

Required clinical experiences in the core clerkship rotations: Responsibilities of students, faculty, and UME curriculum leaders

Approved by: Undergraduate Medical Education Curriculum Committee

Date of original adoption: 12 September 2011

Date of last review: 18 August 2015

Date of last amendment: 18 August 2015

Date of next scheduled review: 18 August 2019

A. Principles

1. Educational value

The logging of clinical procedures and encounters in core clerkship rotations has important educational value for students, teachers, and course directors:

- a. Students benefit from logging because it allows them to confirm that they have in fact encountered all of the core problems and performed all of the core procedures that the program has deemed essential for completion of the MD degree.
- b. Every participant in the clerkship education process benefits from logging because it allows the program to confirm that all clinical sites provide equivalent experiences and that all students meet the minimum expectations with regard to patients seen and procedures performed.

2. Real patients

Undergraduate Medical Education emphasizes the importance of student interaction with real patients as part of their acquisition of all categories of program competencies (i.e. the CanMEDS roles). For this reason, the required encounters and procedures lists are designed to be achievable exclusively through experiences with real patients. However, simulated experiences may be permitted in some cases to remedy gaps, as described below.

3. Course component

Logging of clinical encounters and procedures is a mandatory, Credit/Non-credit component of every core clerkship rotation. A student will not receive credit in a course until such time as the list is completed.

4. Academic integrity and professionalism

The principle of academic integrity applies to logging just as it applies to all other course components. Therefore, any falsification of data will be considered a major lapse of professionalism and may also be subject to other disciplinary action according to University policy.

B. Description of the course lists of required encounters and procedures

Every core clerkship course maintains and publishes a list of required encounters and procedures. These lists are reviewed annually by each course and updated as required, with central oversight by the Clerkship Director.

The lists are publicized on the course websites on the Portal, on the Case Logs tab on MedSIS, and on the Case Logs Quick Reference Cards. At the start of each rotation, students are expected to familiarize themselves with the list of required encounters and procedures for that course, including the required number of each encounter and procedure and the level of student involvement required, as described below.

1. Encounters

Encounters are defined as meaningful involvement in a patient's care. For example, taking a history, performing relevant physical examination manoeuvres, and taking part in discussion of investigation and management would be considered an encounter.

2. Procedures

Procedures have a pre-specified level of minimum involvement that must be achieved in order to be logged. These expectations are clearly articulated as part of the list of required procedures. The levels are:

- a. The student observed the procedure.
- b. The student performed the procedure with assistance or assisted someone else.
- c. The student performed the procedure independently.

3. Number

In most but not all cases, only one encounter or procedure per item listed is required.

Students are not expected to log every patient, but must meet the requirements for logging (including quantity) specified by each course.

4. Settings

The expected setting for each procedure and encounter is generally implicit, given that the lists are course-based and courses typically have specific settings. In cases where more specificity is required, it is included in the name of the procedure or encounter.

C. Process for reporting and review

1. Mid-rotation

As part of the formal mid-rotation feedback conversation, it is mandatory for students to review their Case Logs Student Activity Report with their preceptor/site-supervisor, except in the case of courses with a duration of one week or less. (Courses of one week or less are deemed too short to require mid-rotation meetings.) It is the students' responsibility to present the report to their preceptor/site supervisor.

Students are expected to have a dialogue with their preceptor/supervisor regarding the report. This portion of the mid-rotation feedback conversation has two main purposes:

- to discuss the key learning points of the experiences that have been logged by the students to date
- to establish a plan for subsequent clinical experiences to remedy any gaps in order to complete all the required encounters and procedures by the end of the rotation.

Note: In some courses, a form will be completed jointly by the student and preceptor documenting this discussion.

2. End-of-rotation

At the end of the rotation, it is mandatory for the student to submit a completed Case Logs Activity Report to the course director or designate (e.g. the site supervisor) in order to receive Credit for the logging component of the course. A checkmark at the bottom of the column of encounters and procedures indicates completion.

3. Reminders

Students will receive centrally-generated e-mail reminders to review and to hand in a Case Logs Activity Report.

4. Incomplete requirements

As stated in the Principles, the expectation is that the required clinical encounters and procedures are preferentially experienced through interaction with real patients. Some encounters and procedures will be identified in each course as “Must be real” because they are critical common patient encounters that cannot be adequately replaced by simulation. Even for other required encounters and procedures, simulations should only be used to remedy gaps, such as when a given experience with a real patient is unavailable (e.g., in the case of seasonal illness or certain less common presentations).

In the event of an incomplete Case Logs Activity Report, students will be required to work with the course director expeditiously to make an action plan, with follow-up from the course director, to remedy any remaining gaps. Upon completion of a Case Logs Activity Report, Credit for the component will be awarded. Note: All gaps in all courses must be completed within six weeks of the end of the Year III clerkship in order for all clerkship courses to be considered complete with credit earned.

5. Central monitoring

The Clerkship Director will monitor overall completion rates in every course at regular intervals to identify any trends of concern requiring action.

Individual students who are persistently unable to complete the required lists in multiple courses may be considered to exhibit academic difficulty, in which case the appropriate interventions will be applied. (See the *Guidelines for the Assessment of Undergraduate Medical Trainees in Academic Difficulty – Clerkship.*)