Adult Ambulatory Care Block

Curriculum & Course OVERVIEW

The following information provides an overview of the 2016-17 Academic year for the Adult Ambulatory Care (AAC) Curriculum.

All course information will be found on the Adult Ambulatory Care (AAC) Canvas site. The Canvas site includes the learning materials and requirements.

Note: The sole purpose of this document is to provide an OVERVIEW of the Adult Ambulatory Care (AAC) Block. Specific course and curriculum requirements are housed on the Adult Ambulatory Care (AAC) CANVAS pages, which supersede any and all information included in this document.

Adult Ambulatory Care (AAC) Faculty & Staff Contact Information

<table>
<thead>
<tr>
<th>Director</th>
<th>AAC Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kelly White, MD</strong></td>
<td><strong>Liv Lindenberg, M.S. Ed</strong></td>
</tr>
<tr>
<td>12631 East 17th Avenue (Academic Office 1)</td>
<td>12631 East 17th Avenue (Academic Office 1)</td>
</tr>
<tr>
<td>Room #8507  Mail Stop: B 177</td>
<td>Room #8513  Mail Stop: B 177</td>
</tr>
<tr>
<td>Aurora, CO 80045-0508</td>
<td>Aurora, CO 80045-0508</td>
</tr>
<tr>
<td>Phone (303) 724-1797</td>
<td>Phone (303) 724-1798</td>
</tr>
<tr>
<td>Fax (303) 724-1799</td>
<td>Fax (303) 724-1799</td>
</tr>
<tr>
<td>[<a href="mailto:Kelly.white@ucdenver.edu">Kelly.white@ucdenver.edu</a>]</td>
<td>[<a href="mailto:liv.lindenberg@ucdenver.edu">liv.lindenberg@ucdenver.edu</a>]</td>
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Disclaimer:
This handbook/syllabus does not constitute a contract, either expressed or implied, with the University of Colorado School of Medicine and the University reserves the right at any time to change, delete or add to any of the provisions at its sole discretion. Furthermore, the provisions of this document are designed by the University to serve as guidelines rather than absolute rules, and exceptions may be made on the basis of particular circumstances.
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Welcome
Welcome to your Adult Ambulatory Care Block! This is a required, interdisciplinary, 4-week clerkship during which you will experience immersion into the primary care setting. Students are assigned to primary care physicians based on individual learning goals noted on the clerkship application. Learners are integrated into clinic teams providing care for patients. You will have the opportunity to care for a wide breadth of patients, reflecting the broad scope of primary care. The curriculum is designed to emphasize clinical skills, patient-centered care, critical appraisal and application of national screening guidelines, common core conditions, and interprofessional collaboration.

Rationale and Expectations
You are expected to see the types of patient problems seen in an office-based general internist’s or family physician’s practice and to develop expertise (appropriate to a Phase III student) in the diagnosis, assessment, and management of those problems. You should learn the elements of patient-centered clinical care and apply it to all patient interactions. You will also experience various levels of patient-centered medical homes and how they enhance care.

Core Clinical Conditions
You are expected to see the types of patient problems seen in an office-based practice and to develop expertise in the diagnosis, assessment, and management of those problems. You will be expected to master a core group of 24 common symptoms and problems and perform and be evaluated on two specified physical exam skill(s).

- Back Pain
- Cough
- Adult Failure to Thrive
- Fatigue
- Headache
- Oral Lesions
- Skin Lesions
- Allergies
- Asthma
- Depression/Anxiety
- Diabetes Mellitus
- Domestic Violence
- Hypercholesterolemia
- Hypertension
- Obesity
- Osteoporosis
- Palliative Care
- Preventive Health
- Smoking Cessation
- Strains & Sprains
- Skin Infections
- Thyroid Disease
- Upper Respiratory Infection
- Urinary Tract Infection
- PE: Skin Exam
- PE: Oral Exam
Course Goals

1. Develop the knowledge attitude and skills appropriate to care for adults who present with symptoms or problems commonly seen in the community primary care setting.
2. Advance ability to communicate effectively with interprofessional colleagues including oral presentation of an adult outpatient encounter.
3. Form clinical questions and retrieve high quality evidence to advance patient care in the care of the outpatient adult.
4. Develop an appreciation of the value of the patient centered medical home and of team based care in chronic disease management in both primary care and sub-specialty settings.
5. Develop knowledge skills and attitudes necessary to critically appraise the value of screening tests within a population and identify recommended preventive services and health promotion opportunities for different groups of patients at risk.
6. Develop professional attributes and lifelong learning skills.

Course Objectives

1. Gather a comprehensive and focused history on adult patients in the outpatient setting.
2. Perform comprehensive and problem-focused physical examinations on adult patients in the outpatient setting.
3. Develop a prioritized differential diagnosis, select a working diagnosis, and develop an initial management plan following an outpatient encounter of an adult patient presenting with common clinical complaints including cough, fatigue, headache, low back pain, oral lesions, skin lesions, weight loss, and failure to thrive, sprains, strains, upper respiratory infections, urinary tract infections, and skin infections.
4. Perform appropriate diagnostic and screening tests, and initial management plan for chronic conditions commonly seen in the adult patient in the outpatient setting including allergies, asthma, depression, anxiety, diabetes, dyslipidemia, obesity, hypertension, end of life care, and domestic abuse.
5. Provide an oral presentation and written summary of an adult outpatient encounter that appropriately communicates the data acquired and the clinical reasoning that supports the differential diagnosis.
6. Communicate effectively with colleagues including physicians, nurses, medical assistants and other health care team members.
Course format and timeline

The two 4-week AAC and RCC blocks are integrated through joint instruction, educational projects, and evaluation. Students in both blocks participate in a joint full-day Orientation at the beginning of the 8-week block, group activities at the 4-week Intrasession, and the Final Exam day, which is comprised of the NBME Adult Ambulatory Shelf Exam. At the end of the first 4 weeks, all students return for an Intrasession to give a PowerPoint presentation and participate in small group discussions on teams and team-based care and students’ specific integration into their team. At the end of the 8 weeks, all students complete the same NBME Adult Ambulatory Shelf exam.

<table>
<thead>
<tr>
<th>Common AAC &amp; RCC Blocks Curriculum Components (8-Weeks)</th>
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<tbody>
<tr>
<td>Orientation</td>
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<tr>
<td>• AAC-RCC Blocks Intro</td>
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<tr>
<td>• Course requirements and grading</td>
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<tr>
<td>• Teamwork/team-based care</td>
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<td>• Intro to primary care office</td>
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<td>• MBTI and Teamwork style</td>
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<table>
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<tr>
<th>Weekly:</th>
<th>RCC-Specific Components (4-weeks)</th>
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<tbody>
<tr>
<td>• Wednesday AM Didactic Sessions – attendance and participation</td>
<td>• Learning Contract</td>
</tr>
<tr>
<td>Due Friday of Week 2:</td>
<td>• Direct Observation Form</td>
</tr>
<tr>
<td>• AAC Mid-Point Feedback Form</td>
<td>• Modules: Derm &amp; Oral Quiz, PCMH 1 &amp; 4</td>
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<tr>
<td>Due Wednesday of Week 3:</td>
<td>• Mid-Point Feedback Form</td>
</tr>
<tr>
<td>• Preventive Medicine Project</td>
<td>• Modules: PCMH 2</td>
</tr>
<tr>
<td>Due at end of 4 Weeks:</td>
<td>• Direct Observation Form</td>
</tr>
<tr>
<td>• Specialty Preceptor Grading Rubric</td>
<td>• Modules: PCMH 3</td>
</tr>
<tr>
<td>• Logger Report</td>
<td>• Modules: PCMH 5-8 (One of your choice)</td>
</tr>
<tr>
<td>• 2 Completed Direct Observation Feedback Forms</td>
<td>• Community Service Learning Project</td>
</tr>
<tr>
<td></td>
<td>• RCC Logger Report (Required Conditions tab)</td>
</tr>
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</table>
AAC Block Components – Overview

Primary Care Preceptor
The majority of your time will be spent working in a primary care office with one or multiple providers. You are expected to be involved in all aspects of patient care, taking a primary role in clinical decisions and management.

Specialty Preceptor
You will spend one half day per week in a specialty clinic. You are expected to participate in many different aspects of chronic disease management. You may be seeing patients with a preceptor, working with patient educators, nurses, or other office staff. The purpose of this experience is to be able to compare and contrast chronic disease management in primary care settings vs. specialty settings.

Palliative Care Day
You will participate in a palliative care experience during this Block. You will be assigned a venue and care provider to shadow for the day. The preceptor will be an interprofessional care provider, which means they may be a social worker, hospice activities coordinator, nurse, physical therapist, chaplain, etc. There is an orientation the morning of the palliative care day which will provide a framework for the experience. Following the shadow experience, you will attend a debriefing session led by a palliative care physician. You will be given the opportunity to share your experiences with the other students to learn from each other’s experiences. Attendance at orientation to palliative care, the palliative care clinical experience, and the palliative care debriefing are all required.

Wednesday Morning Didactics
You are required to attend and participate in group didactics every Wednesday morning of the rotation. There may be assignments from the speakers. Attendance, punctuality, and active participation are required.

Preventive Medicine Project
You are required to complete a preventive medicine project and present your findings in a Wednesday morning didactic session. You will be graded only on the written project and this is due on the 3rd Wednesday of the AAC clerkship.

AAC/RCC COMPONENTS COMMON TO BOTH BLOCKS:

- **Logger - common to both Blocks**
  Submit a report of the AAC or RCC Logger data to the respective AAC or RCC Block Coordinator after each 4-week block. The following requirements apply to loggers:
  - You must update Logger at least once weekly, including duty hours for the week.
• You will only be required to log a required clinical condition once during the block in which it is required.
• You must log honestly including truthfully reporting duty hours and patients seen.
• You must provide their logger to the clerkship director or their designee at the midpoint and end of a block, or at the end of the block for blocks less than 4 weeks in length. Use the “Required Conditions” tab on the logger to submit in Canvas as a pdf document.

• **PowerPoint Project - common to both Blocks**
  At Intrasession (end of week 4 – half-way point of the 8-weeks), you are required to present a PowerPoint project addressing teams, teamwork and team-based management of chronic disease reflecting your experiences and observations during the first 4-week block. Refer to the “PPT Team Based Care Scoring Rubric” for more information.

• **Interprofessional collaboration curriculum - common to both Blocks**
  This curriculum is required for both blocks, but will not contribute to your grade in either block. The curriculum is designed to promote your professional development and integration into clinic teams. You will use the Myers Briggs to assist you in interprofessional collaboration. You will participate in education on clinical teams and receive debriefing about your indicator results and how you might utilize this information in this block. You will reflect upon these ideas at intersession and you will participate in surveys, which will provide feedback on the curriculum.

• **NMBE Adult Ambulatory Shelf Exam – common to both Blocks**
  On the last day of the 8-week Block, you will take the Adult Ambulatory Shelf Exam. The results of this will contribute towards your final grades in both AAC and RCC clerkships.

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**Attendance Policy**

You must contact the Office of Student Life for **ALL** absences. Voluntary absences must be vetted and approved in advance of this rotation. Involuntary absences must be reported and may result in make-up time/work. You will generally be off for holidays and weekends, but you are expected to follow the schedule of your preceptor.

For further details, see [Clinical Rotation Policies document](http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf).

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**Accommodations**

To ensure disability-related concerns are properly addressed, students with disabilities who require assistance to participate in this class should contact the Office of Disability Resources and Services, Building 500, room Q20-EG305, 13001 E 17th Place, Aurora, CO 80045, 303-724-5640 to request accommodation.
Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the Disability Services Office (http://www.ucdenver.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx) as soon as possible. Documentation by the Disability Office is necessary before accommodations can be made by the Block Director.

First day reporting section

Contact your preceptor at least one week prior to arrival to arrange the date and time of your Clinic Orientation and first day on site. Start day may vary, as sites that have a longer travel time may need extra time for travel from the Anschutz Medical Campus. Each RCC rural site is different, so details will be covered individually at each site. Make sure that all paperwork requested from the site has been sent prior to your arrival.

Security, Student Safety, and Disaster Preparedness

Institutional emergency and disaster preparedness policies and plan are outlined in the “Emergency-Preparedness Quick-Reference Guide” for the Anschutz Medical Campus. The link is published in the Clinical Block Syllabus, posted on Canvas http://ucdenver.canvas.com, and located next to emergency phones (e.g., ED1 and 2) as well as many of the student lounge areas, small group rooms, and lecture halls. Colorado Springs Branch students located have similar policies and procedures provided by the branch.

Medical Student Policies and Procedures Manual “White Book” (http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf) publishes emergency information (section 4.1), “In an emergency, both the Office of Student Life (303-724-6407) and the Registrar’s Office (303-724-8053) will make reasonable efforts to contact a student or a student’s designated emergency contact.”

Emergency information is also found on the Student Life web site: http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/emergencies/Pages/Emergencies.aspx

Security, student safety, and disaster preparedness as well as relevant contact information for all core clinical sites will be provided to students at individual clerkship orientations and on the Canvas Phase III course location.

Recommended Resources

Required Textbook: Choose IM Essentials or Essentials of Family Medicine textbook.
In addition, the Canvas site includes the required learning materials, e-learning modules and additional primary care resources.

**Assignments**

**Preventive Medicine Project (Due Wednesday of Week 3)**

Objectives:

1. Recognize the difference between screening and diagnostic tests
2. Review typical screening modalities for a given disease
3. Describe how screening may influence important clinical outcomes (suffering, death)
4. Review USPSTF recommendations for various screening tests
5. Reflect on the quality of evidence supporting these recommendations
6. Consider the trade-offs between benefits and harms of screening
7. Describe the two requirements of a successful screening program
8. Summarize key points for your colleagues in <10 minutes

**Direct Observation & Mid-Point Review Feedback Forms**

**Direct Observation Form (Due at end of Week 4)**

- Students are required to have two direct observation forms completed by the conclusion of the block by a supervising physician for final grade.

**Mid-Point Review Form (Due at end of Week 2)**

- All students are required to have a mid-clerkship review with the preceptor at their assigned site. Complete the Student Self-Assessment portion prior to your review.
- Students are required to fill out the front page of midpoint feedback form with supervising physician.

**Reminder email for Preceptors**

You are encouraged to email preceptors and summarize feedback, individual goals for the rotation, and patients seen so that the preceptor can use this to inform their New Innovations evaluations.

**Example**

Hello Dr. Smith,

I hope this email finds you well. I was hoping to send a reminder about filling out the formal evaluation for my time with you at the Denver Health Pediatric inpatient ward (this is not due until after the end of the rotation; I just wanted to make you aware of it). I was also hoping to
recap my goals and what I felt I accomplished with you in hopes that it may help you complete the evaluation. For your information, you are able to save the evaluation and work on it at any time.

My goals for the rotation were:
1) Be able to perform a throat exam on young/difficult children
2) Be able to perform a well child exam for different ages
3) Create a differential for pediatric specific diagnoses and formulate a plan

While I was with you, you evaluated me using a Direct Observation form for an H+P patient presentation (on a both bone forearm fracture). I have attached that form for your reference. Other pts that I presented to you include a pyelonephritis pt, surgical pts, and asthma exacerbations. You were also able to observe me in interactions with physical exam, explaining plans to patients, and gaining rapport with families.

Hopefully these goals and comments will help you recall what I tried to accomplish during my rotation. I really appreciate comments in the evaluation that let the evaluators know at what level I was performing. They like to hear about presentations, how we managed patients (assessment, plan), patient rapport, etc. and value specific examples of what we did. These comments also help with residency applications in the future. I appreciate the time and dedication you have already taken in my education. Let me know if you have any questions!

Examinations

On the last day of the AAC-RCC Clerkship, students are required to take the National Board of Medical Examiners (NBME) Adult Ambulatory Medicine Subject Examination. The exam consists of 100-multiple choice items. A report will be submitted in Canvas that includes a total scaled score and content area subscores. This scale provides a useful tool for comparing individual scores with those of a nationally representative group taking this examination. Students must receive a passing total score of $\geq 61$ in order to receive a passing grade in the course. Only students who receive a score of at least the national mean will be eligible to receive a course grade of Honors.

The Adult Ambulatory Medicine content outline includes:

<table>
<thead>
<tr>
<th>General Principles</th>
<th>1%–5%</th>
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<tbody>
<tr>
<td><strong>Organ Systems</strong></td>
<td></td>
</tr>
<tr>
<td>Immunologic Disorders</td>
<td>5%–10%</td>
</tr>
<tr>
<td>Diseases of the Blood</td>
<td>5%–10%</td>
</tr>
<tr>
<td>Diseases of the Nervous System</td>
<td>1%–5%</td>
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<tr>
<td>Disorder</td>
<td>Range</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------</td>
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<tr>
<td>Cardiovascular Disorders</td>
<td>15%–20%</td>
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<tr>
<td>Diseases of the Respiratory System</td>
<td>10%–15%</td>
</tr>
<tr>
<td>Nutritional and Digestive Disorders</td>
<td>10%–15%</td>
</tr>
<tr>
<td>Gynecologic Disorders</td>
<td>1%–5%</td>
</tr>
<tr>
<td>Renal, Urinary, Male Reproductive Systems</td>
<td>5%–10%</td>
</tr>
<tr>
<td>Diseases of the Skin</td>
<td>1%–5%</td>
</tr>
<tr>
<td>Musculoskeletal and Connective Tissue Disorders</td>
<td>5%–10%</td>
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<tr>
<td>Endocrine and Metabolic Disorders</td>
<td>5%–10%</td>
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**Physician Tasks**

<table>
<thead>
<tr>
<th>Task</th>
<th>Range</th>
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<tbody>
<tr>
<td>Promoting Health and Health Maintenance</td>
<td>10%–15%</td>
</tr>
<tr>
<td>Understanding Mechanisms of Disease</td>
<td>15%–20%</td>
</tr>
<tr>
<td>Establishing a Diagnosis</td>
<td>40%–45%</td>
</tr>
<tr>
<td>Applying Principles of Management</td>
<td>20%–25%</td>
</tr>
</tbody>
</table>

**Evaluations and Grading**

Your performance will be assessed against competencies and/or learning objectives for the AAC course. New Innovations comments will be summarized, and you will receive this feedback at the end of the block with your grade. RIME, which is a criterion-based assessment tool, will be used for the clinical assessment. Your final course grade will be determined based on the following components:

- Clinical Learning (55%)
- NBME Shelf Exam (20%)
- Preventive Medicine Project (10%)
- Specialty Preceptor and Professionalism (10%)
- Power Point Presentation (5%)

Other requirements for passing the course but do not contribute to the course grade include:

- Attendance at all Didactic Sessions
- Completion of all components of Palliative Care Experience
- Midpoint Feedback Form
- Logger (Required Conditions tab)
- Attendance at Orientation and Intrasession
- Completion of 2 Direct Observation Forms
Grading Criteria

**Passing** – In order to achieve a passing grade in the AAC and RCC blocks, you must:
1. Satisfactorily complete all course requirements stated above by the end of the block and complete course and faculty evaluations.
2. Have satisfactory attendance and exhibit professional behavior throughout the block.
3. Achieve a score on the NBME Adult Ambulatory Shelf Exam greater than two standard deviations below the national mean. Students scoring below this will have one opportunity to retake the exam. If unsuccessful, you will be assigned a PR (Pass with remediation), which will remain on your transcript.
4. Meet clinical competency expectations in your Clinical Evaluation by your preceptor. Students who perform below expectations will be discussed anonymously at the Block Directors’ meeting and if deemed to fail will be required to retake the block.

**High Pass** – In order to achieve a “High Pass” grade in the AAC and RCC blocks, you must:
1. Satisfactorily complete all requirements for a passing grade above without remediation.
2. Fully complete all assignments on time and demonstrates punctuality and professional behavior for course activities.
3. Achieve an aggregate Block score in the top 40% of your 8-week block.
4. Achieve a score on the NBME Adult Ambulatory shelf exam greater than two standard deviations below the national mean.
5. Demonstrate excellent performance on Clinical Evaluations.

**Honors** – In order to achieve an “Honors” grade in the AAC and RCC blocks, you must:
1. Meet all requirements above of a passing grade without remediation.
2. Fully complete all assignments on time and demonstrate punctuality for course activities.
3. Achieve an aggregate Block score in the top 20% of grades in your block.
4. Achieve a score on the NBME Adult Ambulatory shelf exam greater than or equal to the national mean.
5. Demonstrate outstanding performance on your Clinical Evaluations.

**Clinical Honors** – In order to achieve a “Clinical Honors” grade in the AAC and RCC blocks:
1. Those who would have otherwise qualified for Honors, but scored below the mean on the Adult Ambulatory Shelf exam will be awarded Clinical Honors.

**Grading Committee**

At the conclusion of the block, the grading committee will review each student’s performance in the course individually. All components of the curriculum are accounted for and/or
reviewed. Professionalism is also reviewed. Approximately 40% of students may achieve a grade of Honors or High Pass. Final grades are determined by the grading committee. There is an option to increase the number of students in the Honors/High Pass categories at the year-end review. The total combined assignment of Honors and High Pass must not exceed 50%. There is a grade appeals process. For more details, refer to the Phase III Rotation Guide document, accessible at http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf.

**Hazard Exposure/Needle stick**

Medical Treatment: Employees and student interns that have needle-sticks or bodily fluid exposures should seek immediate medical attention in the Emergency Room of the hospital where the work related incident occurs.

Exceptions are:

- University of Colorado Hospital (UH) - Go to the Infectious Disease Clinic at Anschutz Outpatient Pavilion, 1637 Aurora Court, 7th floor, between 8:00 AM and 4:00 PM Monday -Friday, or the Emergency Room after hours.
- Denver Health Medical Center (DHMC) - Go to the Occupational Health and Safety Center (corner of 6th Avenue and Bannock, 4th Floor) between 8:00 AM - 3:30 PM Monday through Friday or the Emergency Room after hours.
- Employees/Student Interns working in small clinics or in laboratories off campus should go to the nearest emergency room or facility that can perform a blood draw. Students, volunteers or others not covered by workers’ compensation should contact their personal healthcare provider. For more information, access the resource on the CUSOM website at: Needle-Stick & Bodily Fluid Exposures.

**Preceptor Placement**

Approximately 12 weeks prior to the beginning of the AAC-RCC Clerkship, students will receive the Adult Ambulatory Care (AAC) Clerkship Application Form from the AAC Coordinator via email. Information in your application will be used to place you at a clerkship site that corresponds with your current medical interests and goals. While the AAC Coordinator will do his/her best to place you per your requests, keep in mind that preceptor availability and other factors can designate placement. Approximately 4 weeks prior to the beginning of the clerkship, students will receive notification of their site placement.
Logger

In order to ensure that students are seeing all of the required conditions and adhering to duty hour restrictions during Phase III, the following requirements of students and clerkship directors are in place:

- **Logger Requirements**
  - Update the Logger at least once weekly, including duty hours for the week.
  - Only required to log a required clinical condition once during the block in which it is required.
  - Log honestly, including truthfully reporting duty hours and patients seen.
  - Provide the logger to the clerkship director or their designee at the midpoint and end of a block, or at the end of the block for blocks less than 4 weeks in length.

- **Duty Hour Requirements**
  Students are not required to complete Phase III Foundations of Doctoring course requirements during the RCC block, but may be required to complete occasional activities mandated by the Dean of Student Affairs. In addition:
    - Students will have no more than 80 hours a week of scheduled participation averaged over a course. This does not include time students should spend reading about their patients or doing patient write ups.
    - Students will have no more than 30 consecutive hours of scheduled participation during one period of time.
    - Students will have a minimum of 24 consecutive hours scheduled off in 7 days averaged over a course.

- **Clerkship Directors or their Designee will:**
  - Review the student logger data at the midpoint and end of a block, or end of the block for blocks less than 4 weeks in length, to ensure students are on track to see all required clinical conditions.
  - Review aggregate data twice yearly to ensure that all required clinical conditions are seen by all students and to ensure that alternate methods are used minimally to achieve this.

**Students not completing their requirements will face the following consequences:**

- Dishonest Logging of Patient Encounters or Duty Hours will be deemed a violation of the Student Honor Code and be referred to the Student Honor Council for further discussion.
- Students will not receive a grade until a completed logger has been turned in at the end of the block.

Please refer to the video presentation from ICC 7001 for instructions on how to successfully use the logger if you run into technical issues.

Please refer to the video presentation from ICC 7001 for instructions on how to successfully use the logger if you run into technical issues.
Professionalism

Student Expectations of Professionalism
Professionalism is one of the six competency domains identified in the Clinical Evaluation and will be evaluated used the RIME scale by the preceptor. Behaviors receiving highest ratings include the following: Takes primary responsibility for patients and advocates for their needs; anticipates the needs of the team and actively attempts to meet these needs. Actively integrates all members of the inter-professional team into care of patients. Actively seeks to understand the patients’ view; is able to incorporate patient differences and preferences into plan of care. Behaviors receiving lowest ratings include the following: Is sometimes unreliable in completing work or inefficient in carrying out required duties. Can be disrespectful or defensive to one or more members of the team including but not limited to nurses, pharmacists, social workers, medical students, housestaff, and other teams. Lacks sensitivity, insight, or empathy with certain patients; disregards patient preference.

Academic Honesty Statement
Students are expected to adhere to the Honor Code of the University of Colorado School of Medicine which states that students must not lie, cheat, steal, take unfair advantage of others, nor tolerate students who engage in these behaviors. Please check the website for information on the Medical Student Honor Code. [http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx)

Students are also expected to:

- Contact the appropriate block faculty and student life for all voluntary and involuntary absences.
- Check email and Canvas regularly for communication about block activities and updates. **Respond within 24 hours to all block emails requiring individual student response.**
- Attend all block conferences and required events and arrive on time to these events.
- Complete all required coursework and evaluation.
- Use smart phones and electronic tables with discretion
- Wear professional dress.

Reporting issues of professionalism of others:
The Office of Professionalism exists to provide faculty, residents, fellows and students a resource on campus to obtain a fair and equitable treatment for all matters. Under appropriate circumstances, the office can serve as an advocate for fair and equitable treatment for faculty, residents, fellows, and students and can facilitate safe reporting of mistreatment or abuse.

The Office is available to help faculty, residents, fellows, and students with all issues and concerns and provides consultations, short-term coaching, counseling, referrals, alternative dispute resolution and facilitation. The Office can also assist faculty, students, and staff members in preparation for various meetings and conversations.

The services of the Office of Professionalism are provided free of charge.

Contact the office by emailing Barry H. Rumack, MD at barry.rumack@ucdenver.edu or Josette Harris at Josette.harris@ucdenver.edu. For faster response, (no confidential information please) call 303-724-7854. Offsite and onsite visits are by appointment only. Building 500, 8th floor, room 8000C.

**Mistreatment**

If a student feels that he or she has been subject to mistreatment in the learning or clinical environment, there are a variety of options for reporting. We recognize that students may differ in how they want to address this issue, and we seek to provide a wide array of reporting options.

Please check the website for information and reporting in regards to mistreatment vs. suboptimal learning.

http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx

**Communication**

The preferred methods of communication during the AAC Clerkship include email, email in Canvas, and telephone. Every attempt will be made by the coordinator or block director to respond within 24 hours.

**Email:** Messages related to the AAC block will be communicated via email. Official university communication only will be sent via a student’s university email address. Every attempt will be made to reply to any email messages within 24 hours during the week. Any messages sent after 5:00 p.m. on Friday can expect a reply on Monday morning.

**Canvas:** Curriculum will be delivered in Canvas for the AAC block. When you enter the course and click the “Modules” tab in the right toolbar, you will be directed to the “Getting Started” module. Begin by reading the “Navigating your Course” document to assist you with getting started in the course. You will also see a “Due Dates” document that identifies
the due date for each course requirement. The “Required and Supplemental Readings” identify the subject topic and associated chapters in the course text and linked documents for any additional readings. It is the responsibility of the student to contact the course coordinator to inform him/her of any links that have become non-functional, so that the link can be updated.

The weekly modules provide organization for the content in the course. The modules include content, learning activities, weekly assignments. All assignments will be uploaded in Canvas and feedback will be provided in Grades tab in the toolbar on the left of the screen. The grade for the direct observation forms and midpoint feedback form will be entered as complete or incomplete. The grade for the preventive medicine project and the Intrasession PowerPoint presentation will be entered as a numerical score. Additional feedback is provided via the rubric for all projects.

A report will be entered in Grades in the AAC Canvas course for your NBME Shelf Exam and Final Grade.

**Attire**


Course Calendar: Please access the Due Dates document in the AAC Canvas course to access course due dates.