



SOM OP: 30.12, **Required Clinical Activities in Clerkships, Documentation and Verification**

PURPOSE: The purpose of this School of Medicine (SOM) policy and procedure is to explain procedures for development of expectations for clinical encounters in clerkship, documentation by students of encounters and activities and methods for verification of completion of required clinical activities.

REVIEW: This SOM Policy and Procedure shall be reviewed within each even-numbered fiscal year by the Curriculum and Educational Policy Committee. Revisions will be forwarded to the Office of the Dean for approval and publication.

POLICY/PROCEDURE:

1. **General.** This policy is intended to provide guidelines for students, faculty and administrators on methods for developing required clinical activities in clerkships, methods for documentation of such encounters by students and methods for verification of completion of all requirements in clerkships. It has been developed to help ensure the SOM maintains compliance with Liaison Committee on Medical Education elements 6.2 (Required Clinical Experiences) and 8.6 (Monitoring of Completion of Required Clinical Experiences). The same set of Required Clinical Encounters are employed on all campuses to ensure compliance with LCME element 8.7 (Comparability of Education/Assessment).
2. **Purpose:** To support experiential learning activities in clerkships that assist students in meeting learning objectives.
3. **Expectations:** Students are expected to complete a series of clinical activities in each clerkship that facilitate the completion of clerkship learning objectives. These include:
 - a) **Required Clinical Encounters:** A series of clinical experiences relevant to the clerkship learning objectives. These may include clinical presentation separated by organ system, health maintenance procedures (including well-checks), surgical/obstetrical procedures or other clerkship specific activities. These activities may be specified by location (inpatient/outpatient), level of participation and may be restricted to a specific expectation.
 - b) **Observed History and Physical:** Clerkships will expect a consistent number of Observed H&Ps for each student with clear expectations of level of performance and identity of observer.
 - c) **Patient Notes:** Each clerkship will define the number of graded patient notes expected of each student and the format for feedback and remediation, as needed.
 - d) **Oral Presentations:** Each clerkship will define the minimum number of oral presentations and methods for providing feedback.
4. **Development of Required Clinical Encounter lists.** Each clerkship will develop a list of required encounters based on clerkship learning objectives and common or essential presentations specific to the clerkship area of practice. The goal is that learners will gain important insight into the etiology, diagnosis and treatment of these presentations and will be able to extrapolate information for each encounter to include related conditions. For each encounter type, the clerkship will define the following:
 - a) **Diagnostic category:** Each clerkship will determine how to categorize the required clinical encounters based on the specialty area. For example, diagnostic categories may be subdivided by organ system while health maintenance items may be divided by gender or

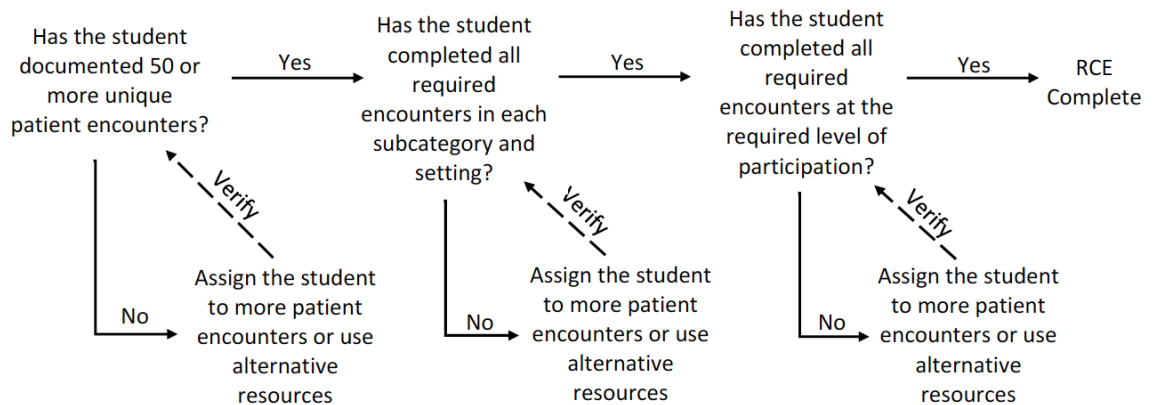
age. In all cases, the required clinical encounters should be carefully linked to expected learning outcomes at the clerkship and program level.

- b) **Location:** Specific encounters may be defined as occurring in inpatient, outpatient or other. Although it is possible that specific encounters may occur in any of these locations, special attention should be paid to how the location could enhance student learning based on patient complexity, for example, the differences between seeing a patient with diabetes in the hospital versus an outpatient clinic.
 - c) **Role:** Student should be expected to take the highest applicable role for each encounter. The following designations should be used: P/S: Perform under supervision (appropriate for required procedures); P: Perform without direct supervision; O: Observe/discuss.
 - d) **Numbers of encounters:** Each clerkship will use general guidelines to determine a consistent minimum number of unique patient encounters with careful consideration of the number of encounters within each subcategory. The ultimate goal is to ensure that each student will document an appropriate number of encounters to support their learning.
- 5. Documentation of Required Clinical Encounters.** All encounters will be documented in a centrally-managed software system (MedHub, at present), that permits accurate and efficient reporting of encounters for students, faculty and administrators. The system must include the ability to link documented encounters to subcategories developed by each clerkship (diagnosis, health maintenance item, procedure, etc.) for efficient verification of completion of expectations.
- a) Students will be provided with detailed instructions on methods for logging clinical encounters
 - b) Students are expected to log all encounters, irrespective of progress towards clerkship-developed expectations.
 - c) Clerkships and central administration will prepare detailed reports at several timepoints during a clerkship period, including just prior to the Mid-Rotation Formative Assessment meeting and at the end of the clerkship.
 - d) Students must have logged at least 25% of all required clinical encounters prior to the MRFA.
 - e) Students must have entered all required clinical encounters by 5pm on the Monday of week 8 of each clerkship period.
 - f) Any deficiencies in required clinical encounter logs after 8am on the Monday of week 8 must be remediated prior to the end of the clerkship period (5pm on Friday of week 8).
 - g) Each clerkship will identify an alternative resource of online or published clinical cases to be used in the event that a student cannot complete a specific expectation due to a lack of appropriate patients.
 - i) Family Medicine: Aquifer Family Medicine
 - ii) Internal Medicine: Aquifer Internal Medicine
 - iii) Obstetrics and Gynecology: APGO Video with linked uWISE Quiz
 - iv) Pediatrics: Aquifer Pediatrics
 - v) Psychiatry: DSM-V Clinical Cases
 - vi) Surgery: WISE-MD

- h) Failure to complete all required clinical encounters by 5pm on Friday of Week 8 will be recorded on the student's final grade report and may impact the student's final grade on the clerkship (refer to SoM Grading Policy).

6. Verification of Completion of Required Clinical Encounters.

- a) The Office of Academic Affairs will develop an efficient method for documenting each student's required clinical encounter log and will report on:
 - i) number of unique patient encounters
 - ii) number of encounters in each clerkship-specified subcategory, including requirements for encounter to occur in a specific setting (inpatient or outpatient).
 - iii) Number of encounters on which student was the primary participant (Perform function)
 - iv) A summary of each student's status relative to required clinical encounters (Met or Did not Meet Expectations).
- b) Clerkship coordinators will be provided detailed instructions on how to monitor student progress in order to advise clerkship directors on outstanding requirements on an ongoing basis. The decision tree below shows a recommended process for determining whether a student has met the clerkship's expectations.



7. Reporting to Curriculum Committees

- a) The Office of Academic Affairs will submit reports to the following committees:
 - i) **Clinical Education Operations Committee (after two, four and six clerkship periods in each academic year):** Summary of student completion of required clinical encounters, including clerkships where students did not meet expectations.
 - ii) **Curriculum and Educational Policy Committee (biannually):**
 - (1) Overall summary of student completion of required clinical encounters, including clerkships where students did not meet expectations.
 - (2) Summary of all patient encounters documented by students to ensure that patient capacity is sufficient on all campuses to support student learning experiences
 - (3) Percentage of students who had to remediate to complete encounter logs
 - (4) Percentage of students who had to use alternative resources to complete encounter logs

- iii) **Continuous Quality Improvement Committee (annually):** All reports submitted to the Curriculum and Educational Policy Committee at a time specified by the CQI timeline.