

**Caribbean Accreditation Authority
for
Education in Medicine
and other
Health Professions**

2007

DATABASE FORM

for

REQUIRED COURSES and CLERKSHIPS

CAAM REQUIRED COURSE FORM

Academic Year _____

Course title:	
Department (s) or unit (s):	
Name of course director:	

Departments with ongoing involvement in the course, and the number of faculty members from each department:

Department (s)	Number of Faculty Involved

1. Course Objectives

a. Are there written objectives for the course? (check)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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b. Summarize the objectives/content areas covered in the course.

c. If graduate students, postdoctoral fellows in the biomedical sciences, or residents teach in the course (as lecturers, small group facilitators, laboratory instructors), describe how they are informed about the course objectives and prepared for their teaching role.

d. If the entire course is taught at more than one site (e.g., at geographically separate campuses), describe how faculty members at all sites are oriented to the objectives and grading system.

2. Instructional Formats

Provide the time devoted to each of the instructional formats listed:

Instructional Format	Scheduled Hours
Lecture	
Laboratory	
Small-group discussion	
Patient contact or Clinical skills development	
Computer-based learning	
Other (describe)	
Examination/Student evaluation	
Total	

3. Methods for Evaluating Student Performance

a. Course examinations:

Number of course examinations			
For credit:		Not-for-credit:	

b. Give the mean examination scores for the last three classes:

Year:			
Score:			

c. Indicate all the formats that are used in examinations and other measures of performance that students must take for credit: (check)

<input type="checkbox"/>	Multiple-choice, true/false, matching questions	<input type="checkbox"/>	Laboratory practical
<input type="checkbox"/>	Fill-in, short answer questions	<input type="checkbox"/>	Problem-solving exercises
<input type="checkbox"/>	Essay questions	<input type="checkbox"/>	Papers or oral presentations
<input type="checkbox"/>	Oral exams	<input type="checkbox"/>	Other (describe)

d. Indicate the contribution of each of the following to a student's final grade: (sum should add to 100%)

Internal Written exams	Laboratory practical exams	NBME subject exam	Faculty/resident ratings	OSCE or SP exam	Paper or oral presentation	Other* (describe below)

- e. Is there a narrative evaluation submitted in addition to the course grade? (check)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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4. Course Outcomes/Evaluation

- a. Comment on the adequacy of faculty and other resources to teach the course (e.g., educational space, computer hardware and software, support personnel).
- b. Provide a summary of student feedback on the course (and any other available evaluation data) for the past two years. If the course is new or significantly revised, provide evaluation data for the new version of the course only. If problems have been identified by student evaluations or other data, describe how they are being addressed.
- c. Identify major successes in the course and problems to be overcome.

CAAM REQUIRED CLERKSHIP FORM

Academic Year -----

Clerkship title:					
Sponsoring department or unit:					
Name of clerkship director:					
Duration (total no. of weeks):					
Offered in:	(check)		Year Three		Year Four

1. Instructional Site Characteristics

Major Teaching Sites

(List Sites)					
(Indicate Setting: I = inpatient; A = ambulatory)					
No. Students/Rotation					
No. Faculty/Rotation					
No. Residents/Rotation					
Educational Sessions					
Lecture (Hrs/Wk)					
Conference (Hrs/Wk)					
Faculty Teaching Rounds (Hrs/Wk)					
Residents Participate in Teaching (Y/N)					
Average Patient Volume					
No. New Work-ups/Wk					
No. Established Patients Followed/Wk					
Patient Log Kept (Y/N)					
Student Evaluation					
Mid-clerkship Feedback Given (Y/N)					
Students Observed Performing a H&P (Y/N)					

2. **Rotations**

a. List the required rotations that are part of the clerkship, and the average amount of time spent in each (if there are variations across sites, provide a range).

b. What is the average percentage of clerkship time spent in an ambulatory setting?

3. **Clerkship Objectives**

a. Are there written objectives for the clerkship?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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b. Describe the process used to specify the number and kind of patients and the clinical settings needed to meet the clerkship objectives.

c. If resident physicians teach in the clerkship or otherwise supervise medical students, how are they informed about the clerkship objectives and prepared for their teaching role?

d. How are faculty members across instructional sites oriented to the clerkship objectives and the evaluation system?

4. **Methods for Evaluating Clerk Performance**

a. Describe the methods used to evaluate students' clinical performance (e.g., observation by faculty or resident physicians, OSCE, standardized patient exam).

b. List all contributors to the final clinical evaluation of the clerkship (full-time faculty, volunteer attending physicians, resident physicians, others).

c. Give mean scores of clerkship examinations for the last three years.

Year			
Score			

d. Indicate the contribution of each of the following to a student's final grade: (sum should add to 100%)

Internally Developed Written Exams	Oral Exam or Presentation	Faculty/Resident Observation	OSCE or SP Exam	Other* (Describe below)

e. Is a narrative evaluation of student performance submitted in addition to the clerkship grade?

Yes		No	
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5. **Clerkship Outcomes/Evaluation**

a. Comment on the adequacy of faculty (full-time, part-time, and volunteer), patients, and other resources for this clerkship.

