Introduction

Historical/Contextual Overview
As TAMU COM has expanded to multiple campuses and sites, the Curriculum Committee has worked to determine how to ensure students experience the best balance of ambulatory and inpatient training and help ensure comparability across sites.

A student’s medical education should include a composite of experiences in inpatient and ambulatory settings. While certain disciplines may dictate that patient care experiences occur in either an inpatient or an ambulatory setting, for many disciplines, a variety of experiences in either venue may meet the core requirements of instruction.

Training in either a tertiary site or regional community-based site may inadvertently over-represent one setting over another in clinical experiences. With both academic health center and community-based sites, the school must ensure a well-rounded educational experience for medical students that enables patient encounters that are representative of common medical practice across health care models.

LCME element 6.4 requires a school’s curricular committee to “ensure that medical students spend sufficient time in inpatient and ambulatory settings to meet the objectives for clinical education.”

Reason for the Policy/Process
This policy will define how the clerkships and Curriculum Committee monitor inpatient/outpatient exposure for students within the clinical curriculum. LCME standard 6.4

Scope
This policy applies to clerkship students, clerkship directors, and campus/site deans.
Policy/Process Statement:

**Procedure**

1. Aggregate information on inpatient/outpatient experiences (including emergency room experiences) in each clerkship and across the clerkships will be gathered and reviewed annually by Clerkship Directors, Core Clinical Subcommittee, and the Curriculum Committee to ensure an appropriate mix of inpatient and outpatient experiences to achieve a balanced medical education.

2. Clerkship Directors through the Executive Clerkship Director will review data annually to ensure students can achieve clerkship level objectives, patient encounter expectations, and procedure expectations at each campus/site. Changes in sites and/or resources should be carefully considered and compared to historical data as appropriate.

3. Executive Clerkship Directors (or their delegate) will communicate data and results of the clerkship level review to the Core Clinical Subcommittee for their review.

4. The Core Clinical Subcommittee, as content experts, should review clerkship level information and cross clerkship information to ensure a balanced mix of exposure to meet clerkship requirements, clerkship objectives, and MEPOs.

5. The Curriculum Committee will review both clerkship level information and cross clerkship information to ensure a balanced mix of exposure to meet clerkship requirements, clerkship objectives, and MEPOs.

**Compliance**

The Core Clinical Subcommittee and Curriculum Committee will annually review outcomes to understand clerkship and school-level compliance and data for the appropriateness and determination of the threshold level of inpatient/outpatient instruction.

Information sources and data may include but will not be limited to:

- Duty hours compared to planned schedules and percentages
- Duty hours compared across campuses/sites
- Director feedback and student focus group
- When available, comparison between scores before and after inpatient/outpatient changes

**Resources, References, & Related Policies**

(List any applications, tools, or forms required and where they can be located. List any policies processes, guidelines, etc.)

<table>
<thead>
<tr>
<th>Name of Resource</th>
<th>Purpose/Relationship</th>
<th>Location</th>
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Inpatient/Outpatient Experience in Clinical Training

<table>
<thead>
<tr>
<th>Campus/Site Definitions</th>
<th>Executive Clerkship Director PD</th>
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<tbody>
<tr>
<td>Clerkship Director PD</td>
<td>Core Clinical Subcommittee Charge</td>
</tr>
<tr>
<td>Inpatient/Outpatient annual data and overall percentages</td>
<td>Academic Affairs Files</td>
</tr>
</tbody>
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**Definitions**

- Ambulatory clinical experiences take place in settings in which direct patient encounters occur in an outpatient setting, usually through outpatient clinic settings. Outpatient/ambulatory care can take place geographically within the hospital as long as the patient is not formally admitted.
- Emergency Department encounters are tabulated for both standard emergency department/room and freestanding emergency centers/rooms.
- Clinical experiences in the Radiology Clerkship will not be tabulated for either ambulatory or inpatient clinical encounters as the course has limited direct clinical care.
- Executive Clerkship Director
- Clerkship Director

**Revision History**

(Include date of origination in the chart below. Do not delete any revision history.)

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Authority</th>
<th>Summary of Changes</th>
<th>Document Location</th>
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<tbody>
<tr>
<td>October 2019</td>
<td>Curriculum Committee</td>
<td>Determined overall inpatient/outpatient/ED percentages and clerkship specific plans</td>
<td></td>
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<tr>
<td>November 2019</td>
<td>Curriculum Committee</td>
<td>Adjust Ob/Gyn Clerkship percentages</td>
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<tr>
<td>11.8.19</td>
<td>OAA</td>
<td>Added monitoring and compliance language</td>
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<tr>
<td>5.11.22</td>
<td></td>
<td>Adjust FMED and IMED percentages</td>
<td>CC Admin files and Medicine policy site</td>
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<tr>
<td>04.01.23</td>
<td>Curriculum Committee</td>
<td>Updated policy and process as part of CQI process. Moved data to be external of policy</td>
<td>CC Admin files and Medicine policy site</td>
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