



VCU

Completion of Required Clinical Experiences Policy

Policy Statement and Purpose

The Liaison Committee on Medical Education (LCME) has established standards regarding the requirement of medical schools to define the types of clinical conditions and skills students must experience as part of the curriculum. The LCME further requires medical schools to establish the type of clinical setting in which these experiences must occur, as well as outline the required level of student involvement in completion of these clinical experiences.

Stakeholders

The faculty, staff, and students of the VCU School of Medicine are responsible for knowing this standard operating procedure, its contents, and provisions.

Definitions

VCU SOM: Virginia Commonwealth University School of Medicine.

CC: Curriculum Council.

LCME: Liaison Committee on Medical Education. The group with authority to accredit medical education programs leading to the MD degree in the United States and Canada.

LMS: Learning Management System.

OME: Office of Medical Education.

Observe: Student is present for the history and physical examination or procedure, and is attentively studying the patient encounter in order to learn from the observation. Students do not contribute to notes, diagnostic and/or treatment plan, or continuity of care of the patient.

Participate: Participates in patient rounds; interviews patient, obtains consent and completes essential components of the history and physical examination. Student will write notes; contribute to diagnostic and/or treatment plan for the patient, and are responsible for following the patient for the course of treatment. Student physically participates in procedures on the patient and is responsible for interpreting data.

Alternative Method: In instances where students may not encounter a patient with the Required Clinical Experience within a rotation, an alternative method may be used to satisfy the requirement. As specified by the Curriculum Council, these methods may include simulation or a directed patient encounter. Acceptable alternative methods are designated for each Required Clinical Experience.



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Patient Encounter: With assistance from faculty or resident physicians, students will be assisted in identifying patients with the specific condition or diagnoses they must encounter, intentionally involving the student in the patients care in order to facilitate learning.

Responsibilities

Students: Students are responsible for logging the completion of all Required Clinical Experiences in the LMS. Required Clinical Experiences for the clerkship should be logged as they are completed and must be logged prior to the completion of the rotation in order for a final grade to be issued. Students are responsible for seeking assistance from Clerkship Directors and/or Resident teachers in identifying patients with specific conditions/diagnoses the student must experience as part of the Required Clinical Experiences if they are experiencing difficulty fulfilling the requirements for the specific clerkship.

Clerkship Directors: Clerkship Directors are responsible for communicating the list of Required Clinical Experiences that must be completed and logged to students within their specific clerkship. Clerkship Directors must include this list within the clerkship syllabus, as well as on the clerkship site within the LMS. Clerkship Directors and Clerkship Administrators will distribute the list of required clinical experiences, to all faculty and residents involved in teaching. These individuals are responsible for ensuring students have completed and logged all Required Clinical Experiences prior to the end of the clerkship and should not issue a final grade for students until they have confirmed all Required Clinical Experiences for the rotation have been logged.

Clerkship Administrators: Clerkship Administrators are responsible for reviewing compliance reports and communicating deficiencies in the logging of Required Clinical Experiences to students and Clerkship Directors during the clerkship, as well as at the completion of the clerkship.

CC: The Curriculum Council, in coordination with the Clerkship Directors, is responsible for the development, review, and revision of the list of Required Clinical Experiences for the VCU SOM. This includes the selection of clinical conditions and skills/procedures students must encounter within each clerkship, as well as the required level of involvement from students in completing each Required Clinical Experience. The CC holds final authority over the list and must approve any request for revisions prior to implementation of changes.

OME: The OME will centrally monitor student progress toward completion of the Required Clinical Experiences at the end of each clerkship.

Assistant Dean for Clinical Medical Education: The Assistant Dean for Clinical Medical Education is responsible for ensuring Clerkship Directors comply with established procedures for reporting and monitoring student completion of Required Clinical Experiences. The Assistant Dean will initiate a yearly review of all Required Clinical Experiences, as well as the level of student responsibility, clinical setting, and approved alternative methods, and bring any requests for revisions to the approved list before the CC for approval.

Director of Curriculum Initiatives and Quality: The Director of Curriculum Initiatives and Quality is responsible for notifying Clerkship Directors and Administrators of any approved changes to the Required Clinical Experiences list, as well as updating relevant standard operating procedures, and notifying SOMTech of any required changes that must be completed with the LMS.



Procedures

Completion and logging of all Required Clinical Experiences is a mandatory component for graduation from the VCU SOM.

Development and Review of Required Clinical Experiences

The Curriculum Council, in consultation with the Clerkship Directors, have developed a list of Required Clinical Experiences mandatory for all students matriculating within the curriculum. The Required Clinical Experiences list includes the following:

- Clinical Condition
- Clinical Skill/Procedure
- Location of Experience: Inpatient or Outpatient
- Level of Involvement: Observe or Participate
- Alternative Experience if allowed

The Curriculum Council will review the list of Required Clinical Experiences for any potential revisions on a yearly basis prior to the start of the new clerkship year to ensure the clinical conditions and skills/procedures listed remain clinically relevant and incorporate emerging trends.

Prior to review and approval by the CC, the Clerkship Directors will review the list of Required Clinical Experiences for any potential revisions. Any requests for revisions to the list of Required Clinical Experiences must be submitted to the CC for final review and approval prior to implementation. Review and approval from both groups will occur in January of each year.

Changes to the Approved List of Required Clinical Experiences

Any changes to the current list of Required Clinical Experiences must be approved by the CC prior to implementation. If changes occur and a revised list becomes available, the following steps will occur:

- The Assistant Dean for Clinical Medical Education will notify the Director of Curriculum Initiatives and Quality of any approved revisions to the list of Required Clinical Experiences.
- The Director of Curriculum Initiatives and Quality will communicate approved changes to the list of Required Clinical Experiences to Clerkship Directors, Coordinators, and Students.
 - Once notified of the changes, individual Clerkship Directors are responsible for updating all clerkship materials.
- The Director of Curriculum Initiatives and Quality will update relevant standard operating procedures and communicate changes to the approved list to SOMTech for implementation into the LMS.

Logging of Required Clinical Experiences

- Students must log at least one patient encounter or approved alternative method for each specific Required Clinical Experience, including the level of involvement and clinical setting, prior to the completion of the clerkship.



- Students must receive approval from the Clerkship Director prior to logging an alternative learning experience to satisfy a Required Clinical Experience.
- As a student completes items from the Required Clinical Experiences list, these must be logged into the LMS.
 - Experiences will not be considered complete until they have been appropriately logged within the LMS.
- Each student will review their patient log with the Clerkship Director or designee during the required mid-rotation feedback session.
- Failure to comply with the established procedures and log all required items by the end of the clerkship will result in a professionalism concern.
- Falsifying the log of Required Clinical Experiences is considered a violation of the student honor code and instances of this will be submitted to the Office of Academic Integrity
https://cm.maxient.com/reportingform.php?VirginiaCommonwealthUniv&layout_id=3

Monitoring of Completion of Required Clinical Experiences

- Clerkship Monitoring
 - Clerkship Directors and Administrators are responsible for monitoring student progress toward the completion of logging all Required Clinical Experiences for their clerkship.
 - Clerkship Directors and/or Administrators should utilize the mid-clerkship feedback session to discuss deficiencies in completion of these requirements with the student to ensure compliance prior to the completion of the rotation.
- Central Monitoring
 - The OME is responsible for the central monitoring of all students toward completion of the Required Clinical Experiences.
 - The OME will generate and distribute compliance reports on a recurring basis.
 - Reports will be generated and distributed on the following schedule:
 - Final Reporting
 - Monday following the final Sunday of the Clerkship
 - End of Academic Year Reporting
 - Prior to promotion to the M4 Year
 - Graduation Reporting
 - Graduation reporting will be completed at three different intervals to ensure students have adequate time to log any outstanding items
 - Initial reporting will occur on the first Monday of the Capstone Course
 - Final reporting will occur on the Friday of the second week of the Capstone Course
 - All reports will be distributed to the following individuals:
 - Clerkship Directors
 - Clerkship Administrators
 - Assistant Dean for Clinical Medical Education
 - End of Academic Year and Graduation Reports will also be distributed to the Curriculum Council for review
- Non-Compliance



- Clerkship Directors should not issue a final letter grade for any student on the non-compliance list.
 - A grade of **Incomplete** should be assigned to the student until they have successfully competed and logged any missing Required Clinical Experiences for the Clerkship.
 - Once the student has reconciled any missing Required Clinical Experiences, they must notify the Clerkship Director so that a final grade may be assigned.
- Compliance with the processes outlined in these procedures will be monitored with data being reviewed as a component of the Clerkship and Phase Reviews.

Required Clinical Experiences

Current List Approved by Curriculum Council on 03.25.2022

	Required Clinical Experience	Clinical Setting	Patient Type	Involvement	Alternative Learning Experience
FAMILY MEDICINE	Coronary Artery Disease	Out	Adult	Participate	Directed Patient Encounter
	Congestive Heart Failure-Chronic	Out	Adult	Participate	Directed Patient Encounter
	Cough	Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Diabetes	Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Headache	Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Hyperlipidemia	Out	Adult	Participate	Directed Patient Encounter
	Hypertension	Out	Adult	Participate	Directed Patient Encounter
	Musculoskeletal Concern	Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Nausea/Vomiting, Dyspepsia	Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Skin Lesion/Rash	Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Well Adult Exam	Out	Adult	Participate	Directed Patient Encounter
INTERNAL MEDICINE	Altered Mental Status	In	Adult	Participate/Observe	Directed Patient Encounter/Simulation
	Anemia	In/Out	Adult	Participate	Directed Patient Encounter
	Arrhythmia	In	Adult	Participate/Observe	Directed Patient Encounter/Simulation
	Chest pain	In	Adult	Participate	Directed Patient Encounter
	Congestive Heart Failure Acute	In	Adult	Participate/Observe	Directed Patient Encounter/Simulation
	COPD/Asthma	In/Out	Adult	Participate	Directed Patient Encounter
	Chest X-Ray Interpretation	In/Out	Adult	Participate	Directed Patient Encounter
	Dizziness/Syncope	In/Out	Adult	Participate	Directed Patient Encounter
	UTI Evaluation	In/Out	Adult	Participate	Directed Patient Encounter
	EKG Interpretation	In/Out	Adult	Participate	Directed Patient Encounter
	Fever	In/Out	Adult	Participate	Directed Patient Encounter
	Fluid Electrolyte Acid/Base Disorders	In	Adult	Participate	Directed Patient Encounter
	Hepatobiliary Abnormalities (Acute/Chronic)	In/Out	Adult	Participate	Directed Patient Encounter
	Advanced Care Planning/End of Life	In/Out	Adult	Participate/Observe	Directed Patient Encounter
	Hyperglycemia	In	Adult	Participate	Directed Patient Encounter
	Interpret Labs	In/Out	Adult	Participate	Directed Patient Encounter
	Acute and Chronic Kidney Disease	In/Out	Adult	Participate	Directed Patient Encounter
	Shortness of Breath	In/Out	Adult	Participate	Directed Patient Encounter
	VTE Prophylaxis and Treatment	In/Out	Adult	Participate	Directed Patient Encounter
	AMBI	Chronic Illness--Management	Outpatient	Adult/Pediatric	Participate
NEURO	Stroke	In/Out	Adult	Participate	Directed Patient Encounter



	Required Clinical Experience	Clinical Setting	Patient Type	Involvement	Alternative Learning Experience
PEDS	Developmental/ Behavioral Concerns	Out	Pediatric	Participate	Directed Patient Encounter
	Fever	In/Out	Pediatric	Participate	Directed Patient Encounter
	Failure to Thrive/Feeding Concerns	In/Out	Pediatric	Participate	Directed Patient Encounter
	Heart Murmur	In/Out	Pediatric	Participate	Directed Patient Encounter/Simulation
	Neonatal Jaundice	In/Out	Pediatric	Participate	Directed Patient Encounter/Simulation
	Newborn Exam	In/Out	Pediatric	Participate	Directed Patient Encounter
	Respiratory Distress	In/Out	Pediatric	Participate/Observe	Directed Patient Encounter/Simulation
	Upper Respiratory Infection	In/Out	Pediatric	Participate	Directed Patient Encounter
	Well Child Care: Infant (1-12 Months)	Out	Pediatric	Participate	Directed Patient Encounter
	Well Child Care: Toddler (12-60 Months)	Out	Pediatric	Participate	Directed Patient Encounter
Well Child Care: School Age (5-12 Years)	Out	Pediatric	Participate	Directed Patient Encounter	
PSYCH	Anxiety	In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Depression	In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Mental Status Exam	In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Schizophrenia/Psychotic Disorder	In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Substance Use Disorder	In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
SURGERY	Suicide Risk/Violence Risk Assessment	In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Abscess/Skin/Soft Tissue Infection Evaluation	In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Acute Abdominal Pain	In	Adult/Pediatric	Participate	Directed Patient Encounter
	Acute Pain Management	In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Foley Placement	In	Adult/Pediatric	Participate	Directed Patient Encounter/Simulation
	Informed Consent	In/Out	Adult/Pediatric	Participate/Observe	Directed Patient Encounter
	Laparoscopic Abdominal Surgery	In	Adult/Pediatric	Participate/Observe	Directed Patient Encounter
	Open Abdominal Surgery	In	Adult/Pediatric	Participate/Observe	Directed Patient Encounter
	Postoperative Patient Care	In	Adult/Pediatric	Participate	Directed Patient Encounter
	Suturing	In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
	Trauma Evaluation	In	Adult/Pediatric	Participate/Observe	Directed Patient Encounter
	Wound Care	In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
	OB/GYN	Abnormal Uterine Bleeding	In/Out	Adult/Pediatric	Participate
C-Section		In	Adult/Pediatric	Observe	Directed Patient Encounter/Simulation
Contraception		In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
Fetal Heart Tracings		In	Adult/Pediatric	Participate	Directed Patient Encounter
Gynecologic Surgery		In	Adult/Pediatric	Participate/Observe	Directed Patient Encounter
Labor		In	Adult/Pediatric	Participate/Observe	Directed Patient Encounter
Pap Smear/HPV Testing		Out	Adult/Pediatric	Participate/Observe	Directed Patient Encounter
Pelvic Pain		In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
Pregnancy Induced Hypertension		In/Out	Adult/Pediatric	Participate	Directed Patient Encounter
Prenatal Care		Out	Adult/Pediatric	Participate	Directed Patient Encounter
Vaginal Delivery		In	Adult/Pediatric	Participate/Observe	Directed Patient Encounter/Simulation
Vaginal Discharge		In/Out	Adult/Pediatric	Participate/Observe	Directed Patient Encounter

Related Policies

Review Cycle and Revision History

The policy is reviewed and may be revised by the Curriculum Council as necessary, but at least every three years.

Current Revision Approved: 04.28.2022

Applicable Laws, Regulations & Standards

LCME Standards for Accreditation of Medical Education Programs Leading to the MD Degree:

- LCME Standard 6, Element 2
- LCME Standard 8, Element 6

