Purpose: To further define the curriculum map for the Trinity Medical Sciences University School of Medicine (TMSU-SOM) and to better document the development of students’ clinical skills, the faculty developed a clear expectation for the introduction of skills and level of mastery. At the end of five clinical terms, student skills were assessed in an objective structured clinical examination and a summary report was provided to the clinical chair of the first clerkship. Methods: A review of the clinical skills curriculum provided a list of skills introduced and assessed either as formative or summative assessments. Students documented practice of these skills during pre-clerkship terms in a skills log. Skills were mapped as “introduced/practiced” and “expected to perform.” Clinical clerkship chairs participated in mapping expectations for clerkships. The map was reviewed annually. An Individual Clinical Skills Assessment form was developed to provide information to clinical chairs as students entered clerkship training. Results: The Skills Map provided a clear expectation for students and was included in each course’s master syllabi. Students acknowledged increased transparency on expectations. Among pre-clerkship clinical faculty, the map provided improved reproducibility of expectations during terms and for the two-year evaluation of students. The Clinical Skills Assessments provided clinical chair with insight into each starting student and led to better alignment of students with preceptors. Assessment outcomes could also be used in letters of reference and the assessments used for the Medical Student Performance Evaluation. Conclusion: Developing a clear and progressive expectation of skills development provides repetitiveness needed leading to competency. The benchmarks provided transparency for assessment which students appreciated. The Clinical Skills Assessments were well received by clinical faculty.

At the end of Term 5, clinical faculty reviewed the evaluations of students during the five terms. Students participated in clinical rotations pre-clerkship training. Where possible, objective data were provided with class means. The Individual Clinical Skills Assessment was forwarded to the Family Medicine Clerkship Chair before the student began clerkships.

Discussion

Clinical skills development is a competency embedded within several ACGME competencies. Students must possess satisfactory skills in order to perform well in patient care settings. However, tracking relevant skills in pre-clerkship training horizontally through the curriculum was not being done methodically at TMSU-SOM. The process undertaken by the faculty, clearly defined what was being introduced to students where in the curriculum in relation to other courses and clerkships. It also clearly indicated to students expectations of practicing the skills for formative feedback during courses and when the skills would become part of a summative feedback and students were expected to perform skills.

Feedback from the Family Medicine chair indicated that having the hand-over assessment made it easier to better match students with preceptors to provide optimal learning teams.