

CurrMIT LCME Clerkship Data Forms

CurrMIT LCME Self-Study Documentation

Clerkship Data Form

The following form is provided for your use in gathering information needed for your LCME site visit. The form has “Question” and “Response” areas for you to complete. The information is required by the LCME and is essential for our accreditation process.

General Instructions for completing this form:

1. Generally, the questions are in the left column and you will type your responses in the right column. Where multiple responses are possible per question or the question has a two-part answer, the responses will go in the left and right columns below the clarifying “headers” in bold.
2. If non-bold text has been added to the Response column, those exact terms are necessary in answering the question. Please do not delete this initial text and please do enter your additional response after that text.
3. Other instructions specific to a question are indicated in italics font.
4. Also complete the applicable Checklist Forms attached by the CurrMIT Administrator.
5. Submit this form and others as required in electronic or hand-written format to the CurrMIT Administrator per their instructions.

Question	Response
Clerkship Name	
Graduating Class Year	
Discipline (<i>Place an “X” under Response next to all Disciplines that apply</i>)	
Basic Sciences	
Organ Systems	
PBL/Case	
Other	
Clinical Discipline	
Course/Clerkship Option Type (<i>Place an “X” next to one of three below</i>)	
Required	
Elective	
Selective	
Sponsoring Department (<i>Enter department in left column and number of staff in right column</i>)	Number of Instructional Staff from this Department
Organizational Units Involved in Clerkship (e.g., physiology department, nursing school, library) with ongoing involvement in the course (<i>Enter department in left column and number of staff in right column</i>)	Number of Instructional Staff from these Organizational Units

Question	Response
Clerkship Name	
Clerkship Director(s) <i>(Add rows if necessary)</i>	
Number of Weeks	
Clerkship Start/Stop Times <i>(For clinical clerkships, indicate the full time during which the clerkship blocks are offered, e.g., Start: July, Year 3; End June, Year 3 OR Indicate start month and academic years for each block that one student might experience)</i>	
Clerkship Block Start Month	
Clerkship Block Start Academic Year	
Clerkship Block End Month	
Clerkship Block End Academic Year	
Describe or list the overall Clerkship Objectives and explain if they are taken from or based on objective established by national organizations or developed internally <i>(Note that Curricular Objectives are selected from the separate Curricular Objectives Worksheet)</i>	
Are these Clerkship Objectives written? <i>(Yes/No)</i>	Clerkship objective written?
Describe any specific clerkship objectives related to ethical issues or human values; include information about evaluation instruments used to assess the acquisition or demonstration of ethical behavior	Ethics, communication, or humanity objectives:
If resident physicians teach in the clerkship or otherwise supervise medical students, describe how they are informed about the clerkship objectives and prepared for their teaching role.	Resident prep:

Question	Response
Clerkship Name	
<p>If patient encounters are part of the clerkship, describe the process used to specify the number and kind of patients and the clinical settings needed to meet the clerkship objectives. Identify at what point during the clerkship individual students' clinical experiences are reviewed to assure that objectives are met, and list who conducts the review. Describe the mechanisms for establishing or modifying the number and kinds of patients and the clinical settings needed to meet the objectives for clinical education. Provide a summary of the criteria for patient experiences, level of student responsibility, and clinical setting. Describe how the adequacy of the number and variety of patient encounters are monitored and to assure that each student has the required experiences. List who is responsible for assuring that the number and variety of patient encounters are adequate.</p>	<p>patient encounter details:</p>
<p>If the clerkship is offered at more than one site, describe how faculty members at all sites are oriented to the objectives and grading system for the course</p>	<p>Alternative Site Orientation (a):</p>
<p>If the clerkship is offered at more than one site, how and how often individuals responsible for the course or clerkship at all sites communicate regarding planning, implementation, student evaluation, and course evaluation</p>	<p>Alternative Site Communication (b):</p>
<p>If the clerkship is offered at more than one site, describe faculty development activities related to teaching and evaluation skills that are available to instructional staff across sites</p>	<p>Alternative Site Faculty Development (c):</p>
<p>If the clerkship is offered at more than one site, describe mechanisms for review and sharing of student assessments of their educational experiences, student performance information, and any other data reflecting the comparability of learning experiences across sites. Note the specific kinds of data reviewed and the individuals or groups responsible for reviewing the information.</p>	<p>Alternative Site Student Assessments (d):</p>
<p>What methods are used in the clerkship to evaluate students' core clinical skills? How do you ensure that such evaluation occurs for all students?</p>	<p>Clerkship Quality:</p>

Question	Response
Clerkship Name	
List all contributors (as a comma-separated list rather than separate rows) to the final clinical evaluation of the clerk (full-time faculty, volunteer attending physicians, resident physicians, others).	Clerkship Contributors:
If the clerkship provides training in primary care, replace the “X” with the number of weeks in the response to the right.	Primary Care = X weeks
If NBME Shelf examinations are used, give the mean scores for the last three classes.	
Year	Score
Comment on the adequacy of faculty (full-time, part-time, and volunteer), patients, and other resources for this clerkship.	
Provide a summary of student feedback on the clerkship (and any other available evaluation data) for the past two years. Note if the clerkship is new or significantly revised. If problems have been identified by student evaluations or other data, describe how they are being addressed.	
Identify major successes in the course and problems to be overcome.	

Clerkship Rotation/Site Form Instructions

The following form is provided for your use in gathering information needed for your LCME site visit. The form has “Question” and “Response” areas for you to complete. The information is required by the LCME and is essential for our accreditation process.

General Instructions for completing this form:

1. Complete one of these forms for each rotation or rotation/site combination. For example, within a Surgery clerkship, there may be the following rotations (necessitating six separate Rotation/Site Sessions):
 - General Surgery – ABC Hospital
 - Cardiac Surgery – ABC Hospital
 - Pediatric Surgery – ABC Hospital
 - Pediatric Surgery – DEF Pediatric Hospital
 - Gynecologic Surgery – ABC Hospital
 - Gynecologic Surgery – GHI Women’s Hospital
2. Generally, the questions are in the left column and you will type your responses in the right column. Where multiple responses are possible per question or the question has a two-part answer, the responses will go in the left and right columns below the clarifying “headers” in bold.
3. If non-bold text has been added to the Response column, those exact terms are necessary in answering the question. Please do not delete this initial text and please do enter your additional response after that text.
4. Other instructions specific to a question are indicated in italics font.
5. Also complete the applicable Checklist Forms attached by the CurrMIT Administrator.
6. Submit this form and others as required in electronic or hand-written format to the CurrMIT Administrator per their instructions.

Clerkship Rotation/Site Form

Question	Response
Clerkship Name	
Name of Rotation and Site <i>(Include both rotation and site name, even if site is the same across all rotations)</i>	
Graduating Class Year	
Rotation or Session Administrator(s) <i>(Add rows if necessary)</i>	
Contact Hours	
Rotation Type <i>(this may alternatively be indicated by selecting the applicable educational method from the Educational Method Checklist)</i>	
Describe or list the specific rotation (or session) objectives. <i>(Note that Curricular Objectives are selected from the separate Curricular Objectives Worksheet)</i>	
For each rotation in which students acquire any of the following skills or understanding, describe how learning is accomplished or how students acquire these skills. <i>(These should be listed as four separate responses by adding text to the columns to the right.)</i>	Ability to learn through self-directed, independent study is achieved by or through:
	Skills of critical judgment based on evidence are achieved by or through:
	Skills of medical problem solving are achieved by or through:
	Understanding of societal needs and demands on health care is achieved by or through:
For each rotation or session where students participate in required laboratory exercises (real or simulated) that oblige them to make observations of biomedical phenomena and collect or analyze data, describe how learning is accomplished.	
Are clinical skills observed? <i>(Yes/No)</i>	
Is mid-clerkship feedback given? <i>(Yes/No)</i>	
Number of faculty involved in this rotation	
Number of residents involved in this rotation	
Number of students in this rotation	
Number of hours per week of conference	
Number of hours per week of faculty teaching rounds	
Number of hours per week of lecture	

Question	Response
Clerkship Name	
Name of Rotation and Site <i>(Include both rotation and site name, even if site is the same across all rotations)</i>	
Do residents participate in teaching this rotation? <i>(Yes/No)</i>	
Number of established patients per week	
Number of new patient workups per week	
Are patient logs kept for this rotation? <i>(Yes/No)</i>	
Have quantified criteria for the number and kinds of patients been defined? <i>(Yes/No)</i>	
Number of Ambulatory/Outpatient sites	
Number of Inpatient care sites	