



## Clerkship Directors and Site Directors Meetings and Site Visits Policy

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**Policy #**  
9-104

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| <b>Category:</b>              | 9-General Education Policies   |
| <b>Curriculum Phase:</b>      | Clerkship                      |
| <b>Author/Authoring Body:</b> | Curricular Affairs             |
| <b>Responsible Unit:</b>      | Curricular Affairs             |
| <b>Policy Contact:</b>        | Curricular Affairs Dean Office |
| <b>Next Review Year:</b>      | 2026                           |

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### Summary

The College of Medicine – Tucson (COM-T) must assure compliance with Liaison Committee on Medical Education (LCME) accreditation standards regarding the equivalence of learning experiences available across all sites of a clerkship. This policy helps clerkship leadership maintain and improve the quality of clerkships and assists the Tucson Educational Policy Committee (TEPC) in fulfilling its responsibility to provide oversight of the medical education program.

### Related LCME Standards:

#### **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 that have 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 at each campus and affiliated clinical site have 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.

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### Applicability & Scope

This policy applies to all clerkships and clerkship leadership in the Clerkship Phase of the MD program.

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### Definitions

**Program Manager, Clinical Education** – The staff administrator in the Office of Curricular Affairs responsible for assisting the associate dean, curricular affairs and assistant dean, clinical competency in providing oversight and management of the clinical clerkships

**Assistant Dean, Clinical Competency** – The administrator in the Office of Curricular Affairs responsible for overseeing the clinical education portion of the MD program and supporting clerkship directors in the quality delivery of their clerkships

**Associate Dean, Curricular Affairs** – The senior administrator responsible for the oversight and administration of the undergraduate medical education program in partnership with the Tucson Educational Policy Committee shared governance

**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

**Clerkship Director** – Faculty member charged with directing and overseeing the program delivery in the required clerkship for the sponsoring clinical department

**Director, Program Evaluation and Accreditation** – Staff member responsible for developing and maintaining effective program evaluation systems for the medical school curriculum

**Tucson Educational 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 4-year medical education program leading to the MD degree

**Tucson Clinical Curriculum Subcommittee (TCCS)** – The subcommittee of the TEPC charged with the management and oversight of institutional features and processes involving the Clerkship and Transition to Residency Phases

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### Policy Statement

#### I. Scope, Notification, and Implementation of Policy

- A. All clerkship directors who direct required clerkships in the undergraduate medical education program will implement annual meetings and triennial 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.

## II. Required Annual Meetings

- A. The clerkship director, clerkship coordinators and site director(s) for each site to which students are assigned for the clerkship will meet annually.
  - 1) Definition of Clerkship Annual Meeting
    - a) The Clerkship Annual Meetings and Triennial Site Visit Report Form is completed to confirm that the site and site faculty/preceptors have the facilities, resources, and information required to deliver comparable learning experiences.
  - 2) Implementation
    - a) It is required that the meetings be held once per academic year to inform/discuss changes needed during the current academic year and to prepare for the following year.
    - b) Meetings may be in-person, teleconferenced or video-conferenced, or a combination of these modalities.
  - 3) Data Review at 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 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, which is submitted to the associate dean, curricular affairs and presented to the TEPC for approval.
  - 4) Meeting Documentation
    - a) Meetings will be documented via the Clerkship Annual Meetings and Triennial Site Visit Report Form.
    - b) Clerkship directors must submit the completed meeting forms to the assistant dean, clinical competency and the program manager, clinical education in the Office of Curricular Affairs.

## III. Clerkship Triennial Site Visits

- A. Clerkship directors or designees will physically visit each clerkship site at a minimum once triennially. This will allow the directors or designees to directly assess the quality of the clerkship at all sites. The triennial site visit also satisfies the annual meeting requirement for that academic year.
  - 1) Definition of Triennial Site Visit
    - a) The Clerkship Annual Meetings and Triennial Site Visit Report Form is completed to confirm that the site and site faculty/preceptors have the

facilities, resources, and information required to deliver comparable learning experiences.

- 2) Implementation
  - a) Clerkship directors or designees must schedule an on-site visit to each clerkship site triennially.
  - b) The review and completion of the Clerkship Annual Meetings and Triennial 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.
- 3) Data Review at Triennial 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 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, which is submitted to the associate dean, curricular affairs and presented to the TEPC for approval.
- 4) Triennial Clerkship Site Visit Documentation
  - a) The triennial clerkship site visits will be documented via the Clerkship Annual Meetings and Triennial Site Visit Report Form.
  - b) Clerkship directors must submit the Clerkship Annual Meetings and Triennial Site Visit Report Form to the assistant dean, clinical competency and the program manager, clinical education in the Office of Curricular Affairs.

#### IV. Review of Findings

- A. The Clerkship Annual Meetings and Triennial Site Visit Report Forms for each clerkship are reviewed by the associate dean, curricular affairs, assistant dean, clinical competency and the director, program evaluation and accreditation.
- B. Clerkship Annual Meetings and Triennial Site Visit Reports are reviewed annually as part of the Level 1 Reports.
- C. Level 1 Reports are presented to TCCS and TEPC annually.

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#### Related Information

##### Forms

- Clerkship Change Request Form\*
- Clerkship Annual Meetings and Triennial Site Visit Report Form\*

*\* For copies of these forms, contact the program manager, clinical education in the Office of Curricular Affairs*

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## Revision History

**2023/11/29:** The TEPC approved revisions to update nomenclature and the review process in relation to Level 1 reports.

**2021/5/7:** Policy revised.

**2018/9/5:** Policy revised.