



**QUILLEN**  
**COLLEGE of MEDICINE**  
EAST TENNESSEE STATE UNIVERSITY

Policy Name: **Clinical Proficiency Competency Objective Structured Clinical Examination (OSCE) Graduation Requirements**

Policy Replaces a Previous Policy (*this includes change in policy name*):  Yes /  No  
If so, list name of previous policy (*include policy number if different*): **Objective Structured Clinical Examination (OSCE) Clinical Proficiency Competency for Promotion to Senior Year (policy number is same)**

Policy Number: **MSEC-0610-1**

Originator Name and/or Committee (*if a committee, include name of chair*): **Kenneth Olive, MD / MSEC Chair (2010); Ramsey McGowen, PhD / MSEC Chair (2018-2019); Ivy Click, EdD / MSEC Chair (2020-)**

Committees, Departments, or Individuals Responsible for Implementation: **Office of Academic Affairs**

Original Approval Date and Who Approved by: **6/1/2010 – Kenneth Olive, MD / MSEC Chair (2010)**

Revision Date(s) (*include a brief description*) and Who Approved by:

**4/12/2018 – Updated to reflect OSCE is delivered at the beginning of the M3 year / Ramsey McGowen, PhD, MSEC Chair**

**3/21/2023 – Updated to reflect OSCEs are delivered during the M3 and M4 years / Ivy Click, EdD, MSEC Chair**

Effective Date(s): **6/1/2010; 4/12/2018; 4/17/2023**

Revision(s) (*briefly describe*) by Administrative Staff and Date (*these revisions do not require voting/approval by a committee and/or individual*):

**10/18/2021 – Change Process/Procedure #1 to beginning of their third year**

Exemption(s) to Policy (*date, by what committee or individual, and brief description*):

LCME Required Policy:  Yes /  No

If yes, please list the Element(s) Affiliated with this Policy (*include Element number/name/statement*):

***All policies will be reviewed every three years unless an earlier review is identified.***

**(A.) Policy Statement:**

The name of this policy has been changed from *Objective Structured Clinical Examination (OSCE) Clinical Proficiency Competency for Promotion to Senior Year* to *Clinical Proficiency Competency Objective Structured Clinical Examination (OSCE) Graduation Requirements*.

## **Policy Name: Clinical Proficiency Competency Objective Structured Clinical Examination (OSCE) Graduation Requirements**

An Objective Structured Clinical Examination (OSCE) is required at the beginning of the M3 and M4 year at which time students must demonstrate clinical proficiency. The successful demonstration of proficiency is a requirement for graduation. The Office of Academic Affairs will be provided documentation of completion of the competency once it had been attained.

### **(B.) Purpose of Policy:**

For those students who do not successfully demonstrate competency, the following process will be implemented for remediation of the OSCE competency.

### **(C.) Scope of Policy (*applies to*):**

All third- and fourth-year medical students.

### **(D.) Policy Activities:**

#### Formative Clinical Proficiency Competency (CPC) OSCE

1. All QCOM students will be required to take the Formative Clinical Proficiency Competency (CPC) OSCE prior to beginning clinical clerkships.
2. Students failing to demonstrate competency as outlined by the OSCE Director will receive formative feedback to improve their performance.
  - a. To demonstrate competency, a student should have a final score at or above 70% in all grade categories (encounter, note, overall).
  - b. Students failing to demonstrate competency will have focused review meetings with the OSCE Director to discuss their performance.
  - c. Students will submit a targeted plan for improvement and resources will be made available to help them improve and address their identified gaps over the third year.
3. Students determined to have failed to demonstrate competency are able to request a review of their performance by the OSCE Director.

#### Summative Clinical Proficiency Competency OSCE

1. All Quillen students are required to take the Summative Clinical Proficiency Competency (CPC) OSCE. Students passing this examination as outlined by the OSCE Director will be deemed to have attained this competency.
2. Students failing to demonstrate competency on this evaluation will require additional effort to meet this competency including:
  - a. Remediation will be necessary if a student scores below 70% in any one of the grade categories (encounter, note, overall).
  - b. Students must meet with the OSCE Director to review areas in which they failed to demonstrate competency. This may include reviewing videos of student performance, rubrics, feedback and/or student documentation.
  - c. Students must meet with the OSCE Director to develop an individualized action plan to address the deficient competency.
  - d. Students should schedule and attend at least three remediation targeted review sessions to monitor progress towards meeting the competency. The review of performance and submission of a remediation plan is the first of these three (3) sessions.
  - e. The student, not the OSCE Director, is responsible for initiating contact with the OSCE Director to schedule review sessions to complete their remediation plan.
  - f. Students will schedule and complete a Clinical Proficiency Competency OSCE once review sessions are completed.
  - g. Students failing to demonstrate competency on the Summative CPC OSCE after remediation will be forwarded to the Student Promotions Committee for review and recommendation which could include but is not limited to further evaluation, repeated remediation, or dismissal.

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- Students determined to have failed to demonstrate competency are able to request a review of their performance by the OSCE Director.

Remediation Requirements

If student passes encounter, note, and overall	No remediation is required
If student fails encounter	Remediation is required
If student fails note	Remediation is required
If student fails overall	Remediation is required
If student is in bottom 10% of a grade category	One meeting for focused review is required; no remediation is required

Administrative Approvals		Date Approved
University Compliance <i>(if applicable)</i>		
Policy Advisory Committee		3/24/2023
Associate Dean for Accreditation Compliance <i>(if applicable)</i>		
Vice Dean for Academic Affairs		3/24/2023
Policy Review and/or Revision Completed By <i>(if applicable)</i>		Date Policy Reviewed and Approved <i>(if applies to that department, committee, or group)</i>
	Office of the Dean	
X	Academic Affairs <i>(this includes the three-year reviews by administrative staff)</i>	4/12/2018; 10/18/2021; 3/20/2023
	Student Affairs	
	Department of Medical Education	
	Medical Student Education Committee	6/1/2010; 3/21/2023
	Student Promotions Committee	
	Faculty Advisory Council	
	Administrative Council	
	M1/M2 Course Directors	
	M3/M4 Clerkship/Course Directors	

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	Student Groups/Organizations <i>(describe)</i> :	
	Other <i>(describe)</i> :	

<b>Notifications of New or Revised Policy <i>(if applicable)</i></b>		<b>Date and Method of Notifications</b>
	Posted to Website Under Educational Policies	3/30/2023
	Medical Students	
	Administrative Council	
	Faculty Advisory Council	
	All QCOM Faculty	
	All QCOM Staff	
	Admissions Office for Catalog	
	Other <i>(specify)</i> :	