

UNDERGRADUATE MEDICAL EDUCATION
SCHULICH SCHOOL OF MEDICINE & DENTISTRY
CLERKSHIP & ELECTIVES COMMITTEE (CEC)
TERMS OF REFERENCE

Reviewed by CEC: June 2024
Next Review: June 2025

PREAMBLE

The Clerkship & Electives Committee (CEC) is an operational committee of the Doctor of Medicine Program (MD Program), Schulich School of Medicine & Dentistry (School) tasked by the Curriculum Committee to co-ordinate the design, delivery, and assessment of clinical learning experiences for medical students in the Year 3 Clerkship and Year 4 Clinical Electives.

The clinical rotations consisting of ambulatory and inpatient experiences in the third and fourth years of the MD Program will provide sufficient exposure through required and elective clinical educational experiences to enable students to achieve the required competencies (MD Program Graduation Competencies and the AFMC Entrustable Professional Activities) of generalist physicians prepared to enter the next stage of training. These educational experiences are to be centered on whole person care, clinical reasoning, evidence-informed decision making and interprofessional care for the populations the School has a responsibility to serve.

GOVERNANCE

The CEC reports to the Curriculum Committee.

RELEVANT POLICY(IES)

[Faculty Supervision of Medical Students](#)

MEMBERSHIP

VOTING

Co-Chair(s), Clerkship (designated by the Vice Dean UME) London & Windsor
Electives Faculty Lead London
Electives Faculty Lead Windsor

Vice Dean, Undergraduate Medical Education
Assistant Dean, UME, Windsor
Assistant Dean, Distributed Education
Core Rotation Directors, one from each core rotation London

Core Academic Directors, one each from core rotations Windsor Faculty (3) at large, on a 3-year rotating basis
Three student reps from Year 3; 2 London and 1 Windsor (3 votes)
One student rep from Year 4 London or Windsor (1 vote)

NON-VOTING

UME Manager, MD Program or delegate
Associate Director, Curriculum Oversight
Clerkship Director, Sarnia
Core Academic Directors, one each from core rotations Sarnia
Program Evaluation & Assessment Specialist
Associate Director, Distributed Medical Education & Regional Strategy
Coordinator, Clinical Education
Program Manager, Windsor
Clinical Education Team Leader, Windsor

MEETINGS

The CEC will meet 10-11 times per year over the academic year. The agenda, minutes, and any supporting materials will be circulated to CEC members one week before scheduled meetings. Minutes will be provided no later than two weeks after the meeting for the Co-Chair(s) to review.

QUORUM

- Quorum (academic year) shall be 50% of the voting members of the committee.
- Summer quorum will be one-third of voting membership

RESPONSIBILITIES

Relevant CACMS Accreditation Elements

6.1 Program and Learning Objectives

The faculty of a medical school define its medical education program objectives in competency-based terms that reflect and support the continuum of medical education in Canada and allow the assessment of medical students' progress in developing the competencies for entry into residency and expected by the profession and the public of a physician. The medical school makes these medical education program objectives known to all medical students and those faculty members with leadership roles in the medical education program, and others with substantial responsibility for medical student education and assessment. In addition, the medical school ensures that the learning objectives for each required learning experience are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

6.2 Required Patient Encounters and Procedures

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills and procedures to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

6.4 Outpatient/Inpatient Experiences



The faculty of a medical school ensures that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

6.4.1 Context of Clinical Learning Experiences

Each medical student has broad exposure to, and experience in, generalist care including comprehensive family medicine. Clinical learning experiences for medical students occur in more than one setting ranging from small rural or underserved communities to tertiary care health centres.

6.5 Elective Opportunities

The faculty of a medical school ensures that the medical curriculum includes elective opportunities that supplement required learning experiences, permit medical students to gain exposure to deepen their understanding of medical specialties and pursue their individual academic interests.

8.6 Monitoring of Required Patient Encounters and Procedures

A medical school has in place a system with central oversight that monitors, remedies any gaps, and ensures completion of the required patient encounters, clinical conditions, skills and procedures to be performed by all medical students.

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 required learning experience to ensure that all medical students achieve the same learning objectives.

8.8 Monitoring Time Spent in Educational and Clinical Activities

The curriculum committee and the program's administration and leadership implement effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during required clinical learning experiences.

9.3 Clinical Supervision of Medical Students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the delegated activities supervised by the health professional are within the health professional's scope of practice.