

Process and Criteria for Submission, Review and Approval of New Courses (DRAFT - 11/16/17)

A Clinical Elective, Subinternship, Clinical Capstone Course or Non-Clinical Elective may be proposed by a faculty member with a Harvard Medical School appointment. There is a formal process by which proposed courses are submitted to the HMS Registrar, and reviewed and approved by the Subcommittee on Clinical Electives and Subinternships. The process and criteria for each type of course are detailed below.

Course Proposal Process

1. The course director completes the proposal form.
2. When all required information is complete, a link to advise the Registrar that the proposal is ready for review becomes available.
3. The Registrar assigns a member of the Subcommittee on Clinical Electives and Subinternships (the subcommittee) as a reviewer who then evaluates the proposal and either forwards it to the subcommittee for approval or returns it with comments to the course director.
4. The reviewer/director cycle continues until the reviewer forwards the proposal to the subcommittee.
5. The subcommittee votes on the proposal and either forwards it to the Registrar for acceptance or returns it to the reviewer with comments.
6. The reviewer enters the subcommittee's recommendations and notifies the course director of any suggested changes
7. The course director makes any necessary revisions and resubmits the proposal to the reviewer, and the reviewer/director cycle repeats until the proposal is again forwarded to the subcommittee. Again, the subcommittee/reviewer/director cycle is repeated until a final decision is reached by vote of the subcommittee
8. Chair of the subcommittee notifies course director of course approval and course number is assigned by the Registrar.
9. During the proposal process, the proposal itself cycles through various statuses (e.g., *Director Entry*, *In Review*, *In Committee*). The proposal can only have one 'current status'; each change of status is marked by some action taken by the course director, administrator, or reviewer and an email notification is sent to the appropriate person when the status changes, to signal the next step to be taken.

Information for Course Directors

1. Only the course director can make changes to the proposal itself. When viewed by anyone who is not the designated course director (or his/her proxy), the proposal is for display only.
2. The course director may assign a proxy, but the final responsibility for the information entered rests with the course director.
3. The course proposal form consists of five pages.
4. In the 'Instructions' box at the top of each page there will be a link that allows the course director to review the 'required' fields for that page (if any are missing required data) and (if applicable) any reviewer comments for that page.
5. The pages are generally grouped by similarity of information. Entries will be saved whenever 'Next' or 'Previous' buttons are selected. The proposal may be completed in more than one session.
6. Following page 5 is a list of any 'required' fields that are missing information. Once all required information is provided, a 'Proposal Ready for Review' will be shown with a link that allows notification to the Registrar advising that the proposal is ready for review.

7. During the reviewer/director cycle(s), the notice following page 5 changes to 'Revision Ready for Review', with a link that will allow you to advise the reviewer that you have completed your revisions.

Proposed Criteria for Subinternships and Clinical Electives

Drafted by Post-PCE Subcommittee on Subinternships and Clinical Electives 4-1-17

Subinternship Criteria

Clinical rotation in which:

1. The student performs the functions of an intern throughout the elective (i.e. the student has primary clinical responsibility for patient care and is primarily responsible for entering orders for patient care);
2. The student has significant clinical decision-making responsibility;
3. The student has clinical responsibility for a greater number of patients than a core-clerkship student on the same clinical service;
4. The student has significant teamwork responsibility;
5. All 13 EPA's will be assessed in the Subinternship.

Examples: any ICU (e.g. SICU, PICU, CCU), ED, any clinical service with intern-level responsibility (e.g. certain Ob-Gyn, Psychiatry).

Clinical Elective Criteria

Clinical rotation in which the student:

1. Actively contributes to the clinical care of patients for the majority of the elective;
2. EPA's assessed will include all PCE-level EPA's, as well as those Post-PCE EPA's appropriate to the specialty (e.g. radiology and pathology electives may not expect students to perform history and physical exam).

Examples: all consult electives, subspecialty electives such as GI or endocrine.

Clinical Capstone Criteria

1. Graduation requirement;
2. Subinternship-level experience with direct patient care responsibility; meets all Subinternship criteria, providing exposure to acute clinical care and including significant responsibility to develop treatment plans and engage in patient management.
3. All 13 EPA's will be assessed with expectation that students will demonstrate achievement at or close to entrustable level
4. Timing: January, February, March or April (last four months before graduation);
5. Consists of three weeks of subinternship-level clinical work and one week of required Clinical Capstone content.

Examples: any ICU (e.g. SICU, PICU, CCU) or ED

Non-Clinical Elective Criteria

1. Full Time Rotation
2. Course objectives and criteria for assessment clearly defined.