



# Required Clinical Experiences

**Senior Leader:** Medical School Dean

**Responsible University Officer:** Senior Associate Dean for Undergraduate Medical Education

**Policy Owner:** Assistant Dean, Curriculum

**Policy Contact:** Director, Integrated Education - Clinical Sciences

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## POLICY STATEMENT

During clerkships, students continue their development in achieving the competencies required for graduation and beyond. These competencies are evaluated in many different ways: by faculty observation of clinical skills during rotations, through NBME and USMLE Examinations, and through documentation of required clinical experiences. In order to develop the competencies required for graduation, the University of Minnesota Medical School (UMMS) ensures each student sees an appropriate mix of patients to achieve the learning objectives for each clerkship and for the clerkship phase as a whole. Upon completion of the core required clerkships, all UMMS students will have been exposed to a common set of **conditions, procedures, and presenting symptoms** at a prescribed level of responsibility.

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## REASON FOR POLICY

This policy supports the achievement of the Graduation Competencies by outlining the Required Clinical Experiences, their monitoring, and continuous improvement. It also ensures the UMMS meets LCME Accreditation requirements as follows:

**Element 6.2: Required Clinical Experiences.** “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 responsibilities.”

**Element 8.6: Monitoring of Completion of Required Clinical Experiences.** “A medical school must also have 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.”

**Element 8.7: Comparability of Education/Assessment.** “A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.”

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## PROCEDURES

### I. Development and Maintenance of Required Clinical Experiences

The current list of required clinical experiences, guided and informed by the Graduation Competencies, was developed by an interdisciplinary team made up of clinical faculty, foundational science faculty, and students from both campuses to encompass the core diagnoses and procedures that any medical student, regardless of speciality choice, should experience and

learn about. The resulting list was reviewed by the Clinical Education Committee (CEC) and approved by the Medical School Education Committee (MSEC).

### **Process of Patient Encounter Tracking (PET) and Review**

Students are responsible for logging required clinical experiences. As it is collected, the data is viewable by students, faculty, academic advisors, and curriculum leadership. Logging allows for the monitoring of progress from multiple sources to ensure all students encounter the specific experiences needed to meet the objectives of the overall clinical education program at the designated levels of responsibility.

### **Levels of Responsibility**

Each required clinical experience includes an associated level of student responsibility. To meet the expectations for a required clinical experience, it must be performed at, or above, the associated level of responsibility. The levels of student responsibility, in ascending order of responsibility, include:

- **Observation (Condition, Presenting Symptom, Procedure)** - Student observes supervisor interaction with patient
- **Primary Participation (Condition, Presenting Symptom)** - Student actively participates in patient care with supervisor
- **Performed with Direct Supervision (Procedure)** - Student performs procedure under direct and immediate supervision
- **Performed with Indirect Supervision (Procedure)** - Student performs procedure under indirect supervision, supervisor immediately available if need arises, all findings and decisions double checked by super

### **A. Medical School Administration Responsibility**

- 6 months: The CEC will review aggregate patient encounter tracking data every 6 months to identify concerns by clerkship and site where the required clinical experiences are not meeting expected benchmarks and to evaluate progress on action plans (see below). The CEC will take corrective actions necessary to address identified issues in order to maintain the highest quality clerkship educational experience
- Annually:
  - The CEC will review annual reports of aggregate data. These reports will inform the CEC if the specified experiences need to be revised, assess the comparability of experiences at various sites, and ensure clinical experiences are meeting the objectives of each clerkship. Action plans will be developed with Clerkship Directors in order to remedy deficiencies.
  - Completion of the required clinical experiences or an acceptable alternative will be included in the required components of each required clerkship. Completion of the clerkship denotes completion of the assigned required clinical experiences.

### **B. Clerkship Administration Responsibility**

- Clerkship Directors and/or Clerkship Administrators monitor the data as part of the routine mid-clerkship feedback process to ensure students are meeting clerkship objectives. This includes verifying that students are submitting patient logs in a timely and comprehensive manner and are on target to meet required clinical experiences at the designated level of responsibility
- Clerkship Directors and/or clerkship administrators will provide students with the necessary clinical settings to ensure they have the opportunity to be exposed to the required experiences at least once during the course of the clerkship
- The Clerkship Director or designee is responsible for reviewing the progress of student logs with students as part of mid-clerkship feedback
- Clerkship Directors and/or Clerkship Administrators will communicate with students who are not on-pace to complete the required experiences and will direct them to the alternative experiences
- Clerkship Directors and/or Clerkship Administrators will initiate an *Incomplete Contract* for any student who has not completed the clerkship's required clinical experiences or an

acceptable alternative at the end of a clerkship. The student will receive a grade of “Incomplete (I)” until the contract is fulfilled. At that time, the student will receive their final grade for the clerkship

### C. Student Responsibility

- Students will log all patient encounters that are included in the required clinical experiences
- Students are responsible for documenting all required clinical experiences assigned to each clerkship, whether performed on real patients or through alternative experiences
- Students are responsible for documenting information in a timely manner. Students are strongly encouraged to develop a habit of logging patient encounters daily but are required to log patient encounters at least weekly. Evidence of logging is required prior to the mid-clerkship meetings. Completion of the encounter log for each clerkship (which includes at least one log for each encounter or diagnosis) is due the last day of the clerkship. **Failure to complete logs will result in the receipt of an Incomplete (I) for the clerkship until gaps are addressed**

### III. Alternative Clinical Experiences

The CEC developed the list of alternative experiences to address instances where gaps may occur in a student’s access to direct patient engagement. The clerkship assigned to each required experience will provide and maintain the list of acceptable alternatives and will be responsible for assigning students an alternative experience when appropriate (students cannot *choose* an alternative experience). Students must complete the experience through direct patient engagement at least 80% of the time.

When a gap is identified, typically during the mid-clerkship feedback process, the Site Director works to arrange direct patient engagement within the remaining time for the clerkship. If no patient is identified, Site and Clerkship Directors may choose from among the alternatives available for the specialty as shown below.

Alternative clinical experiences should not serve as the primary means by which students achieve required patient encounters in a given clerkship and no more than 20% of the required clinical experiences should be met through alternative experiences. If alternative experiences are utilized at a rate above 20%, Clerkship Directors will work with the curriculum leadership team to implement a solution.

Clerkship	Alternatives for Remediating Gaps
Emergency Medicine	Simulations include both patient/clinical encounter and technical skill; Cadaver-based procedure
Family Medicine	Aquifer® cases; didactic sessions
Internal Medicine	Aquifer® cases
Neurology	Aquifer® cases; team-based active learning sessions; simulated patients; online UMN Neurology Podcasts (Brain Pods)
Obstetrics and Gynecology	Simulations; cases
Pediatrics	Aquifer® cases
Psychiatry	Self-directed learning modules
Surgery	Didactic sessions; simulated skills sessions; online lectures and videos
Acting Internship in Critical Care	Video based cases; didactic sessions

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## FORMS/INSTRUCTIONS

### PET Logging Instructions

- [PET Qualtrics Survey](#)
- [How to access your PET log via MedIS \(Links to an external site.\)](#)

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## APPENDICES

There are no appendices associated with this policy.

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## FREQUENTLY ASKED QUESTIONS

There is no FAQ associated with this policy.

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## ADDITIONAL CONTACTS

Subject	Contact	Phone	Fax/Email
<b>Primary Contact</b>	<b>Name</b>	<b>Phone</b>	<b>Fax/Email</b>
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## HISTORY

**Created:** April 2021

**Reviewed:** February 2022

**Approved:** Assistant Dean, Curriculum, March 2022

**Approved:** Medical School Education Committee (MSEC), March 2022

**Reviewed and Amended:** January 2023

**Approved:** Medical School Education Committee (MSEC), April 2023