Clinical Assessment System (CAS) Expectations

Core, TBC/LAB and LIC Clerkships:

1. Students are expected to log all patients for whom they have engaged in direct clinical care:
   a. Patients in the outpatient or inpatient setting when the student actively participates in the history/physical, differential diagnosis/diagnostic plan, or treatment plan
   b. Patients in the operating room when a student participates in the surgery

2. Students are required to document a role in history/exam, differential diagnosis/diagnostic plan or treatment for all core clinical conditions. The majority of these should be satisfied through direct patient contact. For those core clinical conditions not yet seen, students should log related interactive learning experiences (case presentation, computer-based simulation, etc.) in CAS. Students are also encouraged to log all educational activities in which they play a primary role – such as formally presenting a topic to a group or leading the discussion at a case conference.

3. A subset of these encounters will be assessed by the responsible supervising faculty or resident.
   a. Students are expected to complete a patient log for each of the required core clinical conditions for each clerkship and to request an assessment for the majority of these.
   b. Students are responsible for requesting assessments through CAS:
   c. General guidelines are a minimum of one assessment request (individual patient or bundled logs) for each half day of outpatient care and each week of inpatient care. If a student is with the same preceptor in the outpatient clinic for >2 sessions s/he should send at least one bundled request to the preceptor each week with a minimum of two requests to each preceptor.
   d. In general, faculty and residents will be asked to complete a CCA form Likert-scale for a student after completing 2 formative assessments or at the end of a clinical rotation.

4. Clerkship Directors (CD) will have access to electronic reports detailing the activity of each student:
   a. CD will be responsible for reviewing the CAS report on a regular basis to determine if students are meeting the rotation guidelines related to patient encounters and documentation.

5. Interval Formative Assessments:
   a. The CD and/or designated faculty are responsible for reviewing 1) the number of student logs and assessment requests, 2) the timeliness and
quality of faculty assessments, and 3) the status of student experience with respect to the core diagnoses.
b. Student progress including review of CAS material will be reviewed with the student by CD or designated faculty approximately every 4 weeks (usually on the 4th Friday afternoon)
c. A CAS Mid-rotation feedback form will be completed at the appropriate time in the rotation and made available to the student

6. CD EOR Report
   a. CD will complete End of Rotation Assessment Form (EOR) for each student within 4 weeks of completion of the block.
   b. EOR forms will include representative competency-specific comments plus a summary assessment suitable for a Dean’s Letter (MSPE).
   c. Any student not meeting rotation expectations or failing should be notified within one week after completion of the EOR form.
   d. Any remediation plan or requirement to repeat the rotation must be communicated to the assessment oversight committee (Committee on Students (COS) for University program and Medical Student Promotion and Review Committee (MSPRC) for CCLCM students).

Acting Internships:

1. Students are expected to log all new admissions for whom they have engaged in direct clinical care or surgical patients when they have been directly involved in the operating room.

2. Students are expected to send at least one request for assessment to each of the supervising faculty and residents they work with during their AI. This request for assessment should be based on one or more patient logs.

3. Rotation Leaders will have access to electronic reports detailing the activity of each student

4. EOR Report
   a. Rotation leaders or designated faculty will complete End of Rotation Assessment Form (EOR) for each student within 4 weeks of completion of the rotation.
   b. EOR forms will include representative competency-specific comments plus a summary assessment suitable for a Dean’s Letter (MSPE).
   c. Any student not meeting rotation expectations or failing should be notified within one week after completion of the EOR form.
   d. Any remediation plan or requirement to repeat the rotation must be communicated to the assessment oversight committee (Committee on Students (COS) for University program and Medical Student Promotion and Review Committee (MSPRC) for CCLCM students).
Electives:

1. For electives with direct patient contact:
   a. Logs in CAS are necessary to document participation in the elective and to form the basis for assessment requests regarding performance. Students **must log at least one meaningful patient encounter in order to receive credit for the elective.** This must be done before the elective ends. They are also encouraged to submit requests for feedback.
   b. This applies to both local and “away” electives

2. For elective without direct patient contact:
   a. Logs in CAS are necessary to document participation in the elective and to form the basis for assessment requests regarding performance. Students **must log at least one meaningful learning activity within the elective in order to receive credit for the elective.** This must be done before the elective ends. They are also encouraged to submit requests for feedback.
   b. This applies to both local and “away” electives

3. Rotation Leaders will have access to electronic reports detailing the activity of each student.