

Clerkship Directors and Site Directors Meetings and Site Visits

Date of Approved Revisions: 9/5/2018

Effective Date: 9/5/2018

Purpose: Ensuring Adequacy and Comparability of Clinical Instructional Sites.

Article I. Definitions

- a. Assistant Director, Clinical Education – The staff administrator in the Curricular Affairs Office responsible for assisting the Associate Dean for Curricular Affairs in providing oversight and management of the clinical clerkships
- b. Associate Dean for Curricular Affairs – The senior administrator responsible for the oversight and administration of the undergraduate medical education program in partnership with the Tucson Education Policy Committee shared governance
- c. Biennial – Every other year
- d. Clerkship coordinator – Staff member charged to provide administrative support to the Clerkship Director in directing and overseeing and managing the program delivering in the clerkship
- e. Clerkship Director – Faculty member charged with directing and overseeing the program delivery in the required clerkship for the sponsoring clinical department
- f. Semi-Annual – Two times a year, usually once in the fall semester and once in the spring semester
- g. Tucson Education Policy Committee (TEPC) – The COM-T permanent standing committee represents the general faculty in accordance with the General Faculty Bylaws and is charged with authority to oversee, revise, manage and evaluate the four-year medical education program leading to the MD degree.
- h. Tucson Clinical Curriculum Subcommittee (TCCS) - The subcommittee of the TEPC is charged with the management and oversight of institutional features and processes involving the Clerkship and Transition to Residency years.

Article II. Scope, notification and implementation of policy

All clerkship directors who direct required clerkships in the undergraduate medical education program will implement semi-annual meetings and annual site visits to ensure comparable educational experiences and equivalent methods of assessment across all sites within a given rotation and during the duration of the clerkship to ensure that all medical students achieve the same medical education program objectives.

Article III. Required Semi-Annual Meetings

Clerkship Directors, all site directors/preceptors for each site to which students are assigned for the clerkship, and clerkship coordinators will meet semi-annually.

Section 3.01 Implementation

- a. It is recommended that the meetings are held in November/December and again in May/June to inform/discuss changes needed during the current academic year and to prepare for the following year.
- b. If the number of sites used precludes a single meeting with all clerkship leaders, clerkship directors and coordinators may instead meet with their site directors separately.
- c. Meetings may be in- person, teleconferenced or video-conferenced, or a combination of these modalities.

Section 3.02 Data Review at Semi-Annual Meetings and Action Plan

- a. Participants should be prepared to review and discuss data related to student performance, patient logs and clerkship management as well as student feedback on the clerkship, faculty and residents.
- b. Any inconsistencies identified among sites impacting the quality of the learning experience of the current clerkship program will be addressed in a timely manner by the clerkship directors.
- c. Directors may also collaborate with the Tucson Clinical Curriculum Subcommittees (TCCS) to find appropriate solutions to any issues involving coordination and consistency among sites.
- d. Those changes impacting clerkship program structure, content and assessment methods will be proposed in the Clerkship Change Request form to the Tucson Education Policy Committee (TEPC) for approval.

Section 3.03 Meeting Documentation

- a. These meetings will be documented via Clerkship Semi-Annual Meeting Report Form.
- b. Clerkship Directors will submit the completed meeting forms to the Associate Dean for Curricular Affairs for the College of Medicine-Tucson and the Assistant Director, Clinical Education.

Article IV. Annual Clerkship Site Visits

Clerkship directors or designees will physically visit each clerkship site at least once a year. This will allow the directors or designees to assess directly the quality of the clerkship at all sites.

Section 4.01 Definition of Clerkship Site Visit Report Form

Clerkship Site Visit Report Form is a checklist confirming that the site and site faculty/preceptors have the facilities, resources and information required to deliver comparable learning experiences.

Section 4.02 Implementation

- a. Clerkship directors or designees schedule an on-site visit to each clerkship site annually.
- b. The review and completion of the Clerkship Site Visit Report Form provides the structure for the meeting between the clerkship director and site director.
- c. If there are any deficits or concerns, those are noted on the form along with action steps to address the deficiencies.

Section 4.03 Annual Clerkship Site Visit Documentation

- a. The annual clerkship site visits will be documented via the Clerkship Site Visit Report Form
- d. Clerkship directors submit the Clerkship Site Visit Report Form to the Associate Dean for Curricular Affairs and the Assistant Director, Clinical Education.

Article V. Review of Findings

- a. The Clerkship Semi-Annual Meeting Report Forms and the Clerkship Site Visit Report Forms will be reviewed by the Associate Dean for Curricular Affairs and the Assistant Director, Clinical Education in the Curricular Affairs Office.
- b. The aforementioned forms will be forwarded to the Evaluation Subcommittee of TEPC and included as data in the “Quick Feedback” review as well as the biennial review of each clerkship as part of the program evaluation system to ensure that inconsistencies are addressed in a timely manner.
- c. Members of the TCCS will also receive a copy of these reports.

Rationale

The College of Medicine-Tucson must assure compliance with LCME accreditation standards regarding the equivalence of learning experiences available across all sites of the clerkship. This policy/procedure also will help clerkship leadership maintain and improve the quality of clerkships, and will assist the TEPC in fulfilling its responsibility to provide oversight for the medical education program.

Relevant LCME Accreditation Elements

Excerpted from 2018-2019 DCI-Full Survey Visit (edition 11/30/2017)

5.5 RESOURCES FOR CLINICAL INSTRUCTION

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

5.6 CLINICAL INSTRUCTIONAL FACILITIES/INFORMATION RESOURCES

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

5.7 SECURITY, STUDENT SAFETY, AND DISASTER PREPAREDNESS

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

5.11 STUDY/LOUNGE/STORAGE SPACE/CALL ROOMS

A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

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.