STFM National Clerkship Curriculum

ScholarOne Submission Template Worksheet

\**This worksheet is intended to assist authors with their preparation of their NCC Curriculum Submission. All area marked with \* are required fields. All Final content MUST be submitted through* Scholar One *site.*

*Please note that you can also work directly in the Scholar One online platform and save as you go until your work is completed and ready to submit.*

Step 1: Type, Title & Abstract

\*Type

|  |  |
| --- | --- |
| Choice | TYPE |
| • | NCC Curricular Materials |

\*Title

\*Abstract

Describe the curricular material in 200 words or less. This brief description will be the first thing readers see. Write it so that the reader can judge whether the curricular material s will be useful to their institutional setting. Please include the name of your institution and summary of the clerkship structure (i.e.: six-week required MS3 FM Clerkship), overview of the curriculum, contents of your curricular submission (including appendices) and any objectively documented learning outcomes.

Step 2: National Clerkship Curriculum: Curricular Focus

*The STFM National Clerkship Curriculum is divided into five sections, each with its own focus. To learn more about each focus, please click* [*here.*](http://www.stfm.org/Resources/ResourcesforMedicalSchools/STFMNationalClerkshipCurriculum/CurriculumContentandCompetencies)

Choose the curricular focus that best describes the content of your submission. After selecting a focus, please click “Save & Continue.” You may select more than one.

\*Curricular Focus

|  |  |
| --- | --- |
| □ | Principles of Family Medicine |
| □ | Core Presentations for Acute Care |
| □ | Core Presentations for Chronic Diseases |
| □ | Health Promotion & Disease Prevention |
| □ | Role of Family Medicine |

\*Step 3: Authors & Institutions

*You will be able to add authors that are current Scholar One users. If they are not currently registered with Scholar One, you will be asked to “*Create a New Co-Author”.

|  |  |  |
| --- | --- | --- |
| Author Name | Email Address | Institution (Name, Department, Country, State, Phone #) |
|  |  |  |
|  |  |  |
|  |  |  |

Step 4: Details & Comments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Understandings & Confirmations (you must check all boxes)**  |
|  **\*** I understand that I will be required to review my submitted curricular materials every 3 years to ensure they are up to date.  |
|  **\*** I understand that if I become aware of a change in medical evidence or practice that significantly affects the content of my curricular materials, that I will update immediately rather than wait for the 3-year cycle.  |
|  **\*** I understand that I must own or have written permission to use any graphs, charts, photos, videos, etc. that I have included in this submission.  |

 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **\* Has this curricular material been published elsewhere?**  |
|  Yes  |
|  No  |
|  If yes, where?   |
| *(Note: If your curricular materials are accepted, you will have to provide permission to reprint from the entity where previously published)*  |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **\* Disclosure of Financial Relationships**  |
|  None of the authors or their immediate family have a financial relationship or interest in any commercial interest producing health care goods or services consumed by or used on patients.  |
|  One or more of the authors have or a member of their immediate family have a financial relationship or interest in any commercial interest producing health care goods or services consumed by or used on patients.  |
| If you checked B above, please list all entities and nature of relationship with each, e.g., research grants, stock or bond holdings, employment, ownership or partnership, consulting fees, other remuneration (honoraria, travel expenses, etc)  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| **\* Clerkship Structure**  |
| Please provide a brief description of the structure of the clerkship in which the curricular materials have been used. Be sure to include items such as length of clerkship, timing of clerkship in overall medical school curriculum, number of students completing clerkship each year, number of clinical sites, clinical settings in which clerkship students are placed, etc.  |
|     |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| **\* National Clerkship Curriculum Objectives Addressed**  |
| List objectives in the STFM National Clerkship Curriculum that your curricular materials are designed to achieve. The student objectives must be listed using the identical wording to the objectives listed in the [STFM Family Medicine National Clerkship Curriculum](http://www.stfm.org/LinkClick.aspx?fileticket=upiiuNFp3Vc%3d&tabid=17603&portalid=49) form. If your submission addresses objectives in more than one section, please organize the objectives by curricular focus.  |
|     |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| **Association of American Medical Colleges Entrustable Professional Activities Addressed**  |
| Please list all AAMC Entrustable Professional Activities for Entering Residency that are addressed by your curricular materials. A full description of the AAMC EPAs can be found [here](https://members.aamc.org/eweb/upload/Core%20EPA%20Curriculum%20Dev%20Guide.pdf).  |
|     |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| **\* Program Content and Educational Methods**  |
| Please describe the educational activities and methods used to teach your curricular materials. Please include setting and timing with which your activities take place and pertinent support materials used.  |
|     |

 |

|  |  |
| --- | --- |
|

|  |
| --- |
| Please match your educational methods with those listed below in accordance with the National Clerkship Curriculum. These methods are described in more detail [here](http://www.stfm.org/Resources/ResourcesforMedicalSchools/STFMNationalClerkshipCurriculum/EducationalMethods).  |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Click all that apply:**  |
|  Experiential Learning  |
|  Small Group Sessions  |
|  Simulation/Standardized Patients  |
|  Skill Development Sessions  |
|  Case-Based Learning  |
|  Self-Study  |
|  Reflection  |
|  Products and Projects  |
|  Other  |
| If Other, please specify:  |
|     |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| **Assessment Strategies to achieve outcomes**  |
| **\*** Please describe below the assessment methods for each of the targeted objectives.  |
|     |

 |

|  |  |
| --- | --- |
|

|  |
| --- |
| Please match your strategies with those listed below in accordance with the National Clerkship Curriculum. Those strategies are described in more detail [here](http://www.stfm.org/Resources/ResourcesforMedicalSchools/STFMNationalClerkshipCurriculum/AssessmentStrategies).  |

 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Click all that apply:**  |
|  Student Assessment & Evaluation (Are your students learning?)  |
|  Overall Clerkship Evaluation & Improvement (Is your clerkship meeting all of its objectives?)  |
|  Faculty Development for Educational Evaluation (What evaluation design tools are needed?)  |
|  Developing an Educational Research Program (Applying research to your clinical programs)  |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| **\* Lessons Learned**  |
| Please describe the lessons learned, barriers and facilitators to curricular implementation, description of program evaluations completed or planned, and description of scholarly products produced or planned as a result of the curricular materials.  |
|     |

 |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| **\* Explanation of Appendices**  |
| Clearly describe for someone who is not familiar with your curricular materials about how each of your appendices should be used. Label the appendices A, B, C, etc. In the description, please refer to these labels as you describe each Appendix. Examples of useful appendices include copies of evaluation and instructional tools used in the curricular materials.  |
|    |

 |

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| **\* References**  |
| References  |

 |

  |

 |

|  |
| --- |
| **\* Video**  |
|  My curricular materials include a video  |
|  Please specify URL location:   |
|  My curricular materials do not include a video  |

Step 5: File Upload

*You will be asked to upload your appendices and supporting documents. For each file, you must designate its place in your curricular materials (Curriculum, appendix, Supplemental file). Ideally, the format you upload is something that future consumers of your curriculum can modify and make their own (modifiable pdf, Word, Excel, etc.) All files to be uploaded must be described in “Explanation of Appendices” section above.*

Step 6: Review & Submit

*You will be asked to review your submission. Once you are confident of your draft, you must click “View PDF proof.” You must review the pdf proof prior to final submission. Once submitted, you will receive communication from the NCC Editorial Board via email through Scholar One.*