and clinical information in an organized, accurate, legible and/or verbally clear manner
• The ability to encourage patients’ health and wellness through appropriate patient education

**COMPETENCY: PROFESSIONALISM (PRO)**

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

**Measurable objectives for the Professionalism competency:**

Graduates will exemplify a professional character that exhibits:

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

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

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

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

Graduates will evince:

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

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

## Patient Care

<table>
<thead>
<tr>
<th>OBJ #</th>
<th>COMPETENCY</th>
<th>SURGERY CLERKSHIP LEARNING OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MK</td>
<td>Recognize surgically relevant anatomy and understand the pathophysiology behind surgical disease processes.</td>
</tr>
<tr>
<td>2</td>
<td>MK, PC</td>
<td>Demonstrate the ability to obtain an accurate surgical history.</td>
</tr>
<tr>
<td>3</td>
<td>MK, PC</td>
<td>Demonstrate the ability to perform a complete and organ specific physical examination.</td>
</tr>
<tr>
<td>4</td>
<td>PC</td>
<td>Demonstrate empathy for a patient’s condition through reflection.</td>
</tr>
<tr>
<td>5</td>
<td>PC, PRO</td>
<td>Respect patient choices, values and need for confidentiality.</td>
</tr>
<tr>
<td>6</td>
<td>IPS, PC</td>
<td>Collaborate with a team to provide optimal patient treatment.</td>
</tr>
<tr>
<td>7</td>
<td>PLI</td>
<td>Demonstrate the ability to access online resources for medically relevant information.</td>
</tr>
<tr>
<td>8</td>
<td>MK, PLI</td>
<td>Demonstrate the ability to critically analyze and incorporate surgical literature into patient care.</td>
</tr>
<tr>
<td>9</td>
<td>PLI</td>
<td>Understand the importance of continuing medical education. Acknowledge gaps in knowledge and take steps to address them.</td>
</tr>
<tr>
<td>10</td>
<td>PLI</td>
<td>Demonstrate the use of the surgical literature to provide evidence-based surgical care.</td>
</tr>
<tr>
<td>11</td>
<td>IPS</td>
<td>Demonstrate the ability to provide effective and empathetic dialogue with the patient and their family.</td>
</tr>
<tr>
<td>12</td>
<td>IPS</td>
<td>Demonstrate the use of effective listening skills.</td>
</tr>
<tr>
<td>13</td>
<td>IPS, PRO</td>
<td>Demonstrate the ability to document and present clinical information in an organized, accurate, legible and clear manner.</td>
</tr>
<tr>
<td>14</td>
<td>IPS, PC</td>
<td>Demonstrate the ability to provide patient education to promote patient health and wellness.</td>
</tr>
<tr>
<td>15</td>
<td>PRO</td>
<td>Demonstrate honesty, compassion, respect, integrity and dignity.</td>
</tr>
<tr>
<td>16</td>
<td>PRO</td>
<td>Demonstrate the ability to maintain confidentiality.</td>
</tr>
<tr>
<td>17</td>
<td>PC, PRO</td>
<td>Demonstrate an ethically sound practice to ensure informed consent.</td>
</tr>
<tr>
<td>18</td>
<td>PRO</td>
<td>Advocate for improvements in healthcare access.</td>
</tr>
</tbody>
</table>
## SURGERY CLERKSHIP LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>OBJ #</th>
<th>COMPETENCY</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>IPS, PRO</td>
<td>Demonstrate the ability to work in a team-based approach to patients.</td>
</tr>
<tr>
<td>20</td>
<td>SBP</td>
<td>Demonstrate comprehension of the complexity of the health care system.</td>
</tr>
<tr>
<td>21</td>
<td>SBP</td>
<td>Understand the impact of patient care on other health care providers. Recognize how the roles of other team members influence the delivery of patient care.</td>
</tr>
<tr>
<td>22</td>
<td>SBP</td>
<td>Advocate for quality patient care.</td>
</tr>
<tr>
<td>23</td>
<td>IPS, SBP</td>
<td>Identify appropriate interactions between health care providers.</td>
</tr>
</tbody>
</table>
# Required Patient/Clinical Conditions

<table>
<thead>
<tr>
<th>Type of patient/clinical condition</th>
<th>Clinical setting (Inpatient, Outpatient, Both)</th>
<th>Level of student responsibility</th>
<th>Alternative Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute surgical abdomen (including hemorrhage)</td>
<td>Inpatient</td>
<td>Perform physical exam and work up</td>
<td>WISE MD Appendicitis</td>
</tr>
<tr>
<td>Biliary disease (cholelithiasis, cholecystitis, or choledocholithiasis)</td>
<td>Both</td>
<td>Perform physical exam and work up</td>
<td>WISE MD Cholecystitis</td>
</tr>
<tr>
<td>Breast disease (mass, abnormal mammogram, pain or infection)</td>
<td>Outpatient</td>
<td>Perform physical exam and work up</td>
<td>WISE MD Breast Cancer Surgery</td>
</tr>
<tr>
<td>Endocrine disease</td>
<td>Both</td>
<td>Perform physical exam and work up</td>
<td>WISE MD Thyroid Nodule OR Adrenal Adenoma</td>
</tr>
<tr>
<td>Hernia (incisional, inguinal, umbilical or ventral)</td>
<td>Both</td>
<td>Perform physical exam and work up</td>
<td>WISE MD Hernia</td>
</tr>
<tr>
<td>Intestinal Disease</td>
<td>Both</td>
<td>Perform physical exam and work up</td>
<td>WISE MD Bowel Obstruction OR Colon Cancer OR Diverticulitis</td>
</tr>
<tr>
<td>Multisystem trauma</td>
<td>Inpatient</td>
<td>Perform physical exam and work up</td>
<td>WISE MD Trauma Resuscitation</td>
</tr>
</tbody>
</table>
Required Clinical Skills

At the conclusion of the rotation, the student will be knowledgeable in:

- Anesthesia/Pain Management
- Biliary Disease
- Breast Disease
- Colorectal Disease
- Endocrine Disease
- Fluids & Electrolytes
- General Thoracic Surgery
- Heart & Great Vessels
- Hernia Disease
- Inflammatory Bowel Disease
- Management of Upper & Lower GI Bleeds
- Orthopedic Surgery
- Pancreatitis & Chronic Pancreatitis
- Pediatric Surgery
- Plastic Surgery
- Pre & Post Op Care
- Small & Large Bowel Obstruction
- Surgical Anatomy
- Surgical Radiology
- Surgical Emergencies
- Surgical Nutrition
- Surgical Oncology
- Transplantation
- Trauma
- Upper Abdominal Tumors
- Upper GI Disorders
- Urologic Emergencies
- Vascular Disease & Treatment

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.
Clerkship Policies

Attendance/Absence Policy

Attendance Policy for Clerkships

Tucson and Phoenix
Approved by EPC September 12, 2011
Amended: September 18, 2013
Wording edited: 10-15-13

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

Rationale for Attendance Policy for Clerkships

The following policies were drafted to provide students with clear expectations about absences from required rotations and to provide consistent policies between the Phoenix and Tucson campuses.

Policies have been stated explicitly and precisely, whenever possible. In some instances, however, the policies needed to be broad to account for unique features that differ among clerkships including the clerkship structure, duration, clinical sites, and curricular needs.

1. Policies regarding attendance

   • All clerkship experiences are mandatory and any absence must be recorded.
   • Excused absences will be remediated as deemed appropriate by the clerkship director.
     o To demonstrate that a student has remediated an absence, students will be expected to know the information and follow the requirements found in each clerkship manual as presented by the clerkship directors during orientation.
   • For each campus, the Associate Dean of Student Affairs, in consultation with the clerkship directors, is responsible for establishing a procedure for adhering to this policy.

2. Excused absences

An excused absence may be granted for one or more of the following reasons:

   • Presentation at a Professional Conference or Leadership Activity (e.g., as an AMSA Committee Member) on behalf of the University of Arizona College of Medicine. The number of days excused will be decided in consideration of the student’s role and duties at the conference and the requirements and experiences of the clerkship that would need to be remediated.
• **Religious observance.** Students may request an excused absence for religious observances, which will be considered in accordance with law and University policy.

• **Extenuating Personal Circumstances.** Extenuating personal circumstances may include, without limitation, significant family or personal events that acutely disrupt the student’s ability to attend to clerkship responsibilities. However, extended periods of absence may result in a student’s inability to successfully complete the clerkship, as remediation of such absences, as outlined below, may not be possible.

• **Health Care Maintenance Appointments.** Students may request an excused absence for health care maintenance appointments such as annual physical examinations with a primary care physician or a routine dental appointment.

• **Personal Illness, injury or disability.** In the case of a student’s own illness, injury or disability, it is the student’s responsibility to ensure that the appropriate parties, including both the site and the home clerkship office (typically, the departmental office) are informed of the absence in a timely manner. If the student is seriously ill (injured, etc), a family member or friend can inform the appropriate parties. Please see the Procedures section for each campus for the appropriate parties who must be informed.

### 3. Remediation of excused absences

- The clerkship directors will establish guidelines for implementation of remediation plans that are specific for the unique requirements of their clerkship. The implementation guidelines will apply for students at all sites within that clerkship.

- In the case where (1) an absence is requested 30 days in advance and (2) the clerkship director is unable to arrange an alternate remediation plan because of a student’s prolonged absence or the clerkship director’s inability to recreate the needed clinical or didactic material, the clerkship director may deny approval for the requested absence.

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

### 4. Unexcused Absences and Consequences of Unexcused Absences

- Any non-emergency absence that is taken without prior notification by the student or the student’s designee, as set for the below, or permission of the clerkship director is considered an unexcused absence and will be treated as an act of unprofessional behavior, which will be included in the student’s final assessment.

- An unexcused absence from the clerkship didactics may be noted in the final assessment and may affect the student’s final grade.

### 5. Holidays.

Following the college-wide policies approved by the Educational Policy Committee, **students will observe the holiday schedule of the University of Arizona.** A student may request to work on a day designated as a holiday by the University of Arizona. Upon approval by the clerkship director in advance, the holiday day may be substituted for a regular non-holiday work day.

### 6. Inability to Participate in Clerkship
Chapter 3

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

Tucson Procedure for Requesting and Tracking Absences

1. Requesting an excused absence

- To request an excused absence, except in cases of personal illness, injury, disability or emergency, students must send an email request to the Associate Dean for Student Affairs 30 days in advance of the anticipated absence. The reasons for the absence and the date(s) of the absence must be included in the request.
- Students will also inform their clerkship director/clerkship coordinator by email or telephone that they have submitted a request.
- If a student requests an excused absence due to illness or injury, he or she will contact the Associate Dean for Student Affairs and the clerkship director/clerkship coordinator that day, unless unable to do so because of such illness or injury. In the alternative, the student will provide a note from either his or her health care provider or Campus Health at the earliest possible opportunity.
- The Associate Dean for Student Affairs will notify the student and the clerkship director/clerkship coordinator of his/her decision regarding the requested absence.

2. Tracking absences

- It is expected that regular communication will take place between the Associate Dean for Student Affairs and the clerkship director/clerkship coordinator to ensure student absence reports are up-to-date and accurate.
- The following indicates the maximum number of excused absences for clerkships of various lengths.
  - 1.5 days for a 3-week rotation
  - 2 days for a 4-week rotation
  - 3 days for a 6-week rotation
  - 6 days for a 12-week rotation

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

This clerkship’s remediation plan will be followed at all sites within the clerkship. It may differ from remediation policies instituted in other clerkships. The following are details of possible remediation activities that will be considered by the clerkship director:

- **Missed Clinic:** Participation in clinic on another date before the end of the clerkship rotation.
- **Missed Didactic Session:** Make-up session via podcast of specific topic and/or use of WISE-MD for that particular subject.
- **Missed Day:** *All absences must be reported to clerkship coordinator and clerkship director.*
- **Other:** If the above cannot be arranged another equivalent experience will be considered by the clerkship director.

Whatever the clerkship director decides about remediation, the student is still expected to know the material he or she missed.

Refer to the College of Medicine academic calendar for holiday observances including religious holidays at: [http://www.omse.medicine.arizona.edu](http://www.omse.medicine.arizona.edu).

Medical Student Duty Hours Policy

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

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.

**Relevant Accreditation Standard:**

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

**Rationale:** This duty hour policy is created to parallel ACGME standards, with the understanding that medical students are supervised in all patient care activities and do not make independent patient care decisions. As a result, the duty hour policy for medical students follows ACGME stipulations for a PGY 2 resident and will support maximum educational benefit for students. The specifics of the PGY 2 duty hour time limits have been changed in the most recent ACGME iteration and are reflected in this policy change. This policy was modified to include new ACGME language recognizing the potentially impairing effects of sleep deprivation particularly in the area of student safety while driving home.
1. Duty hours for medical students must be **limited to 80** hours per week, averaged over the clerkship period, inclusive of all in-house call activities.

2. Duty periods of students may be scheduled to a maximum of **24 hours of admission duty with up to 4 hours for rounding/didactics post call** in the hospital.
   - Clerkship co-directors must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. It is essential for patient safety and medical student education that effective transitions in care occur. Students may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
   - Students must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty, but may remain for required formal learning activities such as noon conferences, scheduled didactic sessions, etc.
   - In unusual circumstances, students, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
   - Medical students must have eight hours between scheduled duty periods. They must have at least 14 hours free of clinical duty after 24 hours of in-house duty.

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

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

5. The sponsoring institution must have a process in place to allow for adequate sleep facilities or suggestions for alternate transportation if the medical student feels like driving home would dangerous. The College of Medicine must:
   - Educate all students to recognize the signs of fatigue and sleep deprivation;
   - Educate all faculty members and students in alertness management and fatigue mitigation processes; and,
   - Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care, learning and personal safety, such as strategic napping and personal strategies for safe transportation home.
Documenting Duty Hours

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

Required Clerkships:

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

2. Where a breach of duty hours is noted in a student’s report, the clerkship coordinator will report that violation and its explanation to the clerkship co-director.
   - The co-director will make a determination as to whether the breach is acceptable per the guidelines set above.
   - Where reasons indicate an unacceptable violation of the duty hour limits per the guidelines set above, the co-director will contact the site co-director, or student’s supervisor to investigate and remediate those conditions leading to the violation.

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

Additional Duty Hour Information for the Surgery Clerkship

- Trauma Acute Care rotation - Wednesday: Arrive by 6AM and leave by 7:00PM
- On all other call days, come in no earlier than 8AM. Otherwise, coordinate with your senior residents on when to start the work day.
- Days off Policy: Average 1 day off per week over the rotation.
- In unusual circumstances, students, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
Medical students must have eight hours between scheduled duty periods. They must have at least 14 hours free of clinical duty after 24 hours of in-house duty.

It is important that students be aware of the signs of fatigue as well as be able to recognize in themselves and others the signs and symptoms of sleep deprivation.

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

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

http://epc.medicine.arizona.edu/content/student-duty-hours-policy

Professionalism Attributes

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.

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.


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.

Professional Conduct Comment Form

The Professional Conduct Comment form provides a process for faculty, residents, fellows, medical students, and staff to comment upon either exemplary professional behavior OR lapses in professional behavior demonstrated by faculty, residents, fellows, medical students, or staff in the learning environment at the University of Arizona College of Medicine, to the Professionalism Program, through the mechanism outlined below.

The purpose of the Professionalism Program, which will be 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.

**Program-Wide Grading and Progression Policy**

**Assessment of Student Performance**

Policies that Apply Identically to the Phoenix and Tucson Tracks

Approved by the EPC June 15, 2011
Revised and approved February 15, 2012
Amended and approved June 20, 2013
Policies are effectively immediately.

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

**Grading and Progression Policies for Academic Years 3 and 4**

A. **Grading Policies for Clerkships**

1. The grade in a clerkship is based on a student’s performance in the competencies.
2. The grade will be a composite grade, using the common assessment form, test scores, and other evaluation tools that are approved by the EPC.
3. The composite grade will be divided into four categories: Honors, High Pass, Pass, or Fail (H, HP, P, F).
   a. The test will account for 25-30% of the composite score.
   b. The test can be a shelf exam or self-designed.
   c. Each clerkship will determine its own formulas for determining the composite score and will use the same formula at all sites (Tucson & Phoenix) of the clerkship. The formula must be documented and communicated to faculty and students.
   d. The clerkship director is responsible for final determination of each student’s grade.
   e. Honors will be awarded to students with composite grades in the top 20-30% of all student scores, and High Pass will be awarded to students with the next highest 20-30% of scores. Clerkships will annually review procedures for determining Honors and High Pass and revise as needed.
   f. A student must achieve Satisfactory assessment in every competency to receive either a P, HP, or H for the clerkship. Unsatisfactory in any competency will result in a failing grade in the clerkship.
g. High pass indicates a student who has excelled in either the exam or the clinical grade but not in the other, or who is outstanding in all areas and is close to an Honors score, but does not achieve it.

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

4. If a student fails the exam, the student will be given one opportunity to complete a Retake Exam.
   a. If a student needs to schedule a retake exam during Year III, it must be scheduled at the next academic break.
   b. These are the Winter and Spring breaks. The ‘next’ break will be determined by the timing of the results of the 1st exam and the time it takes to order a new exam.
   c. The retake exam cannot be scheduled during a clerkship or Intersessions or the third year elective block.
   d. If a student needs to schedule a retake exam during Year IV, the student will arrange his/her schedule to accommodate a week without curricular requirements and will schedule the Retake Exam at the end of that week.
   e. A student who fails a second clerkship exam before completing the Retake Exam for a previous failure must stop his/her academic progress and meet with the Student Progress Committee to agree on a plan for the student to complete the Retake Exams. If a student must schedule multiple Retake Exams, s/he must pass all of them before resuming his/her clinical training.

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

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

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

B. Grading Policies for Intersessions (EPC 12-15-2010)

1. Intersessions is a single course consisting of one or more weeks that are distributed through the year(s). Student performance in the weeks of the course is combined into a single grade that is recorded on the transcript at the end of the course.
   a. The grade can be either Pass or Fail.
   b. Assessment is based on performance in each competency.
   c. The final grade in each competency is awarded at the end of the course.
   d. If a student receives an Unsatisfactory in any competency, the student has failed the course.
c. Each student's current performance in the competencies will be posted in ArizonaMed or E*Value, so that at the end of a week, the student can be informed of his/her status in the course.

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

2. **Attendance is required at all activities.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

      ii. The paper will be evaluated by relevant faculty and given a grade of Pass/Fail. The paper(s) should be scholarly and include references.
Chapter 3

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

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

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

C. Grading Policies for Transitions Course

1. The two grades available for this course are Pass and Fail.

2. The student’s grade is based on his/her attendance and participation.

3. The Attendance Policy must be followed, which means a student must receive approval from the campus Associate Dean of Student Affairs for any absence in the course.

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

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

6. A student may not progress in Year III until s/he passes the Transition course.

III. Timing of USMLE Examinations

NOTE: Students who have made a first attempt of the USMLE Step I exam prior to May 1, 2012 meet the following policies concerning the USMLE examination.

A. Timing of First Attempt at USMLE Step 1 Exam

The student must take the USMLE Step 1 exam for a first time promptly after the end of the academic activities for Year II. Typically, this means that the USMLE Step 1 exam will be scheduled before June 30th of Year II.

1. In the case of a student who is continuing in the M.D. program without interruption, s/he must take the Step 1 exam before starting his/her first clerkship.

2. In the case of a student in a dual-degree program, s/he must take the Step 1 exam before starting any additional work toward the non-M.D. degree.

3. In the case of a student taking a leave of absence that has been approved by the Student Progress Committee, s/he must take the Step 1 exam by the June 30th following the end of Year II or at another time determined by the Student Progress Committee.

NOTE: The following policy applies to any student who has not yet attempted the USMLE Step 1 exam by May 1, 2012.

B. First Attempt At USMLE Step 1 Exam

2. A student must complete the USMLE Step 1 exam before starting any clerkship or elective for third- or fourth-year credit.
3. A student in a dual-degree program must complete the Step 1 exam no later than 6 weeks after the end of Year 2 courses.

4. A student may delay taking USMLE Step 1 exam only if the Associate Dean of Student Affairs has approved the delay. Conditions for which the Associate Dean of Student Affairs may approve a delay in scheduling the Step 1 exam are:
   a. The student is taking a leave of absence or has an extraordinary life event.
   b. The student is required to remediate a failed block from Year 2. The student must complete any block remediation before taking USMLE Step 1. The student may delay the date of his/her Step 1 exam no later than 8 weeks after the block remediation is completed.
   c. Other special circumstances, at the discretion of the Associate Dean of Student Affairs.
   d. The Associate Dean of Student Affairs will notify the Student Progress Committee about any student who is approved to delay taking the USMLE Step 1 exam.

5. Enrollment in courses after first attempt
   a. A student may not begin any clerkship rotation or any medical school course for continuation of a dual degree program until s/he has taken the USMLE Step 1 exam.
   b. A student who has completed the Step 1 exam may begin his/her first clerkship rotation while his/her result is pending.

5. The student must pass the USMLE Step 1 before taking the USMLE Step 2 Clinical Knowledge (CK) exam.

6. It is recommended that a student take the USMLE Step II CK exam for a first time by November 30 of his/her senior year.
   a. In the case of a student taking a leave of absence that has been approved by the Student Progress Committee, s/he must take the Step II exam by another time determined by the Student Progress Committee.
   b. The student must pass the USMLE Step 1 exam before entering his/her last academic year (Year IV).
   c. If a student wishes to take the USMLE Step II CK exam after November 30, the student must obtain approval from the Student Progress Committee.

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

8. Every student must have passed the USMLE Step 2 CK exam within one calendar year (12 months) after the date of his/her first attempt. A student who has not passed one year after his/her first attempt will be automatically dismissed.
   a. The exact deadline for a calendar year will be postponed only until a pending score is posted for an exam that was taken before the one-year deadline. No further attempts after the one-year deadline will be allowed.
   b. The one-year clock will be stopped for a student who has an approved leave of absence. The clock will resume once the leave of absence is concluded.
C. Non-Progression Following Failure Of First Attempt At USMLE Step 1 Exam

1. A student who does not achieve a passing score on his/her first attempt at the USMLE Step 1 exam may not enroll in any medical school curricular course, including any course for any dual-degree program, until after s/he has taken the Step 1 exam a second time. The sole exception is that the student may enroll in courses that are approved by the Office of Student Development (Tucson) or Office of Learning Resources (Phoenix) and that serve to prepare for another attempt at Step 1.

2. If a student learns of a failure on his/her first attempt while in clinical training, the student must stop clinical training at the end of the block (up to 2 rotation periods) s/he is then enrolled in. If a student is enrolled in a course, the student may complete the course, but then must stop.

3. After completing a second attempt at USMLE Step 1, the student may seek approval from the Student Progress Committee to enroll in a new clerkship rotation while awaiting his/her score on the second attempt. The student may not enroll in any course contributing to a dual-degree program, however, until a passing score has been posted.

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

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

D. Limitations On Multiple Attempts At USMLE Step 1 Exam (Epc 04-20-2011)

1. A student must obtain approval from the Student Progress Committee before scheduling a third or any additional attempts at the USMLE Step 1 exam.

2. The Student Progress Committee will consider the following criteria in deciding whether to approve a request:
   a. scores on the student’s previous attempts
   b. progress of scores on previous attempts
   c. recommendations of the staff of the Office of Student Development (Tucson) or the Office of Learning Resources (Phoenix) who have supervised the student
   d. the history of the student’s efforts to remediate, including what courses s/he has taken
   e. for the Tucson track, the student’s participation in the PASS Step 1 course offered during years 1 & 2

3. If an additional attempt is approved, the Student Progress Committee will review and approve the student’s study plan.

4. Every student must have passed the USMLE Step 1 exam within one calendar year (12 months) after the date of his/her first attempt. A student who has not passed one year after his/her first attempt will be automatically dismissed.
a. The exact deadline for a calendar year will be postponed only until a pending score is posted for an exam that was taken before the one-year deadline. No further attempts after the one-year deadline will be allowed.

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

IV. Dismissal from the College of Medicine

A. New policy approved February 15, 2012

1. The following new policy was approved February 15, 2012 – effective immediately. A student who meets any of the following conditions will be automatically dismissed from the Doctor of Medicine degree program. The Associate Dean for Student Affairs will notify both the student and the Student Progress Committee of the criteria that triggered the automatic dismissal.

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

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

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

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

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

7. (In effect beginning with the Class of 2016) The student in a dual degree program (e.g., MD-PhD, MD-MPH, etc.) may exceed the six year limitation in satisfying the requirements of both degrees, but must take no more than three years from the date of matriculation to complete satisfactorily Years I & II courses and no more than three years after beginning the required Year 3 clinical experiences to complete satisfactorily required clinical experiences and electives.

B. Policies concerning requests for reinstatement

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

University of Arizona Student Disciplinary Procedures
Introduction

Due to the professional nature of the study and preparation for medicine, the College of Medicine (also referred to as the “COM”) adopts these Procedures for Student Progress, Academic Integrity, and Managing Grade Appeals, (hereafter “Procedures”), which supersedes all previous policies and procedures addressing the same or similar issues, including the Policies and Procedures for Student Progress and Appeals of Academic and Disciplinary Decisions. Medical students also are required to follow policies and codes of conduct governing all students at the University of Arizona, violations of which may result in the University taking action independent of action the COM may take. Such policies include, but are not limited to the Arizona Board of Regents Student Code of Conduct (ABOR Policy 5-308), which is applicable to all students at the University of Arizona, and which the University’s Dean of Students Office enforces.

Medical students also are bound by the COM’s Code of Conduct and Procedures for the Honor Code Committee and its Educational Policies, which govern educational and graduation requirements for its students. Because it is the COM’s mission to train medical professionals, the COM also requires that medical students abide by the professional standards required of physicians under Arizona law, as described in A.R.S. § 32-1401, et seq.

Decisions regarding grade appeals must be made on an accelerated basis, and therefore, the provisions regarding grade appeals for undergraduate and graduate students at the University of Arizona do not apply. Therefore, the process for appealing a grade at the COM will be handled in accordance with these Procedures.

Procedures

I. Definitions. Under these Procedures, the following terms will have the meanings set forth below:

A. “Automatic Dismissal” has the same meaning as described in the Program-wide Grading and Progression Policies of the COM, as amended. Either the Deputy Dean, Education or designee or Vice Dean, Academic Affairs or designee may order an automatic dismissal in accordance with those policies.

B. “Advisor” means a faculty or staff member or other individual selected by a student to advise him or her during a meeting or a hearing conducted by the Student Progress Committee or Honor Code Committee. Unless the advisor is a licensed attorney, the
advisor may provide assistance to the student during a meeting or hearing, but may not speak on his or her behalf.

C. “Assistant Registrar” or “Registrar” means an individual who holds that title at either the COM-Tucson Campus or the COM-Phoenix Campus. This individual will prepare and supply the Student Progress or Student Appeals Committee with relevant records of each student at such Committee reviews and prior to meetings or hearings under these Procedures.

D. “Attorney” means an individual licensed to practice law in the State of Arizona.

E. “Dean” means the Dean of either the Tucson or Phoenix Campus of the University of Arizona College of Medicine.

F. “Dean, Student Affairs” means either an Associate Dean, Student Affairs holding that title at either the Tucson or Phoenix Campus of the University of Arizona College of Medicine, or his or her designee. The Associate Dean may advise students about their rights and obligations under these Procedures, may present relevant information related to students at a SPC meeting if requested, and may attend SPC meetings, but will not vote on any matters before those Committees.

G. “Deputy Dean, Education” or “Vice Dean, Academic Affairs” means the individual holding such title at either the COM-Tucson Campus or the COM-Phoenix Campus, or his or her designee. Such individual or designee will issue notices of automatic dismissal or dismissals based either on lack of academic progress or for disciplinary reasons, subject to students’ rights to seek a hearing or appeal those decisions, and will present evidence on behalf of the COM at any hearings initiated under these Procedures.

H. “Dismissal” or “Dismiss” means termination of a student from the COM.

I. “Graduation Requirements” means those requirements established by the Educational Policy Committee (EPC), as described in its Program-wide Grading and Progression Policies, as amended from time to time. Those requirements are incorporated into these Procedures by reference.

J. “Honor Code Committee” means that Committee established pursuant to the Bylaws of the University of Arizona College of Medicine.

K. “Notice” or “notify” means providing written notification within the time limits specified in these Procedures 1) by hand-delivery or U.S. mail to the student’s last known address as reflected in University records; 2) to an address to which the student has specifically requested such notices be sent; or 3) to the student’s official University e-mail address.

L. “Preponderance of the evidence” means that quantity and quality of evidence which, when fairly considered, produces the stronger impression, and has the greater weight, and is more persuasive regarding its truth than the evidence presented in opposition.
M. “Student Appeals Committee” means a Committee established pursuant to the Bylaws of a University of Arizona College of Medicine. The Student Appeals Committee may consider appeals of decisions of the SPC when an appeal is permitted by these Procedures.

N. “Student Progress Committee” or “SPC” means a Committee established pursuant to the Bylaws of a University of Arizona College of Medicine, which will function as described below.

O. “Quorum” will mean two-thirds of the members of a Committee described above. If a member of either a SPC, Honor Code Committee or Student Appeals Committee is unable to attend a meeting or hearing required by these procedures, or believes he or she will be unable to review a matter objectively or to participate in a meeting or hearing required under these Procedures, then the member may recuse himself or herself from the matter under consideration and will explain the reasons for such recusal to the Chair of the appropriate Committee reviewing the matter. Similarly, if a Committee member directly participated in a matter that is the subject of review before such Committee, that Committee member will be disqualified from participating in the matter that is the subject of review before the Committee. If a Committee member recuses himself or herself from a matter, then a quorum for the meeting or hearing will be two-thirds of the membership remaining. To conduct business under these policies, a quorum must be present at the beginning of any meeting or hearing and must remain throughout the meeting or hearing until the Committee reaches a decision.

II. Functions of the Student Progress Committee (SPC)

A. The SPC will conduct the following reviews of students’ progress:

1. Students in Years 1 and 2: At the end of each semester, the Associate Dean, Student Affairs will report to the SPC concerning the performance of all first- and second-year students during that semester.

2. Students in Year 3: At the beginning of the second semester of the third year, the SPC will undertake a complete review of all third-year students.

3. Students in Year 4: Following a meeting with each fourth-year student in preparation for his or her Dean’s letter and a complete review of the students’ academic records, an Associate Dean, Student Affairs will verify students’ eligibility to participate in the National Residency Match Program (hereafter “Match”), and notify the Committee if any student is not eligible to participate in the Match.

B. The SPC may review the performance or professional conduct of any student who is brought to the Committee’s attention by any Dean or faculty member, or another student who is concerned about the progress or conduct of a student.

C. A student may also request to meet with the SPC in person to discuss his or her own academic progress or professional conduct by communicating directly with the Chair of the SPC in writing, and requesting to meet with the SPC.
D. If students fail to progress in accordance with the requirements established by the EPC’s Program-wide Grading and Progression Policies, the SPC will consider the circumstances surrounding and determine appropriate remedial measures, or order that the student be dismissed.

E. The SPC will conduct hearings permitted under these Procedures on dismissals, including automatic dismissals ordered by a Deputy Dean, Education or a Vice Dean, Academic Affairs in accordance with the EPC’s Program-wide Grading and Progression Policies.

F. The SPC will consider requests for non-medical leaves of absence and determine any conditions upon which students will be permitted to return from such leaves.

G. The SPC will review the status of students who are either admitted to the college as a result of transfer from another school of medicine, or who are readmitted to the COM following withdrawal to determine the student’s placement in the curriculum and timing of admission.

H. The SPC will consider recommendations for remedial or disciplinary action by the Honor Code Committee regarding a student’s violation of either the COM’s Code of Conduct or ABOR Policy 5-308 or conduct a hearing on such recommendations as outlined below.

I. The SPC will make final decisions regarding grade appeals when a student appeals a failing grade.

J. The SPC will review and suggest revisions to its procedures to the Student Affairs Committee from time to time in accordance with the COM Bylaws.

III. Student Progress Committee Procedures Regarding Academic Matters other than Appeals from Dismissals

A. When an administrator recommends that the SPC take academic action regarding a student, the Chair of the SPC will notify the student in writing within five (5) working days of proposing such action. The notification will describe the proposed action and the basis for proposing such action.

B. The student may respond to such notice in writing to the Chair of the SPC no later than ten (10) working days following receipt of the notice unless the student seeks from the Chair of the SPC and is granted an extension of time to respond based upon good cause.

C. Upon receipt of a response (or following the date on which such response could have been submitted but was not), the Chair of the SPC will notify the student of the time and date for a meeting with the SPC to discuss the matter, and will direct the student to attend the meeting.

D. If a student fails to attend a meeting of the SPC at which he or she was directed to be present, the Committee may proceed in the student’s absence, unless the student
provides the Chair of the SPC good cause for not appearing and the Chair grants an exception. The SPC may consider a student’s failure to attend a meeting for which a good cause exception has not been granted when finalizing any decision regarding the student.

E. Meeting Process.

1. A student may be assisted at a meeting by one non-attorney advisor, as defined in Section I.B. above. If a student brings an advisor to a meeting, he or she will notify the SPC Chair prior to the meeting of the advisor’s name. No other individuals will be permitted to accompany the student to a meeting unless requested to attend by the SPC.

2. At the meeting, the SPC will receive information from an Associate Dean, Student Affairs, a COM faculty member, or other administrator about the subject matter of the meeting, and from the student. If the SPC requires further information, it may request additional information either during or after the meeting. The Committee may ask questions of all individuals who appear at a meeting before determining what appropriate action it will take.

3. Following the meeting, the Chair of the SPC will prepare a letter to the student regarding the course of action prescribed and will notify the student and the Associate Dean, Student Affairs in writing of its action no later than ten (10) working days following the meeting.

4. A student is not entitled to appeal a decision of the SPC under this section.

IV. Student Progress Committee Procedures Regarding Dismissals and Recommendations for Disciplinary or Remedial Action by an Honor Code Committee.

A. Dismissals

A Deputy Dean, Education or a Vice Dean, Academic Affairs may automatically dismiss a student based upon lack of academic progress or for disciplinary reasons. The notification from the Deputy Dean or Vice Dean will include a statement that the student may request a hearing before the SPC in accordance with these Procedures and will include either a copy of these Procedures or a link to them on the COM website.

1. If a student desires a hearing, he or she must submit a written request for a hearing to the Chair of the SPC no later than five (5) working days after receipt of notification of the action for which a hearing is permitted. A student may request an extension of time to make a request for hearing only for good cause, which must be presented to the Chair of the SPC prior to the expiration of time to request such hearing.

2. When the student submits a request for a hearing, he or she also may submit a written response to the proposed action to the Chair of the SPC outlining his or her reasons that the proposed action should not be taken.
3. If a student fails to respond to the proposed action or fails to request a hearing within the prescribed time for doing so (or an extended time if permitted), then the proposed action will become effective at the end of the last business day on which the student could have requested a hearing. In such event, a student would not be entitled to an appeal of the decision to dismiss him or her or to take disciplinary action.

4. Pre-hearing Matters.

a. When a student requests a hearing, the Chair of the SPC will notify the student of the date, place and time of the hearing at least ten (10) working days prior to the hearing date unless the parties mutually agree to a different date or disposition of the matter. The notice will contain: 1) a statement of the action to be taken; 2) the student’s right to be represented by an attorney at his or her own expense or to bring a non-attorney advisor; 3) the names of the members of the SPC who will be hearing the matter; and 4) a copy of these Procedures or a link to the Policy on the COM website.

b. If a student engages an attorney to represent him or her at a hearing, the student will notify the Chair of the SPC of the name and contact information for that attorney at the time he or she requests a hearing. If the student is represented by an attorney, either the Deputy Dean, Education or Vice Dean, Academic Affairs who is presenting the matter to the SPC may also be represented by an attorney selected by the University’s General Counsel. A representative of the University’s Office of the General Counsel will attend the hearing and advise the SPC throughout the proceedings. The date on which the hearing will occur may be adjusted at the request of an attorney representing either party to the proceedings for good cause.

c. If the student is not represented by an attorney, he or she may be assisted throughout the hearing by an advisor as described in Section I(B) above.

d. A student may challenge the participation of any member of the SPC on the grounds of personal bias by submitting a written statement to the Chair of the SPC setting forth the basis for the challenge no later than five (5) working days after receiving notice of the individuals who will serve on the SPC for the hearing. The Chair will determine whether to sustain or deny the challenge. If the Chair sustains the challenge, the challenged member will not participate in the hearing.

e. Members of the University Community are expected to comply with any request by the Chair to appear at a hearing and/or to provide information or evidence to the Committee in connection with a hearing
under this Policy unless compliance would result in significant personal hardship or substantial interference with normal University functions.

f. No later than five (5) working days prior to the scheduled hearing, the parties will exchange 1) a list of the names and addresses of the witnesses who may be called to provide evidence at the hearing, and 2) a list of all documents or statements that will be presented at the hearing.

g. The student and the Deputy Dean, Education or Vice Dean, Academic Affairs, or their attorneys if represented by counsel, will make copies of all documents they wish to present at the hearing in sufficient numbers so that each SPC member, the attorney advising the SPC, the other party, and the court reporter has a copy.

5. Conduct of the Hearing.

a. These proceedings are confidential and the information provided during a hearing will not be shared with anyone outside the hearing. Hearings before the SPC will be closed to everyone except the student, the SPC members, the Associate and/or Assistant Deans, Student Affairs, either the Deputy Dean, Education or Vice Dean, Academic Affairs, the witnesses during their testimony, attorneys for the parties, if any, an attorney from the Office of the General Counsel who is advising the SPC, the student’s advisor, if the student is not represented by counsel, and the court reporter.

b. Prior to the hearing, the Assistant Registrar for the COM will provide the SPC with copies of the student’s entire academic record.

c. The Chair will preside at the hearing and will rule upon all procedural matters and ensure that the parties have a fair opportunity to present their evidence. The formal rules of evidence that apply to legal proceedings will not apply, although objections to the introduction of evidence may be considered by the Chair. The Chair may exclude irrelevant, immaterial, privileged or unduly repetitious evidence. Information regarding prior actions taken by the SPC or an Honor Code Committee may be presented at the time of the hearing. The Chair may establish reasonable limits upon the time allotted to both the student and the Deputy Dean, Education or Vice Dean, Academic Affairs for oral presentation, presentation of evidence, and examination and cross-examination of witnesses.

d. A court reporter will make a verbatim record of the hearing, and will administer an oath to witnesses before they testify. The court reporter also will mark documents or other evidence presented during the hearing.
e. The Associate Dean, Student Affairs or designee will provide a narrative description to summarize the student’s academic record, if requested by the Chair to do so at such hearing.

f. The Deputy Dean, Education or the Vice Dean, Academic Affairs or their attorney will then present evidence to the SPC related to the dismissal, and may present witnesses and evidence in support of that action. The student or his or her attorney may then present evidence why the student should not be dismissed and may present witnesses and evidence in support of his or her position. Each party will have the opportunity to cross-examine the other party’s witnesses.

g. SPC members may ask questions of the student and any other witness called to provide evidence at a hearing.

h. At the conclusion of the presentation of evidence to the SPC, each party will be permitted to summarize his or her position to the SPC prior to the SPC’s deliberations.

6. Deliberations and Decision by Student Progress Committee.

a. Following the hearing, the SPC will discuss the evidence and decide whether the student should be dismissed or whether other action is more appropriate.

b. Any decision under this section requires a majority vote of the SPC.

c. The SPC will issue its written decision within ten (10) working days after the conclusion of the hearing, which will be founded solely upon the evidence presented at the hearing. The Committee’s decision will include a summary of the evidence on which the decision was based, its findings of fact and conclusions, and a statement that the decision is supported by a preponderance of the evidence.

c. The Chair of the Committee will sign the decision on behalf of the SPC and will provide a copy of the decision to the student, the Deputy Dean, Education or Vice Dean, Academic Affairs, the Associate Dean, Student Affairs, the Dean of the COM, the attorneys representing the parties, if any, and the attorney advising the SPC. The decision will include information about the student’s right to appeal an adverse decision to the Student Appeals Committee.

d. Unless a student appeals the decision to the Student Appeals Committee as provided below, the decision of the SPC is not subject to further review and becomes final upon the date such appeal could be filed.
B. Actions Taken Following a Recommendation by an Honor Code Committee for Discipline or Other Remedial Action.

1. When the Honor Code Committee submits a report to the Chair of the SPC finding that a student violated either the COM’s Code of Conduct or ABOR Policy 5-308, and recommends that the student should receive either remedial or disciplinary action, the SPC will schedule a meeting with the student who is subject to the charge of an Honor Code violation and the Chair of the Honor Code Committee.

2. Prior to such meeting, the SPC will receive all evidence presented to the Honor Code Committee at its formal hearing, including the transcript of those proceedings.

3. At the SPC meeting, the Chair of the Honor Code Committee will describe the process it followed to investigate and conduct the hearing regarding the alleged violation, and explain the Honor Code Committee’s decision and recommendations to the SPC and to the student. The student also may make a statement to the SPC, but will not present additional evidence at the meeting.

4. After meeting with the student and the Honor Code Committee Chair and considering the evidence and recommendations of the Honor Code Committee, the SPC may adopt the Honor Code Committee’s recommendations, unless it determines that the evidence presented at the Honor Code Committee hearing was insufficient to support the Honor Code Committee’s recommendations. In that event, the SPC will either conduct a hearing in accordance with the procedures set forth above or remand the matter to the Honor Code Committee with specific instructions.

5. If the SPC adopts the Honor Code Committee’s recommendations, it will issue a written decision containing its findings of fact and conclusions to the student who is subject to the charge of an Honor Code violation within ten (10) working days after the date of its meeting with the student and the Honor Code Committee Chair.

6. If the SPC determines that it must conduct a hearing on the matter, it will notify the student and the Honor Code Committee Chair that it rejected the Honor Code Committee’s recommendations and will schedule a hearing in accordance with the hearing procedures set forth in section IV.A.6 above.

7. A student may appeal a decision resulting in disciplinary or remedial action to the Student Appeals Committee, as set forth below.

V. Student Appeals Committee.

A. A student may appeal a decision by the SPC to dismiss him or her from the COM only on the following grounds:
1. Irregularities in the proceedings, including but not limited to any abuse of discretion or misconduct by the SPC or by a party to any proceedings under these Procedures that deprived the student of a fair and impartial hearing process.

2. That the dismissal was excessively severe under the circumstances.

3. That the decision was not supported by the evidence presented or is contrary to law.

B. A student may appeal a decision by the SPC to take remedial or disciplinary action against the student following a finding by the Honor Code Committee that the student violated the COM’s Honor Code of ABOR Policy 5-308 only on the following grounds.

1. A formal hearing by the Honor Code Committee was not conducted in a manner substantially consistent with the procedures set forth in the Honor Code.

2. The finding that the student violated either the Honor Code or ABOR Policy 5-308 is not supported by a preponderance of the evidence.

3. The student’s conduct does not constitute a violation of the Honor Code or ABOR Policy 5-308.

4. The process for making a determination that the student violated the Honor Code or ABOR Policy 5-308 violated the student’s constitutional rights.

5. The sanction imposed by the SPC is arbitrary or capricious.

C. Procedure and Disposition

1. The student must deliver his or her written notice of appeal, which will include the grounds for appeal, to the Chair of the Student Appeals Committee no later than ten (10) working days after the student receives a decision from the SPC that is subject to appeal.

2. Upon receipt of a notice of appeal, the Chair of the Student Appeals Committee will determine whether the notice of appeal sets forth grounds for appeal as required in paragraph V.A. or V.B. If the Chair determines that the student failed to establish an appealable issue, then the Chair will reject the appeal and notify the student that the appeal fails to meet the requirements set forth above. The student will have one opportunity to amend the notice of appeal. If the student fails to do so or again submits an appeal that does not meet the above grounds for appeal, then the Chair of the Student Appeals Committee will inform the student that the SPC’s decision is final and not subject to appeal.

3. If the Chair of the Student Appeals Committee determines that the student stated grounds for appeal according to paragraph V.A. or V.B., the Chair will
notify the student that the Student Appeals Committee will review the record, including the transcript of the proceedings and render a decision.

4. The record, including the transcript of the proceedings subject to appeal, will be delivered to the Chair of the Student Appeals Committee.

5. Upon receipt of all the documents set forth in paragraph V.C.4., the Chair of the Student Appeals Committee will set a time for that Committee to meet to review the entire record, which will take place no later than twenty (20) working days from the date on which the Chair of the Student Appeals Committee receives the record. The Student Appeals Committee will consider no new evidence or information nor hear additional testimony during its deliberations. A University attorney from the Office of the General Counsel will assist the Student Appeals Committee.

6. The Student Appeals Committee will make a determination by majority vote whether to uphold the decision or to reverse the decision of the SPC, and will prepare the Committee’s written decision and deliver it to the Chair of the SPC, the Associate Dean, Student Affairs, the Office of the General Counsel, and the student no later than ten (10) working days after it meets. The decision will articulate the basis for 1) affirming the SPC’s decision; 2) reversing the decision if it finds that, under the facts, a reasonable decision-maker could not have come to the same conclusions reached by the SPC; or 3) remanding the matter to the SPC for further proceedings.

7. If the dismissal or other disciplinary action was based upon a finding that the student violated the COM’s Honor Code or ABOR Policy 5-308, the Associate Dean, Student Affairs will also provide a copy of the Student Appeals Committee’s decision to the University’s Dean of Students Office, which may take additional action against the student under the University’s Code of Conduct.

VI. Grade Appeals

If a student believes that he or she has been awarded a final grade for a course, block, elective or clerkship (hereafter “course”) that does not adequately represent his or her performance in the course, the student may appeal the grade under these Procedures.

A. Process for Appeals of Non-failing Grades Involving a Clerkship or Elective in Years Three and Four

1. Within ten (10) working days of receipt of his or her grade in a clerkship or elective, the student will confer with the clerkship or elective director (hereafter “director”), stating the basis upon which the student believes he or she should have been awarded a higher grade. The director will review the grading process with the student and determine that the grade was appropriate or change the grade.
2. If the student and director are unable to agree during this meeting that the grade should be increased, the student may appeal the grade in writing to the Dean, Curricular Affairs, stating the basis for changing the grade. The Dean, Curricular Affairs will meet with the director and the student separately within five (5) working days of receipt of the appeal and review any documentation the student or director provides. Within five (5) working days after conferring with the director and the student, the Dean, Curricular Affairs may make a decision or may create an ad hoc Committee comprised of at least two other clerkship or electives directors or faculty who have not been involved in the student’s initial assessment to advise the Dean, Curricular Affairs in determining whether the student’s grade should be changed.

3. After such meeting or if no meeting is necessary, the Dean, Curricular Affairs will write a decision advising both the student and the director whether the grade should stand or that the grade should be increased. The Dean, Curricular Affairs will also provide a copy of the decision to the appropriate Associate Dean, Student Affairs and the Deputy Dean, Education or the Vice Dean, Academic Affairs, as appropriate.

4. The decision of the Dean, Curricular Affairs is final and no further grade appeal is permitted.

B. Process for Appeals of Failing Grades Involving either a Course or a Clerkship

1. Review by the Student Progress Committee.

   a. If a student receives a failing grade in a course or clerkship, the student first must proceed as set forth in Section VI.A. to resolve the issue.

   b. If the student is unsuccessful in resolving the issue, then the student may appeal the grade to the SPC by requesting a meeting with the Committee. The student’s appeal must be in writing and state the basis upon which he or she believes the previous decisions were erroneous.

   c. The SPC will schedule a meeting within ten (10) working days after receiving the appeal.

   d. Prior to the meeting with the student and course or clerkship director, the SPC will review any prior decisions reached in the matter.

   e. At the scheduled meeting, the SPC will first meet separately with the student and the course or clerkship director. After meeting separately with the student and the course or clerkship director, the SPC may request both the student and the course or clerkship director to join the SPC meeting for further discussions in an attempt to settle the dispute.

   f. Following that meeting, the SPC will prepare a written decision and will provide copies of the decision to the student, the course or clerkship
Chapter 3

director, the Dean, Curricular Affairs, the Associate Dean, Student Affairs and the Deputy Dean, Education or the Vice Dean, Academic Affairs, as appropriate, within five (5) working days of the meeting described above.

2. The SPC’s decision will be final and not subject to further appeal by either the student or the course or clerkship director.

Social Media Guidelines

Social media offer opportunities to interact, build relationships and enhance interpersonal and professional connections. As members of the University of Arizona (hereafter “University” or “UA”) community, we must be aware of the ways social media content may affect our personal and professional reputation and credibility and the way others perceive the University. These guidelines govern students, staff, faculty and others affiliated with the College of Medicine.

The following guidelines have been established to protect your interests as well as the College of Medicine’s interests when individuals use social media for either professional or personal purposes. UA External Relations has established more extensive guidelines for those who use social media to represent their colleges and departments.

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

1. PROTECT YOURSELF:

a. Use appropriate privacy settings to reduce the chances that your personal information and the content you post are accessible to unintended audiences.
b. Consider the safety risks of tagging your location.
c. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched and may be required to be saved and retrieved under certain circumstances.
d. Review and comply with the user agreements of the social media you use, with particular attention to directives that prohibit harassment, threats of violence, discriminatory statements, and personal slurs or attacks.
e. Regularly monitor social media sites to ensure that others have not included you in images depicting unprofessional conduct. If you discover such images, make reasonable efforts to remove them. Typing your name into a search engine (“Googling yourself”) is an easy way to see what others can see about you.
f. Consider the impression that may be created when posting content frequently during the work day.

2. PROTECT THE PRIVACY OF OTHERS:

a. Use sound judgment when using social media to forge connections with members of the UA community. It is generally best to connect with students on sites such as Facebook only after they are no longer members of your class or under your direct supervision. Likewise, consider the
potential impact of having access to personal information about your employees through certain social media venues.

b. If you wish to communicate professional content through Facebook, consider creating a professional page or a fan page rather than asking individuals to link to your personal account.

c. It is never appropriate to use social media to engage in personal communications with individuals with whom you are currently involved in a healthcare provider-patient relationship. Unless specifically permitted by a research sponsor, it is never appropriate to use social media to engage in personal communication with individuals who are in a researcher-patient or researcher-research subject relationship or who are being recruited to participate in research.

d. Ensure that student privacy rights are protected as required by the Family Educational Rights and Privacy Act (FERPA). Do not describe student behavior, report grades, or provide personally identifiable information.

e. In order to protect the privacy rights of patients and research subjects as required by state or federal privacy laws, including the Health Insurance Portability and Accountability Act and its amendments, do not discuss or describe patients or research subjects or share content that might be personally identifiable.

f. Protect confidential or personal information you may have acquired as part of your work as a University employee and abide by University policies regarding confidentiality of personnel information.

g. Request permission before posting photos of work friends or colleagues.

3. PROTECT THE UNIVERSITY’S ASSETS AND REPUTATION:

a. While you have rights of free expression as a private citizen, remember that others may also view you as a member of the UA community. Before posting social media content, consider the impact it may have on the University’s reputation.

b. When your online posting suggests that you are affiliated with the UA, include a statement that the content of your posting reflects only your personal views and not those of the UA, its colleges or affiliates.

c. Adhere to all University policies regarding the use of computers and other technology.

d. Remember that state law prohibits University employees from using their UA affiliation to influence electoral and legislative outcomes. If you use social media to express a political position, make sure that you do so as a private citizen rather than as a UA representative. Failure to make this distinction may violate state law and trigger a host of consequences for the University if the comments are deemed to be lobbying under federal and state statutes. See the University’s Political Activity Fact Sheet for more information.

e. Use a personal email address to register on social networks, blogs or other online tools utilized for personal use.

f. Respect intellectual property rights, including copyrights, trademarks, trade names and trade secrets, of others and of the University. Always give other people proper credit for their work, and make sure you have the right to use something with attribution before you publish.

g. Remember that use of University or college-owned logos requires written approval by the University’s Department of Trademarks and Licensing.

h. Keep in mind that established workplace channels are available (and often superior to social media outlets) for resolving work-related complaints.
Policy on Interactions with Industry/Conflict of Interest (COM)

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

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

Purpose of Policy

The purpose of this policy is to establish guidelines for interactions with industry representatives for medical staff, faculty, staff, students, and trainees of The University of Arizona College of Medicine. Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies; training for newly purchased devices; the development of new devices; educational support of medical students and trainees; and continuing medical education. Faculty and trainees also participate in interactions with industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the College of Medicine. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the College of Medicine or its personnel.

Definitions

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

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

Statement of Policy

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

Scope of Policy

This policy incorporates the following types of interactions with industry:

I. Gifts and compensation

II. Site access by sales and marketing representatives
III. Provision of scholarships and other educational funds to students and trainees

IV. Support for educational and other professional activities

V. Disclosure of relationships with industry

VI. Oversight of Conflict of Interest Policy

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

I. Gifts and Compensation

A. Personal gifts from industry may not be accepted anywhere at The University of Arizona College of Medicine or clinical facility operated by the College. In addition, University of Arizona College of Medicine faculty, staff and trainees may also not accept gifts at any non-College-operated clinical facility such as other hospitals, outreach clinics and the like. Non-faculty medical staff are strongly discouraged from accepting gifts at non-College-operated clinical facilities but are not proscribed by this policy from doing so.

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

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

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

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

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

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

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

II. Site Access by Sales and Marketing Representatives

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

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

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

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

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

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

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

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

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

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

IV. Support for Educational and Other Professional Activities

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

B. All educational events offered by The University of Arizona College of Medicine must be compliant with ACCME Standards for Commercial Support whether or not CME credit is awarded.
1. Educational grants that are compliant with the ACCME Standards may be received from industry but must be placed in a general designated account, and administered by departments or divisions and not by individual faculty.

2. Divisions and departments must maintain records of compliance with the ACCME Standards.

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

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

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

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

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

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

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

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

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

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

V. Disclosure of Relationships with Industry

A. Individuals are prohibited from publishing articles under their own names that are written in whole or material part by industry employees.
B. In scholarly publications, individuals must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors (http://www.icmje.org).

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

D. Individuals having a direct role making institutional decisions regarding equipment or drug procurement must disclose to the purchasing unit, prior to making any such decision, any financial interest they or their immediate family have in companies that might substantially benefit from the decision. Such financial interests could include equity ownership, compensated positions on advisory boards, a paid consultancy, or other forms of compensated relationship. They must also disclose any research or educational interest that might substantially benefit either the Department or the individual by making the decision. The purchasing unit will decide whether the individual must recuse him/herself from the purchasing decision.
   1. This provision excludes indirect ownership such as stock held through mutual funds.
   2. The term “immediate family” includes the individual’s spouse or domestic partner or dependent children.

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

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

VI. Oversight of Conflict of Interest Policy

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

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

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

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

Separation of Academic Assessment and Provision of Health Services to Students

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.

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

Relevant Standard:
MS-27-A. The health professionals at a medical education program who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services.

Policy

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

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

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

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

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

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

5. 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.

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

- **Pursuant to accreditation standards, I will not participate in assessment of this student’s performance.**
Chapter 3

Society Mentors – Policy on Conflict of Interest

(Effective 12/12/2013)

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

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

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

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

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

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

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

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

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

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

- A Societies Program mentor may not be the director of a graduate medical education (GME) program.

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

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. “If a medical student is participating in a rotation at a site distant from Tucson/Phoenix and is in need of urgent or emergent medical or mental health care services, contact your preceptor/supervising attending. He/she will assure that the medical student is directed to services in a timely manner.”

In the event of any emergency related to the student from the University of Arizona College of Medicine, the Office of Student Affairs should also be contacted at the appropriate campus:

**Tucson**
Office of Student Affairs
Dr. Lori Alvord, Associate Dean
Contact number that can be reached 24/7 is (520) 870-5703.

**Phoenix**
Office of Student Affairs
Dr. Karen Restifo, Associate Dean
Contact number that can be reached 24/7 is (602) 827-9997

Student Safety

Below are the links to University of Arizona Fire Alarm Policy for Building Occupants, AHSC – Sarver Heart Center and student areas. Emergency contact information for College of Medicine personnel can be found in Appendix C.
Student Occupational Exposure Policy

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

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

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

It is the policy of The University of Arizona Health Sciences Center (AHSC) that all students who are exposed (i.e. needle stick, inhalation, mucus membrane or skin exposure or percutaneously to infectious agents and/or hazardous materials including blood/body fluids) while engaged in a University-sponsored educational program seek and obtain prompt medical attention, including counseling, prophylactic drug treatment, and baseline and follow up laboratory values, as necessary.

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

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

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

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

Because students utilize many facilities for their training, it is important to note the Cards are intended to be general instructions on how to proceed in the event of an exposure. The Cards DO NOT take the place of IMMEDIATE evaluation and treatment.
PREVENTION EDUCATION FOR STUDENTS
In addition to education built into each college’s curriculum, students must complete required chemical safety and bloodborne pathogens training as outlined by The Department of Risk Management Services (RMS). This training is required by Occupational Safety and Health Administration (OSHA) standards and includes information on hazard recognition, exposure prevention, and post-exposure procedures.

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

Visiting students are not eligible for reimbursement.

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

Students are not eligible for worker’s compensation benefits.

TRAINING INSTITUTIONS AND SITE AFFILIATES
All contracts with training institutions and site affiliates will include a provision that requires the training institutions and site affiliates to provide or make available assessment of an exposure to determine exposure significance and the necessity for treatment, if applicable. Provision will also require the training institution and site affiliate to ensure any required assessment and treatment will be within the time limits articulated, as set forth in the most recent protocols of the Centers for Disease Control (CDC) and consistent with the Occupational Safety and Health Administration (OSHA) Standards.

STUDENT OCCUPATIONAL EXPOSURE PROCEDURE (Card)
In the event of an exposure, students must follow the following procedure.

1. Remove soiled clothing and wash the exposed area with soap and water, if appropriate. Administer first aid as appropriate to the exposure*
2. Immediately notify attending physician/supervisor of exposure
3. Students shall present at the Affiliate’s Employee Health, ER, or Urgent Care for assessment and initial prophylactic treatment if applicable
4. Students should present the Card to treating health care provider
5. For Blood/Body Fluid Exposures: Following the incident, the Affiliate shall immediately make available to the affected student a copy of all the student’s records relating to the treatment and follow up, and if and when available, results regarding the HIV, HBV, and HCV status of the source, to the extent permitted by law.
6. Following the incident, the student must download and complete the Non-Employee Incident Report Form from the UA Risk Management website and send to BOTH of the departments listed below. FORM: http://risk.arizona.edu/forms/index.shtml

University of Arizona Campus
Health
(Attn: Dr. Maureen Oskandy)
Highland Commons
1224 E. Lowell Street

Risk Management Services
(attn: Herb Wagner)
220 W. 6th Street

P.O Box 210300
7. Within 5 days of the exposure, the student must follow up with Campus Health
   TUCSON: University of Arizona Campus Health 520-621-6493
   Make an appointment with Dr. Maureen Oskandy
   PHOENIX: ASU Downtown Campus Health 602-496-0721

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

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

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

REIMBURSEMENT PROCEDURE

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

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

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

RESOURCES AND REFERENCES

UA Bloodborne Pathogens http://risk.arizona.edu/healthandsafety/bloodbornepathogens.shtml

UA Laboratory Chemical Safety http://risk.arizona.edu/healthandsafety/labchemicalsafety.shtml


CDC Biosafety Standards
Supervision of Medical Students in Clinical Learning Situations

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.

Purpose

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

Relevant LCME Standard

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

Distribution

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

Supervising Physician Definition

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

Responsibility

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

Allied Healthcare Providers

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

Supervision Levels

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

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

Clinical Supervision
In the clinical setting (in-patient or out-patient), MS 1 and 2 students will be **directly supervised with the supervising physician present or with the supervising physician available** and MS 3 and MS 4 students will be **directly supervised with supervising physician available**.

- Faculty physicians will identify those patients for whom initial medical student supervision may be provided by fellows, residents, and/or appropriately credentialed allied healthcare providers.
- Medical Students, in the course of their educational curriculum, may take patient histories and perform complete physical examinations.
- Year 3 and year 4 medical students may enter findings in the medical record of the patient with the approval of the patient’s supervising physician.
- The supervising physician will review medical student documentation and provide feedback for educational purposes.
- Clinical decisions and orders are never formulated or enacted by medical students without a supervising physician’s input.
- All on-call experiences in which medical students participate are subject to the supervision rules described above.

### Procedure Supervision

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

### 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.
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.
Academic Participation Requirements

Professionalism Attributes

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

- Communicate in a manner that is effective and that promotes understanding, inclusion and respect for individuals’ diverse characteristics.
- Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research, and patient care including advances in medicine.
- 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 complete link to the attributes of professional behavior can be found at the following:

http://medicine.arizona.edu/sites/default/files/form_pdf/professional_conduct_overview.pdf
Call Schedule

Students will take call with the acute care surgery team during the three weeks on this service. Please note the following:

- No call may be taken on Wednesday night (leave by 7:00 pm) as attendance at weekly didactics and conferences on Thursdays is mandatory. Also, students may not take call on Tuesday night (leave by 7:00 pm) during the last week on the surgery clerkship as didactics is held on Wednesday.

- Since Thursdays are protected time for didactics students are not required to round with their team in the morning. If your team is on call, students must join their team at the conclusion of didactics.

- Students will not come in for rounds on pre-call weekend days.

- No call will be taken on Saturday nights. If your team is on call students will leave no later than 10:00 pm.

- Each student will have a minimum of 3 days off while on the ACS/trauma rotation. Due to the rotating call schedule, some students may have 4 or 5 days off.

The medical student and resident call rooms are located on the second floor at UAMC near the cafeteria. The resident call room is only to be used upon invitation from the members of the trauma team.

Trauma Pager – number series interpretation:

| 1 (red) or 2 (white) | Number of patients | ETA | Location (trauma bay) |

Ward Responsibilities

All patients admitted on your service should have a complete history and physical examination performed by a third-year medical student. Students are expected to follow three to five patients on their assigned service. You will be responsible for presenting your patients each morning on rounds. This calls for evaluation of the patient and pertinent data prior to rounds. The presentation should be in a set format including:
• Vital signs
• Daily I's and O's
• Physical examination
• Pertinent laboratory and radiographic data
• Assessment of the patient's progress.

Most importantly, the morning report should conclude with your recommendations for the care of the patient over the next 24 hours. Also, a daily progress note should be written on each patient you are following.

Be sure to ask your residents for feedback on your presentations and notes so you will be able to refine your skills. When you are finished with your ward responsibilities, you should actively seek other learning activities such as:

• O.R. cases
• Assisting with and observing procedures
• Spending time with the residents going over management of other patients on the service
• Reading on your patients

Be sure to let your residents know how they can contact you and where you will be at all times.

OR Responsibilities

Before each surgical case, you should review all of the appropriate anatomy and pathophysiology and have a general overview of the surgical procedure to be done. You should know the patient’s clinical history and have reviewed the relevant X-rays and lab results. After surgery, you should write the brief operative note and review the postoperative orders. There should be a third year or fourth year medical student scrubbed on every surgical case on your service. Just ask permission from the attending surgeon for the case.

History & Physical Exam

Students are required to be observed at least once per clerkship taking a medical history (partial or complete) and performing a physical exam (partial or complete).
Students must document this observation in ArizonaMed. Under the H&P tab on your home page, enter the date of the observation, the name of the observer and whether the observer was a faculty/preceptor or resident. It is only necessary to document one observation per clerkship.

**Additionally, each student is required to complete one (1) typed History and Physical exam.** See examples included on your CD. It is the student's responsibility to submit this to the program coordinator for review by the Clerkship Director, preferably by email. The H&P evaluation will be considered as part of your final grade and must be submitted by the deadline in order to be eligible to receive “Honors” for the rotation. **See Checklist included in your Orientation packet for due date.**

### Soap Note

Each student is required to submit one (1) typed SOAP note for review by the Clerkship Director. This should be written on a patient that has been admitted. See examples included on your CD. This will be part of your final grade and must be submitted by the deadline. **See checklist for due date.**

### Documenting Duty Hours

Students are expected to record their duty hours. Didactics are to be included in duty hours. These should be logged on ArizonaMed at: [http://arizonamed.medicine.arizona.edu](http://arizonamed.medicine.arizona.edu).

1. Students must complete recording of their duty hours by the last day of the clerkship. 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 hours reports will be retained in the electronic database systems. Grades will not be released until the student reports duty hours.

2. Clerkship directors/coordinates will be asked annually by the Educational Policy Committee to report on compliance with the duty hour policy.
### Didactic Sessions

Please read the assigned chapters below before each lecture.

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>CHAPTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia/Pain Management</td>
<td>30</td>
</tr>
<tr>
<td>Biliary Disease</td>
<td>15, 16</td>
</tr>
<tr>
<td>Breast Disease</td>
<td>28, 29</td>
</tr>
<tr>
<td>Colorectal Disease</td>
<td>22, 23</td>
</tr>
<tr>
<td>Endocrine Disease</td>
<td>11, 19</td>
</tr>
<tr>
<td>Fluids &amp; Electrolytes</td>
<td>31, 32</td>
</tr>
<tr>
<td>General Thoracic Surgery</td>
<td>4, 12</td>
</tr>
<tr>
<td>Heart &amp; Great Vessels</td>
<td>3</td>
</tr>
<tr>
<td>Hernia Disease</td>
<td>24</td>
</tr>
<tr>
<td>Inflammatory Bowel Disease</td>
<td>20, 22, 23</td>
</tr>
<tr>
<td>Management of Upper &amp; Lower GI Bleeds</td>
<td>13, 20, 22, 23, 32</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td></td>
</tr>
<tr>
<td>Pancreatitis &amp; Chronic Pancreatitis</td>
<td>17</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>8</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>29</td>
</tr>
<tr>
<td>Pre &amp; Post Op Care</td>
<td>30, 39, 40</td>
</tr>
<tr>
<td>Small &amp; Large Bowel Obstruction</td>
<td>20, 22</td>
</tr>
<tr>
<td>Surgical Anatomy</td>
<td>Atlas of Human Anatomy/Netter</td>
</tr>
<tr>
<td>Surgical Radiology</td>
<td>--</td>
</tr>
<tr>
<td>Surgical Emergencies</td>
<td>21, 40</td>
</tr>
<tr>
<td>Surgical Nutrition</td>
<td>38</td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>25</td>
</tr>
<tr>
<td>Transplantation</td>
<td>7</td>
</tr>
<tr>
<td>Trauma</td>
<td>33, 34</td>
</tr>
<tr>
<td>Upper Abdominal Tumors</td>
<td>12, 13, 15, 16, 17</td>
</tr>
<tr>
<td>Upper GI Disorders</td>
<td>12, 13, 15, 16, 17</td>
</tr>
<tr>
<td>Urologic Emergencies</td>
<td>9</td>
</tr>
<tr>
<td>Vascular Disease &amp; Treatment</td>
<td>6</td>
</tr>
</tbody>
</table>

- Student lectures/labs are held every Thursday (and occasionally on Wednesday). Thursday lectures are protected time with no clinical duties. The only exception is for those students on trauma call that evening who should report to their team at the conclusion of didactics. On Wednesday students must leave their service to attend any scheduled lectures and then resume clinical duties at the conclusion.
• Attendance at all clerkship activities (lectures, labs, Journal Club) is mandatory. Students are only excused due to illness or other instances that have been previously arranged with the clerkship coordinator.

• Occasionally a lecture will be cancelled due to an unforeseen circumstance. The coordinator will make every effort to reschedule. Please notify the coordinator if a lecturer does not show.

*While you are on the Acute Care Surgery service, Dr. Friese and Dr. Tang give lectures on Monday and Friday at 11:00 am normally held in Conference Room 4333 (room # is subject to change). Please check with them to confirm this schedule.

## Readings/Textbooks

The following texts are distributed for students’ use during the clerkship. There are also additional books in the Clerkship office library that may be borrowed.

**Textbooks:**

Blackbourne LH; *Surgical Recall*; 6th ed.; Baltimore, MD: Lippincott Williams & Wilkins; 2012.


A good resource for trauma information is the Red Book – Assessment & Management of Trauma which can be found at [http://www.surgery.usc.edu/divisions/trauma](http://www.surgery.usc.edu/divisions/trauma) on the “medical students” tab and can be downloaded as a PDF.

## Knots & Suturing

The Boston University School of Medicine web site with basic knots and suturing: [http://www.bumc.bu.edu/surgery/training/technical-training/basic-knots-sutures/](http://www.bumc.bu.edu/surgery/training/technical-training/basic-knots-sutures/). This site provides helpful illustrations and videos with step by step instructions. See the bottom of each page for the link to the video.
**WISE-MD**

*The Web Initiative for Surgical Education of Medical Doctors* (WISE-MD) is a program on the diagnosis and treatment of common surgically related diseases. WISE-MD modules are artfully crafted by surgical experts working with technicians using state-of-the-art technologies including animation, computer graphics and video to illustrate the important principles related to the diagnosis and treatment of surgical illnesses.

WISE-MD was initially created to address gaps in medical student surgical education resulting from shortened hospital stays and increased use of outpatient facilities for pre and post-surgical care. The modules were designed to follow the typical course of a patient from the initial presentation to the physical examination, laboratory testing and radiological imaging, preoperative preparation, surgery, and recovery. The modules include patient/physician interactions to stress the importance of professionalism and communication.

WISE-MD can be accessed at: [www.med-u.org](http://www.med-u.org). Please select “register” in the upper right hand corner of the page and use your University of Arizona email address. This will allow access to cases.

These modules can be used as a supplement and also as remediation for missed work.

**Patient Encounter and Clinical Skills Log**

You are required to keep a log of **ALL** significant patient encounters in the clinic and O.R. and the clinical skills performed during the rotation. Students can access the patient log from the ArizonaMed Dashboard. To complete a patient log, click the link that reads ‘Add to Patient Log.’ You will be taken to a form. Please complete all fields displayed and click submit. You will then be returned to the dashboard where you can review the list of diagnoses and keep track of how many cases you have submitted for each diagnosis.

*The log must be completed by the last day of the clerkship in order to sit for the NBME Shelf Exam.*

Students must have a **minimum of 20 scrubbed cases** by the end of the six (6) week surgery rotation.

**Bedside Procedures**

10 documented bedside procedures are required:

- Blood draw
- IV placement
- Foley placement
- Central line
- Chest tube insertion
- Drain removal
- Staple removal
Dressing change
Wound VAC placement
Incision and drainage
Fine needle aspiration

Students may do a combination of any of these procedures and it is permissible to repeat a procedure to be included in the total. A form will be provided for documentation.

**Surgical Skills Verification Forms**

There are five “Surgical Skills Verification” forms that must be completed by the end of the rotation:

- Acute Abdomen
- Breast
- Radiology
- Suture Skills
- Trauma

Each one of these forms represents one patient or activity that you will encounter during the rotation. Seek out cases if one doesn’t come your way. Fill in the appropriate information and have the resident or attending that observes/supervises you with these patients/skills sign and date the form(s).

**Alternative Experience Policy**

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.

**Meal Policy**

Students will be provided with $88.00 to be used primarily when on call. This money will be available on the red meal card that is issued to you at the beginning of the academic year.
Formative and Summative Assessment

Mid-Clerkship Formative Feedback

The mid-clerkship student assessment is intended to serve as feedback and a vehicle to show progress. This is not a formal evaluation and will not be included in the formal grading process. Distribute the form to those residents and attendings on your service with whom you have worked. Students should complete their section of the form before meeting with the supervising faculty members and residents. Each form should be discussed and signed by the reviewer and student. Explanation for below expectations, strengths, and goals/plans for improvement should include written comments.

Please bring the completed forms to the mid-point feedback session at your scheduled time. Submission of at least one completed form at your mid-point feedback session is mandatory. All student forms are stored in the clerkship office.

Based on review of patient log data, students’ experiences may be adjusted to meet clerkship experience expectations. Also, certain rotations may require a short change in clinical site to gain needed experiences.
Grading Criteria

Grading

Grading for the Clerkship is determined by the following:

Students must submit/complete these items:
- Surgical Nutrition Case Study
- Mid-clerkship feedback form(s) (minimum of 1 required)
- Surgical Skills Verification Forms (5)
- Patient Log (online)
- 1 H & P
- 1 SOAP note
- Lecture Evaluations (online)
- Student Evaluations of the Clerkship (online)

<table>
<thead>
<tr>
<th>CLINICAL GRADE (60%)</th>
<th>ADMINISTRATIVE POINTS (10%)</th>
<th>EXAMINATION GRADE (30%)</th>
<th>COMPOSITE GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCORE</td>
<td>GRADE</td>
<td>SCORE</td>
<td>GRADE</td>
</tr>
<tr>
<td>4.2 – 5.0*</td>
<td>Honors</td>
<td>80 - 100</td>
<td>Honors</td>
</tr>
<tr>
<td>3.7 – 4.1</td>
<td>High Pass</td>
<td>71 - 79</td>
<td>High Pass</td>
</tr>
<tr>
<td>3.0 – 3.6</td>
<td>Pass</td>
<td>60 - 70</td>
<td>Pass</td>
</tr>
<tr>
<td>&lt;3.0</td>
<td>Fail</td>
<td>&lt;60</td>
<td>Fail</td>
</tr>
</tbody>
</table>

*Score plus majority of recommendations for superior commendation from evaluators must be received for clinical honors.

Please note:

- The requirements of duty hour logging, recording operating room and clinic experiences, completing lecture/rotation evaluations and the five required clinical scenarios are mandatory to receive a grade from the surgical clerkship. If these are not completed by the end of the rotation, the medical student will receive a grade no higher than Pass once these assignments are done.

Skills Checklist
- Surgical Nutrition Case Study 1 point
- Skills Checklist 1 point
- Patient Log 1 point
- Bedside Procedures (10) 1 point
- Duty Hours 1 point
- Attendance (Didactic Lectures/Labs) 1 point
- Mid-Point Feedback Form 1 point

Students must honor the exam and earn clinical honors to honor the rotation.
<table>
<thead>
<tr>
<th>Assignment</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Presentation (<em>Phoenix campus only</em>)</td>
<td>1 point</td>
</tr>
<tr>
<td>H&amp;P/Soap Notes (<em>Tucson campus only</em>)</td>
<td>1 point</td>
</tr>
<tr>
<td>Confirmation of Observed H&amp;P Form</td>
<td>1 point</td>
</tr>
<tr>
<td>End of Rotation Feedback Form</td>
<td>1 point</td>
</tr>
</tbody>
</table>

The composite grade will be divided into four categories: Honors, High Pass, Pass, or Fail (H, HP, P, F). For the Dean’s Letter and the College of Medicine transcript, all four levels (H, HP, P, F) will be used for recording grades. For the University transcript, on which only three grade categories (H, P, F) are available, the composite grade of HP will be recorded as a Pass.

Each evaluator (attendings and residents) provides an equal contribution to students’ overall average. The Clerkship Coordinator evaluates students based on professionalism and this is counted toward the Administrative portion (10%) of your grade. A student must receive a majority of recommendations for superior commendation in order to receive clinical “honors” (e.g., 3 evaluators recommend superior commendation and 3 do not recommend superior commendation: student will not earn clinical “honors”). If a student receives failing evaluations from the majority of his/her evaluators, he/she will receive a final grade of “Fail” and must repeat the rotation.

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

Revised 06/26/2014
Assessment of Student Performance

Faculty and residents with whom students have worked will be requested to complete an online evaluation of the student. These evaluations will indicate performance in the six core competencies (medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning improvement, and systems-based practice). An average score will be determined based on the ratings in each area. This score in addition to recommendations for superior commendation will determine “clinical honors” and count for 70% of the final grade (see grading section).

Student evaluations can be viewed by logging into New Innovations.

<table>
<thead>
<tr>
<th>Institution login:</th>
<th><strong>UA</strong> (CAPS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>User name:</td>
<td>Net ID user name</td>
</tr>
<tr>
<td>Password:</td>
<td>An email will be sent to you with a random password. You will be prompted to change this the first time you log in.</td>
</tr>
</tbody>
</table>

Once you are logged in, go to My Favorites on your home page and click on Completed Evaluations (about me and by me). You should see a list of all available completed evaluations.

NBME Shelf Exam

All clerkships administer the NBME Shelf Exam (electronic) on the last day of each rotation to all students as a group to ensure uniform testing procedures and conditions. Coordinators from each clerkship will be present to proctor. The time allotted for the exam is 2 hours and 30 minutes.

Each student will take the electronic shelf exam using his/her laptop. Prior to test day an email will be sent with instructions to run an exam compatibility check (URL is http://wbt.nbme.org/exam). Select the “Prior to Test Day” icon. If the exam compatibility check “passes”, instructions will appear for launching the sample test. If the exam check “fails”, instructions will appear to fix any issues and once fixed the sample test may be launched. Please consult with the IT Help Desk (626-8721) if needed.
Laptops should be equipped with the following:

<table>
<thead>
<tr>
<th>SYSTEM REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Windows</strong></td>
</tr>
<tr>
<td>• Windows 7, Windows Vista, Windows XP</td>
</tr>
<tr>
<td>• 1GHz processor or higher</td>
</tr>
<tr>
<td>• 13” screen or larger (Laptops)</td>
</tr>
<tr>
<td>• A minimum screen resolution of 1024x768 is required with a 32 bit color setting</td>
</tr>
<tr>
<td>• Virtual machines and applications are not allowed</td>
</tr>
<tr>
<td>• iPads are not allowed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Browser Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• JavaScript Enabled</td>
</tr>
<tr>
<td>• Cookies Enabled</td>
</tr>
<tr>
<td>• CSS Enabled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Browser Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• JavaScript Enabled</td>
</tr>
<tr>
<td>• Cookies Enabled</td>
</tr>
<tr>
<td>• CSS Enabled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Broadband Internet connection (DSL, Cable or T1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Network bandwidth of 256Kbps or higher per workstation (including Internet access)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disable Toolbars, Adware or Spyware programs. They may adversely affect the computer’s performance and cause delays in loading test questions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Turn off Windows updates or virus scanner updates to avoid interruptions during testing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disable Toolbars, Adware or Spyware programs. They may adversely affect the computer’s performance and cause delays in loading test questions.</th>
</tr>
</thead>
</table>

• Safari 3.2.1 or higher; do not use beta versions. Other browsers are not supported.
Students should arrive no later than 30 minutes prior to the start of 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
- iPods/ iPads
- 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 or 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 a restroom break is needed during the examination, click the Pause button at the bottom of your screen. A screen saver will appear. However, this pause does not stop the timer for the exam. Students will be escorted one at a time to the restroom.

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

Student Feedback Surveys

Students must complete program evaluation surveys for each assigned site within a clerkship as well as evaluations of attendings and residents. Clerkship grades will be withheld unless surveys are completed within 2 weeks of the clerkship’s end date (effective 1/2/2014).

These evaluations will be available in New Innovations. An email should be received as a reminder when they open as well as periodically thereafter until completed. If you have any questions, please consult with the clerkship coordinator.
Resources

Appendix A: ArizonaMed

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

Appendix C: Affiliate and Student Affairs Phone Tree

Appendix D: Choosing Wisely

Appendix E: UAMC Security and Safety Plan – South Campus

Appendix F: [Insert any additional appendix such as tips, recommended literature sources & websites, etc.]
Appendix A: ArizonaMed

ArizonaMed Online was built to be the tool to report our curriculum to the AAMC. On top of that tool sits an interface for both faculty and students to access all material relevant to the curriculum. ArizonaMed Online is a repository for all learning elements (lecture and lab notes, images, PowerPoint presentation slides, cases, Independent Learning Modules, etc.) used in the curriculum. It has interactive tools for students to access material for any learning session as well as a daily calendar, surveys, announcements and more. Not all ArizonaMed Online functions used in preclinical years are currently available to students doing clinical clerkships.

You will be required to Login with your UA NetID and password. Instructions on how to access particular functions will be described in detail in other sections of this manual, as appropriate.

All assessment forms may be located and printed from ArizonaMed.
Appendix B: Assessment Forms

University of Arizona College of Medicine
Assessment of Student Performance in the Surgery Clerkship
## Mid-Clerkship Feedback Form

<table>
<thead>
<tr>
<th>Student</th>
<th>Evaluator</th>
<th>Clerkship Site</th>
<th>Date</th>
</tr>
</thead>
</table>

### CORE COMPETENCIES

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Exhibits appropriate fund of knowledge and understanding of basic pathophysiological processes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Demonstrates critical thinking and clinical decision making</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conducts accurate history &amp; physical exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appropriately manages patient care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Works effectively with health care professionals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal &amp; Communication Skills</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establishes effective therapeutic &amp; ethical relations with patients, family and colleagues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Clearly documents &amp; presents patient data &amp; clinical information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Demonstrates effective listening skills</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demonstrates punctuality, accountability, honesty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Shows respect for others &amp; seeks responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Demonstrates sensitivity &amp; responsiveness to diversity, including culture, ethnicity, income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice-based Learning Improvement</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Uses evidence-based approaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Exhibits skills of self-directed learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appropriately self-assesses and incorporates feedback to improve performance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Systems-based Practice</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Advocates for quality patient care and access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Knows and works appropriately within delivery systems, health costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Knows role of MD in community health &amp; prevention and applies to patient care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Applies knowledge of disease prevalence/incidence to clinical care of patients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REVIEW

<table>
<thead>
<tr>
<th>H&amp;P/ SOAP Notes</th>
<th>Patient Log</th>
<th>Direct Observation/CEX</th>
<th>Record Keeping</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Learning goal(s) (AT LEAST ONE REQUIRED):

Student: Please indicate in one or two sentences how this feedback was meaningful to you.

__________________________________________________________________________

__________________________________________________________________________

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

Clinical Affiliate Phone Tree

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

Student Affairs Phone Tree
Student Affairs Phone Tree

Violet Siwik
O: 520-626-9016
C: 520-237-5726

Cazandra Zaragoza
O: 520-626-6216
C: 520-870-5703

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

Grace Thompson
O: 520-626-6518
C: 520-490-8892

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

Jennifer Potter
O: 520-621-0208
C: 520-490-1388

Yolanda Carrasco
O: 520-626-7440
C: 520-907-8277

Jessica LeDuc
O: 520-626-7145
C: 520-334-8502

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

Clinical Affiliate

Joe "Skip" Garcia
O: 520-626-0998

Violet Siwik
O: 520-626-9016
C: 520-237-5726

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

Linda Don
O: 520-626-3363
C: 520-245-2041

Kevin Moynahan
O: 525-626-6505

Amy Waer
O: 520-626-8074

See Student Affairs Phone Tree
Resources

Student Affairs Phone Tree

Violet Siwik
2106
O: 520-626-9016
C: 520-237-5726

Cazandra Zaragoza
O: 520-626-6216
C: 520-870-5703

Med Student Listservs
If appropriate

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

Yolanda Carrasco
O: 520-626-7440
C: 520-907-8277

Jessica LeDuc
O: 520-626-7145
C: 520-334-8502

C: 520-870-5703

Grace Thompson
O: 520-626-6518
C: 520-490-8892

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

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

Jennifer Potter
O: 520-621-0208
C: 520-490-1388

Linda Don
O: 520-626-3363
C: 520-245-2041
Appendix D: Choosing Wisely

1. Don’t perform axillary lymph node dissection for clinical stages I and II breast cancer with clinically negative lymph nodes without attempting sentinel node biopsy.

   Sentinel node biopsy is proven effective at staging the axilla for positive lymph nodes and is proven to have fewer short and long term side effects, and in particular is associated with a markedly lower risk of lymphedema (permanent arm swelling).

   When the sentinel lymph node(s) are negative for cancer, no axillary dissection should be performed.

   When one or two sentinel nodes are involved with cancer that is not extensive in the node, the patient received breast conserving surgery and is planning to receive whole breast radiation and stage appropriate systemic therapy, axillary node dissection should not be performed.

2. Avoid the routine use of “whole-body” diagnostic computed tomography (CT) scanning in patients with minor or single system trauma.

   Aggressive use of “whole-body” CT scanning improves early diagnosis of injury and may even positively impact survival in polytrauma patients. However, the significance of radiation exposure as well as costs associated with these studies must be considered, especially in patients with low energy mechanisms of injury and absent physical examination findings consistent with major trauma.

3. Avoid colorectal cancer screening tests on asymptomatic patients with a life expectancy of less than 10 years and no family or personal history of colorectal neoplasia.

   Screening for colorectal cancer has been shown to reduce the mortality associated with this common disease; colonoscopy provides the opportunity to detect and remove adenomatous polyps, the precursor lesion to many cancers, thereby reducing the incidence of the disease later in life.

   However, screening and surveillance modalities are inappropriate when the risks exceed the benefits.

   The risk of colonoscopy increases with increasing age and comorbidities.

   The risk/benefit ratio of colorectal cancer screening or surveillance for any patient should be individualized based on the results of previous screening examinations, family history, predicted risk of the intervention, life expectancy and patient preference.

4. Avoid admission or preoperative chest X rays for ambulatory patients with unremarkable history and physical exam.

   Performing routine admission or preoperative chest X rays is not recommended for ambulatory patients without specific reasons as suggested by the history and/or physical examination findings. Only 2 percent of such images lead to a change in management. Obtaining a chest radiograph is reasonable if acute cardiopulmonary disease is suspected or there is a history of chronic stable cardiopulmonary diseases in patients older than age 70 who have not had chest radiography within six months.

5. Don’t do computed tomography (CT) for the evaluation of suspected appendicitis in children until after ultrasound has been considered as an option.

   Although CT is accurate in the evaluation of suspected appendicitis in the pediatric population, ultrasound is the preferred initial consideration for imaging examination in children. If the results of the ultrasound exam are equivocal, it may be followed by CT. This approach is cost-effective, reduces potential radiation risks and has excellent accuracy, with reported sensitivity and specificity of 94 percent in experienced hands. Recognizing that expertise may vary, strategies including improving diagnostic expertise in community based ultrasound and the development of evidence-based clinical decision rules are realistic goals in improving diagnosis without the use of CT scan.
How This List Was Created

The American College of Surgeons (ACS) solicited recommendations for the ABIM Foundation’s Choosing Wisely® campaign from the Commission on Cancer, Committee on Trauma and the Advisory Councils for Colon and Rectal Surgery, General Surgery and Pediatric Surgery. The committees were provided with a description of the campaign’s initiative, a link to the Choosing Wisely® website and published recommendations from organizations already participating in the campaign were referenced and reviewed during discussions. All of the recommendations collected from the ACS committees were reviewed and five items were identified. The ACS disclosure and conflict of interest policy can be found at www.facs.org.

Participating ACS Committees:

Advisory Council for Colon and Rectal Surgery
Chair: Thomas D. Read, MD, FACS, Burlington, NA

Advisory Council for General Surgery
Chair: E. Christopher Elliott, MD, FACS, Columbus, OH

Advisory Council for Pediatric Surgery
Chair: Mary E. Faleti, MD, FACS, Louisville, KY
Immediate Past Chair: Thomas F. Tracy Jr., MD, FACS, Providence, RI

Commission on Cancer
Chair: Daniel P. McGuire, MD, FACS, Greenville, OH

Committee on Trauma
Chair: Michael F. Rotondo, MD, FACS, Greensville, NC

Sources


Resources


About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical training, health care delivery systems, payers, policymakers, consumer organizations and patients so that they adopt the essence of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

About the American College of Surgeons

The American College of Surgeons is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and to improve the quality of care for surgical patients. The College is dedicated to the ethical and competent practice of surgery to achieve the highest levels of excellence. The College has more than 70,000 members and is the largest organization of surgeons in the world.

For more information, visit www.facs.org.

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwisely.org.

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Appendix E: UAMC South Campus Security and Safety Plan

THE ENVIRONMENT OF CARE
SECURITY MANAGEMENT PLAN

SCOPE

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

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

FUNDAMENTALS

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

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

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

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

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

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

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

- Conduct and document adequate security rounds on all shifts.
- Respond to emergencies and requests for assistance in a timely fashion
- Maintain and expand current electronic security protection devices, including card access systems, surveillance cameras, and alarm systems.

ORGANIZATION & RESPONSIBILITY

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

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

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

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

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

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

The performance measures for the plan are:

<table>
<thead>
<tr>
<th>Security Management Plan Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Standard</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Security will enforce smoking policy and track number of contacts for non-compliance.</td>
</tr>
<tr>
<td>100% of reported security restraint incidents are evaluated for compliance with established security procedures</td>
</tr>
<tr>
<td>Security arrives within two minutes for emergent patient care and staff requests</td>
</tr>
<tr>
<td>Security responds to non-emergency Security Presence requests within 15 minutes</td>
</tr>
</tbody>
</table>

PROCESSES FOR MANAGING SECURITY RISKS

Management Plan

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

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

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

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

Use of Risk Assessment Results

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

Identification Program

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

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

Visitors to patients are not normally expected to have identification. Visitors to some specific units, such as Behavioral Health, are requested to have identification. The Security Officers assist in enforcement of visitor identification policies.
The Purchasing Department provides vendor identification. Contractor identification is provided by Security.

**Sensitive Areas**

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

The following areas are currently designated as security sensitive areas:

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

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

**Security Incident Procedures**

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

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

ADM-295 Identification/Access Badges ADM-280
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

Sarah Frost, Hospital Administrator