



**Policy Title:** Ensuring Comparability across Clinical Education Sites  
**Functional Areas:** ACADEMIC and ADMINISTRATIVE  
**COCA Element:** 6.11

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**Status:** FINAL  
**Effective:** 12/01/2017  
**Approved by:** Leadership Council  
**Policy Contact:** Associate Dean for Clinical Affairs  
**Responsible Office:** Office of Clinical Affairs  
**Last Reviewed/Updated:** 12/06/2020

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**Purpose:** The purpose of this policy is to delineate the process and methods by which UIWSOM will ensure that its learners receive comparable educational experiences and training across its core clerkship sites.

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## Policy Statement

### 1) Description

- a) UIWSOM has established affiliations with healthcare systems, hospitals, multi-physician groups, and solo physicians in the San Antonio region and throughout Texas. To ensure comparable educational experiences, sites must adhere to each clinical clerkship's syllabus and its specific learning objectives, required diagnoses, suggested procedures, and online resources (such as Aquifer cases).
- b) UIWSOM has established the following clinical core competencies which apply to all clinical rotations regardless of specialty:
  - i) History and physical examination
  - ii) Communication and interpersonal skills
  - iii) Interpretation of medical and clinical tests
  - iv) Case presentation
  - v) Diagnostic decision-making
  - vi) Therapeutic decision-making
  - vii) Coordination of care
  - viii) Basic procedures
  - ix) Health promotion and disease prevention
  - x) Professional development and self-directed/life-long learning

## 2) Procedures

- a) Evaluation of Clinical Clerkship Sites, Rotations, and Preceptors
  - i) Each site is evaluated by a committee consisting of the clinical site director and coordinator, clerkship directors, local physician champions, health system liaisons, and the Associate Dean for Clinical Affairs. Based on the number of credentialed Adjunct Clinical Faculty (ACF), their capacity and specialty mix, the number of specific rotations available and overall adequacy are determined.
  - ii) Clerkship curricula and preceptors are evaluated by students, staff, administration, ACF and SOM faculty to acquire data and feedback regarding quality of experience. Regular evaluations are conducted electronically as well as in person, and data are compiled by site and in total by the Director of Assessment in the Office of Medical and Interprofessional Education. To provide continuous quality improvement, UIWSOM compiles data assessing the quantity and quality of clinical clerkship experiences annually. Clinical rotation outcomes are also tracked by performance on end-of-rotation examinations, and scores on COMAT and COMLEX-USA Level 2 CE and PE.
  - iii) An annual report is prepared by the Associate Dean for Clinical Affairs in collaboration with the Office of Medical Education, and provided to the Dean, the Phase II Committee, DO Curriculum Committee and other stakeholders. De-identified reports from the electronic evaluations are provided as retrospective feedback to each institution and group annually. These reports are shared with clinical site directors, coordinators, adjunct clinical faculty and faculty present at the institutions, to improve rotation quality and availability.
- b) Clinical core competency assessment focus areas
  - i) Student Performance which may include the following: any weekly quizzes, Texas EMT Certification Exam, NBOME practice questions; cumulative knowledge exams; cumulative competency exams, COMLEX-USA Levels 1, 2 CE, and 3 if available; COMAT exams.
  - ii) Osteopathic Clinical Skills, which includes preceptor evaluation of students; unit cumulative OSCEs; phase cumulative clinical competency; COMLEX Level 2 PE.
  - iii) Physician Personhood (formerly titled Professional Identity Formation), which includes reflective essays for each unit and clinical rotation.
  - iv) At the end of each unit in Phase I, students' clinical skills are assessed during the Reflection, Integration and Assessment week via OSCEs, standardized patient and simulation examinations.
  - v) For all year 3 and 4 core, selective and elective rotations, students are evaluated by their preceptors. They also take end-of-rotation COMAT exams when available and are required to complete a specified number of practice specialty-specific board questions. The COMAT exams are summative evaluation tools measuring diagnostic and treatment knowledge. Regularly scheduled specialty specific OSCEs (Objective Skills Clinical Examinations) also take place to assess clinical skills.
  - vi) Patient logs, including patient numbers, diagnoses and procedures also provide insight into the quality of the rotation.
  - vii) At the end of Phase II, just prior to graduation, students will be required to take a Readiness for Residency unit, during which students will be evaluated pertaining to the Core EPAs established by the ACGME for all entering residents.

- c) Reporting and Quality Improvement
  - i) The Director of Assessment in the Office of Medical and Interprofessional Education prepares an annual report of students' performance in the above focus areas, as well a cross-analysis linking these metrics to the students' evaluations of their core sites and individual ACF preceptors.
  - ii) The Phase II Committee, along with the DO Curriculum Committee then performs a gap analysis of both the site/ACF evaluations and performance on assessments, to identify and address any differences in performance among students at different training sites.