

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Policy for Monitoring Comparability of Completion of Required Clinical Experiences for Each Clerkship and Clinical Sites**Policy Number:** 950-06-022

Responsible Officer:	Senior Associate Dean for Medical Education
Responsible Office:	Office of Medical Education
Origination Date:	06/17/2021
Date of Revision:	
Scope:	All medical students, faculty and staff

I. Policy Summary

The Office of Medical Education is responsible for monitoring the completion of required clinical experiences for each third-year clerkship and LACE 1 / 2 / 3 and each clerkship site for all students.

II. Definitions

Longitudinal Ambulatory Care Experience (LACE)

Office of Assessment and Evaluation (OAE)

III. Policy Text

A. OAE generates a report twice a year to measure the completion of required clinical experiences for each clerkship and LACE 1 / 2 / 3 and each clerkship site for all students.

B. Every six months:

1. A copy of the individual clerkship site comparability report is provided to each clerkship director, the LACE 1 / 2 / 3 director and the Associate Dean for Clinical Medical Education for review.

2. The clerkship and LACE 1 / 2 / 3 director is responsible for sharing this report with their clinical site directors.

C. Twice a year, the Assessment and Evaluation Subcommittee reviews the site comparability data for each clerkship and LACE 1 / 2 / 3.

D. The LACE 1 and 2 director responds to the site comparability report and conducts a brief presentation to the Pre-clerkship Curriculum Subcommittee. As part of the response and presentation, LACE 1 and 2 director must address specific strategies for closing any comparability gaps if they are noted.

E. The clerkship and LACE 3 directors respond to the site comparability report and conducts a brief presentation to the Clerkship Curriculum Subcommittee. As part of the response and presentation, the clerkship or director must address specific strategies for closing any comparability gaps if they are noted.

F. The quality and site comparability benchmarks for patient encounters logs is set by the Liaison Committee on Medical Education (LCME):

Parameter	LCME Standard	Quality Benchmark Flag	Site Comparability Flag	Comments
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Required Clinical Encounter Logs	8.6: Monitoring of Completion of Required Clinical Experiences	<p><i>Clerkship</i> “≤ 75% of all students reported encountering a live patient with this condition/procedure” is flagged for concern.</p> <p><i>Site</i> “≤ 75% of all students reported encountering a live patient with this condition/procedure” is flagged for concern.</p>	N/A (same as quality benchmark)	- LCME DCI definition: <i>“Provide all required clinical encounters/skills for each listed clerkship that were satisfied with alternative methods by 25% or more of students in the most recently-completed academic year, and describe what the alternative methods were (e.g., simulations, computer cases).”</i> -6-month and 12-month period reports are issued per academic year
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Approvals:

MEDICAL EDUCATION COMMITTEE (06/17/2021)

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