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LCME Guiding Principles for Re-entry of Medical Students into the Clinical Learning Environment

The following principles and information are offered as guidance for medical schools navigating the clinical curriculum and tolerating uncertainty during the COVID-19 pandemic.

- **Deliberately and prospectively identify** those **clinical experiences/assessments that can only be met with direct (in-person) patient contact** versus those that can be achieved and/or assessed through alternative/virtual formats (Curriculum Committee).
- **Anticipate and plan for M3/M4 overlaps and sudden loss of access to clinical training site(s)**; this depends completely on the deliberate, prospective identification described in the first bullet item.
- **Review the learning objectives of all clerkships**, including typical final-year clerkships such as emergency medicine and critical care, and **determine whether some objectives may have been met in another clerkship or clinical experience at another point in the student's curriculum** (Curriculum Committee).
- **Consider waiving elective graduation requirements to allow time and resources for completion of clinical requirements** (Student Advancement and Promotion Committee).
- **Be flexible and innovative** with the time and space of clinical encounters – **think longitudinally and qualitatively, not quantitatively**, about the clinical curriculum and be prepared to track each student's progress through it.
- **Grade consistently** across clerkships from a time certain and **ensure clarity on transcripts and in the MSPE**.