I. Policy Summary
The clerkship, LACE 1/2/3 and Critical Care directors define the requisite diagnosis and procedures that all UCR SOM students must encounter in these required clinical rotations.

II. Definitions
Longitudinal Ambulatory Care Experience (LACE)

LCME 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 responsibility.

III. Policy Text
A. The clerkship, LACE 1/2/3 and Critical Care directors define the types of patients, the diagnosis (e.g., conditions, symptoms, diagnosis, state of health) and the procedures (e.g., procedures, skills, counseling) that all medical students must encounter and experience during their rotations.

B. The directors determine the appropriate clinical setting (e.g., inpatient, outpatient or either) for each of these educational experiences and the expected level of student responsibility during these direct patient encounters. Level of student responsibility:
1. For diagnosis, the level of student responsibility is set at “participated”.
   a. Participated is defined as:
      “The student must be actively involved in seeing the patient with appropriate supervision, from the initial presentation or during the diagnosis and ongoing management of the patient's condition. The student should be actively engaged in eliciting or discussing the patient’s complaints and history, the physical diagnosis and the results of supporting labs and imaging studies. The student should have the opportunity to ask questions.”

2. For procedures, the student responsibility will be set at “performed” (e.g., breast exam, venipuncture) and/or “observed” (e.g., Cesarean section) as appropriate to the task.
   a. Performed is defined as: “The student, under direct supervision, appropriately executes the required steps of the task. The student received guidance, support and feedback from the preceptor.”
   b. Observed is defined as: “The student is present and attentively studying the patient encounter in order to learn from the observation (e.g., the process, the patient experience).”
C. The specific diagnosis and procedures that must be encountered and tracked by students within each clerkship must be reviewed with students.

D. The minimum frequency a diagnosis must be encountered by a student within each rotation is set at one. The minimum frequency a procedure must be observed and/or performed by a student within each rotation is determined by the clerkship and must be reviewed with students.

E. If a student cannot locate the required diagnoses or procedures in the clinical setting, they must complete an alternative educational experience as determined by the clerkship director before the rotation has ended. The approved alternative educational experiences are:
   1. If a student cannot locate the required diagnoses or procedures in the clinical setting, they must complete an alternative educational experience as determined by the clerkship director before the rotation has ended. The approved alternative educational experiences are:
      a. Online cases
      b. Standardized patients
      c. Simulation
      d. Video cases
      e. Readings
      f. Case-based learning sessions
      g. Didactics/Conferences

F. A clerkship director must request preliminary approval from the Clinical Curriculum Subcommittee and final approval from the Medical Education Committee (MEC) prior to adding, deleting or modifying any diagnosis, procedures, expected level of student responsibility, the defined appropriate clinical settings, and/or methods of alternate educational experiences from their rotation. “Other” is not allowed as a diagnosis or procedure.
Approvals: MEDICAL EDUCATION COMMITTEE (05/28/2023)

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Date: 12/21/2023 | 5:10 PM PST

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Date: 12/21/2023 | 4:49 PM PST

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