



Policy Title

Required Clinical Experiences

Identifier

UofSCSOMG – ACAF – 3.02

Prepared by: Office for Academic Affairs	
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LCME Standards

6.2 – Required Clinical Experiences

8.6 – Monitoring of Completion of Required Clinical Experiences

Scope

University of South Carolina (UofSC) School of Medicine Greenville Clerkship Directors, Acting Internship Directors, Clerkship Coordinators, clinical faculty and residents and students

Policy Statement

All required clerkships, acting internships, and selectives must define and monitor required clinical experiences and skills, as well as alternative methods for completion if required experiences cannot be met, with approval by the M3/M4 Subcommittee and Curriculum Committee. The global list of required clinical experiences and skills, as well as student achievement toward their completion, will be reviewed annually by the M3/M4 Subcommittee to ensure appropriate reflection of the UofSC School of Medicine Greenville institutional learning objectives and adequacy of patient volume and case mix. Since completion of required clinical experiences is necessary for passing each clerkship/acting internships/required selectives at UofSC School of Medicine Greenville, clerkships/acting internships/required selectives will be responsible for ongoing monitoring and reporting. The Curriculum Committee is responsible for oversight and annual global monitoring of completion across clerkships.

Reason for Policy

This policy is meant to ensure review, amendment, logging, monitoring, and oversight of required clinical skills during clerkships and acting internships at the UofSC School of Medicine Greenville. The LCME expects that the faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility. LCME also expects that a medical school has in place a system with central oversight that monitors and ensures completion by all medical students

of required clinical experiences in the medical education program and remedies any identified gaps.

Procedures

Expectations for required and alternative clinical experiences:

All required clerkships, acting internships, and selectives must maintain and publish in the school's education management system a list of required clinical experiences that includes the following information:

- The patient type/clinical condition
- The procedures/skill
- Clinical setting (inpatient/outpatient/other).
- Minimum level of student responsibility (observed/assisted/performed).
- Minimum number times the student is expected to complete the experience.

In addition, all required clerkships, acting internships, and selectives must define a list of alternative clinical experiences for students to complete when unable to complete a required clinical experience. This occurs under the monitoring of the clerkship/acting director, with approval of the M3/M4 Subcommittee.

Students at the UofSC School of Medicine Greenville are required to complete certain clinical experiences (or, when necessary, appropriate alternative experiences), as outlined in their clerkship and acting internship directors.

Review and implementation of required clinical experiences:

Clerkship Directors are responsible for annually reviewing their respective list of required clinical experiences and alternatives and for recommending additions and/or deletions of experiences. The M3/M3 Subcommittee and Curriculum Committee is responsible for approving these required and alternative clinical experiences. The procedure governing this review is as follows for each academic year:

- Four months before the earliest start date for clerkships: Clerkship/ Acting Internship Directors submit proposed changes to required clinical skills or report no changes to medical student education to prepare for M3/M4 Subcommittee review. For example, for the May clerkship, changes must be submitted no later than the January M3/M4 Subcommittee meeting.
- Three months before the start date for clerkships: The M3/M4 Subcommittee reviews the complete list of required clinical experiences to ensure appropriate reflection of the UofSC School of Medicine institutional learning objectives and the completion rates to verify adequacy of patient volume and case mix. Report of the curricular review and final list of required clinical experiences is reported to the Curriculum Committee for final approval. For example, for a May clerkship, the Curriculum would review the list of required clinical experiences at its March meeting.
- Two months before the start date for clerkships: The approved list of required clinical experiences will be submitted to Office for Academic Affairs for entry into the program used for tracking procedures. For example, for the May clerkship, the final list of required clinical experiences must be submitted no later than March 15th.

Amendment of required clinical skills:

If changes to required clinical skills are advised, clerkship directors must submit those proposed changes to the M3/M4 Subcommittee via the Clerkship Change Form. The M3/M4 Subcommittee reviews the proposed changes in a timely manner and determines an appropriate timeline for implementation, whether for an upcoming rotation or the next academic year.

Logging completion of required clinical skills:

Students must log their required clinical skills, including observed history and physical, following instructions in their clerkship orientation information. When logging required clinical experiences, a student's level of responsibility, based on the amount of interaction with the patient, are defined as:

- **Performed** – The student acted as an independent clinician with appropriate supervision:
 - Carried out a procedure/task that required physical skill and cognitive attention (i.e., did)
 - Put a plan into effect (i.e., executed or implemented);
 - Successfully completed the procedure/task/plan.
- **Assisted** – The student acted as a secondary clinician who:
 - Provided hands-on support to a primary clinician to carry out a procedure/task (i.e., physically aided);
 - Received assistance from a primary clinician to carry out a procedure/task;
 - Shared in the communal execution/implementation of a plan (i.e., helped);
 - Contributed to the completion of the procedure/task/plan as a team member.
- **Observed** – The student acted as a bystander who:
 - Was present at an event without participating (i.e., a spectator);
 - Watched and/or listened attentively;
 - Witnessed the completion of the procedure/task/plan without contribution

Students will be able to monitor their progress toward completion of their required clinical skills in the school's education management system and their progress will be reviewed as part of their mid-rotation review. Following the mid-rotation review period, students continuing to have difficulty completing required experiences should contact the Clerkship/Acting Internship Director for assistance.

Monitoring

Monitoring of completion of required clinical skills:

Clerkship directors and coordinators are responsible for monitoring students' completion of the required clinical experiences. Individual student's progress toward completion of required clinical experiences will be included on all mid-clerkship reviews.

The school's educational management system (OASIS) tracks completion of required clinical skills. Upon request, a completion and non-compliance report are available to the Clerkships/Acting Internships and the M3/M4 Subcommittee for monitoring purposes.

Sanctions

Referral to the Honor and Professionalism Council (HPC) and/or Student Evaluation and Promotions Committee (SEPC)

Additional Contacts

Office for Student Affairs
Office for Academic Affairs

Related Information

History

Date	Change
July 2019	Moved to standardized template for LCME CQI, updated branding