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A B S T R A C T S

Jefferson Longitudinal Study of Medical Education

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JEFFERSON MEDICAL COLLEGE

Center for Research in Medical Education and Health Care

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This book is dedicated to her.

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Cover illustration depicts the triple roles of physicians as clinicians, educators, and managers.

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INTRODUCTION

INTRODUCTION

History and Purpose of the Jefferson Longitudinal Study of Medical Education

Medical schools have a social responsibility to monitor the quality of their educational product. In particular, they are obligated to evaluate the effect of any change in the system of medical education (e.g., admissions policies, curriculum, evaluation standards). Assessment of educational outcomes must use empirical data based on a scientific methodology rather than anecdotal observations and personal opinion. Thus, outcome assessment of programs calls for a longitudinal study design that allows for the examination of changes from the beginning of undergraduate medical education, through completion of graduate medical education, and throughout the professional career. This was the spirit in which the Jefferson Longitudinal Study of Medical Education was initiated.

When the Jefferson Longitudinal Study of Medical Education was implemented in 1970, it was envisioned that a comprehensive longitudinal database of medical students and graduates could serve as a valuable source of information. Development of the plan was based on the notion that medical schools have a responsibility to evaluate their own graduates to assure the quality and effectiveness of their educational programs. The Study was implemented at a time when medical education research was still in its infancy and when most other medical schools were not eager to invest resources in such a huge undertaking, which promised few immediate rewards. The title of “longitudinal study” was chosen because of the intention to follow every student from medical school throughout one’s entire professional career.

Throughout the early 1970s, data on demographics, premedical academic performance, and performance measures in medical school were retrospectively collected for students who entered Jefferson Medical College beginning in 1964. The database expanded beginning with the entering class of 1966 (graduating class of 1970) to include measures of clinical competence at Jefferson and after graduation at the end of the first residency year. During the early phases, both retrospective data (for graduates prior to 1970) and prospective data (for students and graduates enrolled in 1970 and thereafter) were maintained in one comprehensive database. This database at the present time contains over 4 million pieces of data on more than 9,000 students and graduates. We believe it to be the most comprehensive, extensive, and uninterrupted database of medical students and graduates that is routinely updated and maintained in a single medical school. The Center for Research in Medical Education and Health Care at Jefferson is the headquarters of the Jefferson Longitudinal Study. Only authorized members of the professional staff of the Center have access to the longitudinal database. Recently, more medical schools than ever before have inquired about our Longitudinal Study, requesting copies of the questionnaires and information about how to set up a longitudinal study. Such outside interest indicates that the Jefferson longitudinal study can serve as a prototype for other medical schools’ longitudinal studies.

Recently the Accreditation Team that reviewed Thomas Jefferson University for the Middle States Commission on Higher Education for the University praised the Jefferson Longitudinal Study and made the following comment: “The Center for Research in Medical Education and Health Care and the Jefferson Medical College are to be commended for their academic interest in outcome data, responsiveness to faculty and department needs and the clear use of data to modify the curriculum and teaching environment...The Center for Research in Medical