Medical Education Committee
Review of Surgery Clerkship

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DMS IV Curriculum Representative
Outline of Presentation

• Course structure
• Survey ratings
• Narrative- strengths and weaknesses
• Recommendations
Course Structure

• One day orientation

• 6 weeks on one service
  – Gen @ DHMC, Gen @ VA, Vascular, CT, Trauma/Consult, Min invasive, Peds, Surg Onc, (and now Concord)
  – Weekly didactic sessions
  – Weekly communication sessions
  – Call: 6-8x/block
  – Assignments: Pt write-ups, case presentation

• Final three days for testing
  – Shelf exam
  – Department exam
  – Oral exam
## General Characteristics

<table>
<thead>
<tr>
<th>Question:</th>
<th>Overall Quality</th>
<th>Career Planning Value</th>
<th>Patient Volume</th>
<th>Variety of Dx</th>
<th>Hands on Skills Opp.</th>
<th>Value of Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Year</td>
<td>3.72</td>
<td>3.90</td>
<td>3.71</td>
<td>3.22</td>
<td>3.29</td>
<td>3.25</td>
</tr>
<tr>
<td>Last Year</td>
<td>3.94</td>
<td>4.09</td>
<td>3.78</td>
<td>3.61</td>
<td>3.42</td>
<td>3.72</td>
</tr>
</tbody>
</table>

1=Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent

Conclusions:
1. Most students satisfied with surgery experience
2. Slight decrease in values compared to last year
3. Large range of experience in comparing services
### Orientation & Communication Skills

<table>
<thead>
<tr>
<th>Question</th>
<th>Did Orientation Prepare for Clerkship?</th>
<th>Communication Skills Adequately Tested?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Year</td>
<td>44% Yes/56% No</td>
<td>88% Yes</td>
</tr>
<tr>
<td>Last Year</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Conclusions:**
1. Students dissatisfied with orientation
2. Students felt adequately tested in communication skills
Facilitating Learning

<table>
<thead>
<tr>
<th>Question:</th>
<th>Amount of Didactics</th>
<th>Quality of Didactics</th>
<th>Clarity of Grading Policy</th>
<th>Quality of Syllabus</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Year</td>
<td>68% Just Right</td>
<td>3.29</td>
<td>3.09</td>
<td>2.84</td>
</tr>
<tr>
<td></td>
<td>25% Too little</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Year</td>
<td>84% Just Right</td>
<td>3.79</td>
<td>3.74</td>
<td>3.83</td>
</tr>
<tr>
<td></td>
<td>14% Too Little</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Conclusion:
All ways of facilitating learning were less well received this year
## Feedback to Students

<table>
<thead>
<tr>
<th>Question:</th>
<th>Received Ongoing Feedback</th>
<th>Received Midpoint Feedback</th>
<th>Received Final Feedback</th>
<th>Willingness to Offer Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Year</td>
<td>65% Yes</td>
<td>100% Yes</td>
<td>51% Yes</td>
<td>3.29</td>
</tr>
<tr>
<td>Last Year</td>
<td>69% Yes</td>
<td>65% Yes</td>
<td>58% Yes</td>
<td>3.45</td>
</tr>
<tr>
<td>Range by Service/Site</td>
<td>43% - 80% Yes</td>
<td>100% Yes</td>
<td>21% - 90% Yes</td>
<td>2.71 – 3.67</td>
</tr>
</tbody>
</table>

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### Conclusions:
1. Every student received midpoint feedback!
2. Some services better than others at giving feedback
Feedback to Students/Teaching

<table>
<thead>
<tr>
<th>Question:</th>
<th>Observed H&amp;P</th>
<th>Resident Director of Learning Able to Assist</th>
<th>Feedback from Resident Director of Learning</th>
<th>Contacted by Resident On Call and Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Year</td>
<td>51% Yes</td>
<td>90% Yes</td>
<td>68% Yes</td>
<td>99% Yes</td>
</tr>
<tr>
<td>Last Year</td>
<td>65% Yes</td>
<td>90% Yes</td>
<td>78% Yes</td>
<td>95% Yes</td>
</tr>
<tr>
<td>Range by Service/Site</td>
<td>14% - 86% Yes</td>
<td>77% - 100% Yes</td>
<td>50% - 100% Yes</td>
<td></td>
</tr>
</tbody>
</table>

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Conclusions:
1. Observed clinical skills competency requirements should improve the low amount of observed H&P’s
2. Some services better than others at giving feedback
## Day-to-Day Teaching

<table>
<thead>
<tr>
<th>Question:</th>
<th>Attending Teaching Quality</th>
<th>Resident Teaching Quality</th>
<th>Attending Enthusiasm</th>
<th>Resident Enthusiasm</th>
<th>Availability of Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Year</td>
<td>3.79</td>
<td>3.78</td>
<td>3.79</td>
<td>3.83</td>
<td>3.48</td>
</tr>
<tr>
<td>Last Year</td>
<td>3.83</td>
<td>4.06</td>
<td>3.76</td>
<td>4.07</td>
<td>3.63</td>
</tr>
<tr>
<td>Range by Service/Site</td>
<td>3.00 – 4.38</td>
<td>3.00 – 4.14</td>
<td>2.67 – 4.30</td>
<td>2.86 – 4.36</td>
<td>3.00 – 4.13</td>
</tr>
</tbody>
</table>

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**Conclusions:**
1. Overall teaching quality is Very Good
2. Large variation among services
Course Director and Coordinator

<table>
<thead>
<tr>
<th>Question</th>
<th>Director #1</th>
<th>Director #2</th>
<th>Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Year</td>
<td>3.40</td>
<td>3.75</td>
<td>3.61</td>
</tr>
<tr>
<td>Last Year</td>
<td>3.77</td>
<td>4.07</td>
<td>4.35</td>
</tr>
</tbody>
</table>

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Conclusion: Lost a great coordinator in the middle of this year
Narrative- Strengths

• Quality of Teaching
  – Attendings: “The attendings and residents were excellent teachers and served as great mentors throughout the rotation.”
  – Residents: “The residents are an unbelievable strength to this rotation. They were supportive of me when I was slow to understand a concept, and generous with their time despite having incredibly busy schedules.”
  – Didactics: “Didactic sessions (were) very enlightening and informative.” “Didactics were key. I think linking those principles of surgery together in weekly conferences was very helpful.”

• Suturing Workshop

• Call
  – “I thought call was amazing,” I learned a ton on it as the residents that were on were fantastic.
  – “(Call) gives valuable trauma and gen surgery experience to those not on those services.”
Narrative- Weaknesses

• Orientation
  – "Orientation could have been a bit more comprehensive: where things are, a meeting with your resident/attending in the beginning."
  – "I would prefer if all of the binder contents were also made available online."

• Expectations
  – "Unsure of role for first few weeks and confused by new changes in schedule."
  – "I didn't know what to do/expect from this rotation. It was a bit difficult to start off in something not knowing what you are doing or what you should be doing. It would be nice if a bit more guidance and feedback was provided."
Narrative- Weaknesses

• Clarity of assignments
  – “Assignments should be more clearly elucidated in the orientation material. Any useful info about assignments was scattered throughout our orientation packet and caused significant confusion among students.”
  – “It also would have been nice to have clearer instructions for the case presentation - it didn't seem like we understood what the expectations were for how the presentation should be formatted (powerpoint or not, interactive with questions or more formal, etc.), and each attending (Dr. Burchard, Dr. Henriques, and Dr. Rhynhart) had a very different style of running the sessions.”
  – “The expectations for our weekly write-ups were never clear (daily progress notes? something else?)…”
Narrative- Weaknesses

• Didactics/Preparation for Shelf
  – “A set of answers for the didactics would be helpful…”
  – Didactics were not run in a consistent way (sometimes the cases were covered thoroughly, some were virtually skipped) and the atmosphere was stressful, which made learning suboptimal.
  – “The didactic sessions could benefit from an added hour of lecture each week by faculty on various topics not covered in other areas. Most of the learning in this clerkship was done on the floor and in the OR but it would benefit from some more formal teaching.”
  – A didactics teaching session with radiology would have been incredibly useful (we could have easily swapped out a communications talk for a radiology talk).
Narrative- Weaknesses

• Professionalism/communication Sessions
  – “I thought there was too much time in this short rotation devoted to communication/professionalism. Much of that time was spent watching unhelpful “ER” clips.”
  – “Suggestions for improvement: how to break bad news, how much to disclose to family members over the phone before they arrive at the hospital, our role as med students in disclosing information to patients vs. deferring to doctors, or how to work effectively with interpreters.”
  – Professionalism assignment similar to Medicine clerkship requirement
Narrative- Weaknesses

• Call
  – “Too much call, with no post call day.”
  – “Working throughout the entire post-call day is counter-productive to our education in that we can't learn on no sleep… I agree that this is an important part of our training in preparation for residency, but since we're training for residency, it doesn't make sense to have us stay longer than residents.”
  – “Call was generally a good experience, but it didn't seem fair that our classmates who took surgery earlier in the year were on q6 and we were on q4 - consequently we were much more exhausted (and had less study time) during this rotation!”
  – “Need more built-in time to prepare for the all-encompassing shelf-exam.”
Narrative- Weaknesses

• Length of rotation
  – “The clerkship is too short, 6 weeks is not enough time to get a real grasp for the material and there is no (formal) exposure to the other services and thus I feel one misses out on a “big picture” experience in their surgical clerkship at DMS.”

• Organization of rotation
  – “The rotation experience would benefit with broader exposure to other teams. Splitting the rotation into two three week blocks, or two and four week blocks, would have helped.”
  – “Students should have 3 weeks of general surgery and 3 weeks of a specialty service.”
  – “…I know there is an argument for spending a longer time with attendings and a resident team; however, as students we get a very narrow exposure to surgery and surgical issues, which I think will negatively impact us on national exams that cover all aspects of surgery (i.e. the shelf).”
  – “Very limited variety of diagnoses, post-op and surgical management issues on (one) service.”
  – “Nights on call also did not help this deficit in exposure…”
Course Evaluation Improvements

• Feedback for specific attendings

• Quality of communication sessions

• Assignments
Recommendations

• Excellent teachers in the dept
  – Make the experience more consistent among services

• Orientation, expectations, & clarity of assignments:
  – Revamp syllabus to improve clarity
  – Make same materials available on Blackboard

• Professionalism sessions:
  – Decrease time spent and improve content

• Didactics:
  – More didactics, run consistently, answers available, radiology

• Call
  – Consider having a post-call day similar to other clerkships- Allows time for studying
  – Consistent # of calls for each block

• Course organization
  – 2 services, ideally one general surgery experience

• Length
  – More surgery experience