Clinical Experience: A Quick Guide

Clinical experience is another one of those boxes people know they need to check, but a lot of students end up doing hours that don't actually say much on an application. Here's how to think about it.

What actually counts as clinical experience

The general rule is that clinical experience means you're close enough to patient care to actually see or take part in it, not just walking through a hospital. Shadowing counts, since you're directly observing patient interactions with a physician. Working as an EMT, scribe, CNA, medical assistant, or phlebotomist counts, since you're actively involved in care. Volunteering in a role where you interact with patients, like at a free clinic, hospice, or ER, counts too. Anything where you're regularly present for patient care and can speak to what that actually looks like is fair game.

What doesn't really count, or counts much less: volunteering in a hospital gift shop, front desk, or admin role with no patient interaction. Sitting in a waiting room handing out paperwork. One-time or very occasional shadowing with no consistency. Clinical experience is judged a lot by proximity to the patient and how much you actually saw or did, not just that you had a hospital badge.

Choosing roles for direct contact, responsibility, and growth

Not all clinical roles give you the same level of contact or responsibility, so it's worth thinking about what you actually want out of it!

- **Shadowing** gives you the least responsibility but a wide view. You're watching a physician work, seeing patient interactions, and getting exposure to a specialty. It's a good starting point, especially early on, but it doesn't show you can handle any responsibility yourself, so it shouldn't be your only clinical experience.

- **Scribing** puts you in the room during patient visits, documenting the encounter in real time. You get a ton of exposure to how physicians think and communicate, and you start picking up medical terminology and workflow. It's more responsibility than shadowing since the physician is relying on your documentation, but you're still not doing hands-on patient care.

- **EMT, CNA, medical assistant, or phlebotomist work** puts you in direct, hands-on contact with patients. You're taking vitals, drawing blood, assisting with basic care, or responding to emergencies depending on the role. This is where you start building real responsibility and can speak to specific moments of patient interaction, not just what you observed.
- **Patient-facing volunteering** (hospice, free clinics, crisis lines, etc.) varies a lot in intensity, but the more direct the contact, the stronger it is. Sitting with a hospice patient or working a shift at a free clinic where you're actually talking to patients is worth a lot more than folding blankets in a supply closet.

The strongest applications usually combine a couple of these: something with real hands-on contact (like scribing or EMT work) alongside some shadowing across a few specialties to round out your exposure.

Building it into something meaningful

Like research, one semester of occasional shadowing doesn't build much of a story. What actually matters is showing up consistently over time, so you're not just observing once but seeing the same environment enough to actually understand it. It also matters whether you're taking on more responsibility as you go, like moving from purely observing to actively assisting in some way. And it helps to be able to speak to specific patients or moments, not just describe the setting in general terms.

When you talk about clinical experience later, the goal is to be able to say what you actually saw, what you were responsible for, and what it taught you about medicine, not just that you clocked a certain number of hours!