**Required Patient Diagnosis and Procedure Logging Process:**

The Educational Program Committee (EPC) sets the list of diagnoses and procedures students are required to see in each required clerkship.

The purpose of this log in managing the required clinical curriculum is twofold:

1) to ensure every educational site provides sufficient patient numbers and diversity to represent the range of diagnoses required for the clerkship; and

2) to monitor across sites within a clerkship and make sure the patient load is comparable so that students at different sites have enough time to study.

The EPC will review student logs every 6 months to evaluate the required diagnosis list for each clerkship as well as the site assignments for students to maintain the highest quality clerkship educational experience. Accurate student data is key to ensuring these decisions are delivering the kind of patient experiences students need and want in their clerkships.

Each clerkship has required diagnoses and procedures. Recommendation for these required diagnoses and procedures are made to the EPC by the M3-4 Subcommittee. The EPC then selects the final diagnoses and procedures and assigns them to each clerkship, including the required level of participation. All required diagnoses and procedures must be seen and logged at least once during that clerkship to complete the clerkship educational requirements. Students should log patient diagnoses/procedures in all of the following circumstances:

1. **Assigned patients,** defined as: the patients students interview, examine, write notes or histories on; see on their own or with a preceptor in clinic; directly participate in procedures or surgeries on; or are personally assigned to follow from admission or night float. Some examples:
   - If a student sees the same patient in the hospital for five days, log them completely, once.
   - If a student personally cares for 5 patients in clinic on the same day with the same diagnosis such as asthma, log all 5 patients separately on that day even though they have the same diagnosis.
   - If a student has already seen a patient with that required diagnosis and logged it, but cares for a new patient with the same diagnosis in the hospital, log the patient.

2. **Patients seen and discussed by the student's team or in clinic or after rounds while the student is present and learning from their care** should also be logged the first time they are encountered by the student.

3. **Patients that develop new diagnoses on subsequent days,** ex. acute kidney injury or nosocomial infection, **may have that diagnosis added to their log.**

4. **Patients seen in small groups or conferences when the patient/survivor is present,** should be logged (ex. OB/GYN Ovarian Cancer Survivors session).

5. **Virtual or online patient cases** that the student is directed to use to fulfill a required diagnosis should be logged, with “virtual patient” chosen in the “location” field.

6. **Procedures** have a minimum required level of participation that is assigned by the EPC. This will be indicated to the student within the logger as well as during orientation to the clerkship and in the clerkship syllabus. Although all levels of
participation may be logged, i.e., observation, the minimum expectation for participation identified by EPC must be met to pass the clerkship and will be monitored. Levels of participation include:

- Observed
- Completed on simulator/with simulated patient
- Assisted faculty/resident in performing
- Completed with assistance from resident/faculty
- Completed under observation by resident/faculty
- Completed independently

The following should NOT be logged:

- Patient cases discussed in small groups when the patient is not there to take part
- Morning report
- Morbidity & Mortality conference
- Autopsy conference
- Any other didactic sessions where the facts of the patient's case are shared but that the patient does not attend and/or that does not affect the actual care of the patient.

Monitoring of timing of log completion and points for completion:

Students are required to update their patient diagnosis and procedure logs at least weekly to help improve accuracy of logging as well as identify required diagnoses that are not being seen. Clerkship coordinators will check student logs and points will be docked if no entries are being made on at least a weekly basis. Students are also prompted to review their diagnosis and procedure logs with their supervising physician when they ask for formative feedback using the mid-clerkship feedback form, so that gaps in their clinical experience can be addressed.

Students who are missing required diagnoses in the last week of a clerkship should email their clerkship director and coordinator notifying them and asking them for guidance. They may either direct the student to a patient/team/site that will let them meet the requirement, or if that is not possible, they will direct the student to complete an online or virtual patient case or simulated procedure, and log that completion in the logging system. No student who has contacted the clerkship director appropriately a week prior to the end of the rotation and followed their directions will be docked points for missing a required diagnosis.