The following slides contain a template that illustrates the general format used for a Y3 or Y4 clerkship review. In the “notes” section of some slides there are further instructions to clarify what is needed for a particular section of the review.

The components of the review are:
1. revisit prior action plan and investigate progress
2. assess course objectives including essential skills / diagnoses
3. evaluate planned/unplanned redundancy
4. assess pedagogy
5. evaluate assessment of course objectives
6. review measures of quality (e.g. course evaluations)
The Deans of the appropriate year, or their agents, will serve as the team leader for each course review. The responsibilities of the team leader are:

1. Assign tasks to the faculty and student team members and convey deadlines for when the work needs to be done.
2. Recruit members for the review team if necessary (typically team members will be assigned by the MEC).
3. Contact the clerkship director to arrange a meeting with the team to discuss the clerkship; inform the clerkship director of the date the review will be presented at the MEC meeting so they can put it on their calendar/indicate availability.
4. Collect all the work completed by the team members and collate into one PowerPoint presentation; collect the action plan from the clerkship director and insert it at the end of the slides; send the slides to Rachel 2 weeks before the MEC meeting.
5. Present the final recommendations of the subcommittee at the MEC meeting (last few slides)
Review of Year 3 Medicine Clerkship

• Clerkship occurs in Year 3
• Clerkship Director—Hilary Ryder
  – Site Directors—Campbell Levy, Amanda Ratliff, Kathleen Vanier
• Sites used
  – DH, VA, CPMC
• Clerkship is 8 weeks long
• Clerkship was last reviewed in May 2014
Review Team

• Kelly Kieffer, MD – Vice Chair for Education, Medicine
• Harley Friedman, MD – Residency Program Director, Medicine
• Eugene Nattie, MD – GAME member
• Greg Ogrinc, MD, MS – SADME, GAME member
• John Dick, MD – OCE, GAME Member
• Alison Ricker, OCE
• Lynn Symonds, Medicine Student, MEC member
Action Plan from Prior Review

- Alter course objectives to better represent conditions stressed in inpatient medicine - **Done**
- Alter essential clinical conditions for the clerkship to better represent clinical conditions stressed in inpatient medicine – **Done**
- Alter essential clinical skills to better represent clinical skills stressed in inpatient medicine - **Done**
- Create a structured assessment of Admission H&Ps – **Done**... Should this be successful we will consider creating a similar assessment of SOAP notes.
- Created a structured mini-CEX focusing on communication skills to facilitate more helpful feedback – **Done**
- Change grading scheme for the clerkship to make the grade more transparent – **Done**
- Create an hour-long small group interactive session on High Value Health Care. See attachment “HVC Curriculum Geisel IM.” – **Done**
- Change attending schedules at DHMC so that students on average will spend two weeks with each attending on the hospital medicine service - **Done**
Action Plan from Prior Review

- Reinforce resident and faculty preparation for students at CPMC – Done.
  - the residents and faculty annually receive an oral presentation describing the 14 course-specific objectives, the RIME paradigm for grading and the components of medical student grades. At CPMC the 14 course-specific objectives and a “guide to working with medical students” are distributed by email to faculty and residents each time they work with a medical student. The “guide to working with medical students” goes through the RIME model and reiterates expectations as directly outlined in Geisel’s educational objectives.
# Course Objectives

<table>
<thead>
<tr>
<th>Course Objective</th>
<th>How Student is Assessed</th>
<th>Learning Activity</th>
</tr>
</thead>
</table>
| **1** Apply appropriate biomedical science knowledge developed from relevant, evidence-based literature to the delivery of medical care of patients with acute medical conditions. | Performance Evaluations
Shelf Exam
Case Discussions
Write Ups
Student Presentation
NBME exam                               | Wards
SIMPLE
Morning Report
Case Discussions
Write Ups
Student Presentation                    |
| **2** Describe the presentation, diagnosis and management of common acute medical conditions with particular focus on the “essential conditions” assigned to the medicine clerkship. Work up for and explain the treatment for the most common inpatient diagnoses including chest pain, arrhythmia, CHF, COPD, PNA, PE/DVT, altered mental status, acute pain crisis, electrolyte abnormalities, acute diabetic complications, GI bleeding, pancreatitis, Acute Kidney Injury, cellulitis, SIRS/sepsis, UTI, cytopenias, common malignancies. | Performance Evaluations
Write Ups
Case Discussions
NBME exam                               | Wards
SIMPLE
Write Ups
Case Discussions
Intern Report                          |
| **3** Interview patients skillfully, including a comprehensive history.          | Performance Evaluations
Skills Form                                         | Wards
SIMPLE                                              |
| **4** Demonstrate complete and focused physical examine of patients, with appropriate attention to skill, cleanliness, infection control and patient comfort and privacy. | Performance Evaluations
Skills Form                                         | Wards
PE Rounds                                          |
| **5** Define and prioritize the patient’s problems accurately and generate an appropriate differential diagnosis for patients with common acute medical diagnoses. | Performance Eval
Case Discussion
NBME                                               | Wards
Case Discussion
Morning Report
SIMPLE
Formal Oral presentation to Teaching Resident (Junior Medicine Resident) with structured feedback |
| **6** Interpret without assistance common abnormalities and urgent findings on common diagnostic tests and studies including chest x-rays, EKGs, complete blood counts and chemistry panels, gram-stain/culture results. | Performance Evaluations
Case Discussions
EKG/CXR tutorial
NBME exam                                | Wards
Case Discussions
EKG/CXR tutorials
SIMPLE                                  |
### Course Objectives

<table>
<thead>
<tr>
<th></th>
<th><strong>Course Objectives</strong></th>
<th><strong>Performance Evals</strong></th>
<th><strong>Wards</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Communicate effectively with patients and families, establish mutually respectful</td>
<td>Performance Evals Skills Form</td>
<td>Wards Case Discussions Professionalism</td>
</tr>
<tr>
<td></td>
<td>relationships, and show ability to help patients understand treatment options.</td>
<td></td>
<td>session</td>
</tr>
<tr>
<td>8</td>
<td>Communicate effectively with patients and families of different various social,</td>
<td>Performance Evals</td>
<td>Wards Professionalism session</td>
</tr>
<tr>
<td></td>
<td>economic and cultural backgrounds or when special needs or barriers to communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>exist, around individual factors that impact health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Communicate effectively and collegially with physician colleagues and other members</td>
<td>Performance Evals</td>
<td>Wards Write Ups</td>
</tr>
<tr>
<td></td>
<td>of the health-care team verbally, in writing and in the electronic medical record.</td>
<td>Student Presentation</td>
<td>Case Discussions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Write Ups</td>
<td>Oral presentation to FIRE resident</td>
</tr>
<tr>
<td>10</td>
<td>Behave respectfully and responsibly towards patients, families, colleagues, and all</td>
<td>Performance Evals</td>
<td>Wards Professionalism Session</td>
</tr>
<tr>
<td></td>
<td>members of the health-care team and empathize and be respectful of each patient.</td>
<td>Case discussions</td>
<td></td>
</tr>
<tr>
<td>Course Objective</td>
<td>Description</td>
<td>Performance Evaluations</td>
<td>Wards</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
<td>-------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>11</td>
<td>Adhere to high ethical and moral standards, accept responsibility for personal actions, accept constructive criticism and respect patient confidentiality.</td>
<td>Performance Evals, Write Ups</td>
<td>Wards</td>
</tr>
<tr>
<td>12</td>
<td>Identify and critically evaluate relevant information about evidence-based, cost-conscious strategies in the care of patients and populations and apply this to patient care and to continuous updating of skills.</td>
<td>Performance Evals, Case Discussions, Write Ups</td>
<td>Wards, Case Discussions, Write Ups</td>
</tr>
<tr>
<td>13</td>
<td>Take responsibility for his or her own medical education, develop the habits of mindfulness and reflection.</td>
<td>Performance Eval, Student Presentation, Case Discussions, EKG/CXR sessions, SIMPLE</td>
<td>Wards, SIMPLE, Case Discussions, EKG/CXR sessions</td>
</tr>
<tr>
<td>14</td>
<td>Identify and utilize appropriate resources to support patient care and compare the roles of and collaborate with all members of the inter-professional team.</td>
<td>Performance Evals</td>
<td>Wards</td>
</tr>
</tbody>
</table>
Format of Course & Session Objectives

• Course objectives are provided in the syllabus
• Course objectives are written in the correct format [mention any that are not in correct format]
• Session objectives are mostly not provided in the course materials
• Session objectives are written in the correct format
How do Y1/2 courses prepare for Y3

• Questions asked at end of clerkship
  – 1= poor and 5= excellent

• Open ended
  – Code status, palliative care
  – DDx for most common diagnoses
  – Daily Rounding, Oral presentations related to
  – More practice of PE on abnormals
Results: Overall
Results: Communication
Results: PE

![Bar chart showing results for different fields: FM, MED, OB, PED, PSYCH, SURG, GAM, NEURO. The bars are colored in two categories: 14-15 and 15-16.]
Results: Medical Knowledge

- FM: 14-15
- MED: 15-16
- OB: 14-15
- PED: 15-16
- PSYCH: 14-15
- SURG: 15-16
- GAM: 14-15
- NEURO: 15-16
Issues of Repetition / Redundancy

• Are there major issues of redundancy with other courses?
  – No

• Repetition
  – Breaking bad news (MED, ICE, SURG)
  – Medical Error (HSP, New Year 1 course) - focuses on application rather than theory
  – HVHC – focuses on application rather than theory

• Conditions/Skills
  – Acute Pain (Surgery)
Issues of Repetition / Redundancy

• ECG/EKG instruction across the 4 years
  – CV and Resp Phys (PHSL 110): lectures
  – SBM-CV: EP lectures, Seminar
  – CFM/MED/PED/SURG: assess and interpret EKG

• This progression from understanding where electrical impulse comes from to connecting to patho-phys to using in practice is appropriate and students find this helpful
**Essential Skills**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Overlap</th>
<th>Level Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Consult</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Cardiac Exam</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td><strong>Complete Comprehensive Initial Exam</strong></td>
<td>Yes (CFM)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Coordinate d/c with d/c planner and patient</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td><strong>Counseling: Disease issues</strong></td>
<td>Yes (GAM)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td><strong>Counseling: DNR status</strong></td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Counseling: Medications</td>
<td>Yes (GAM), (NEURO)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>EKG (interpret)</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Extremity Exam</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Fluid management</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td><strong>Abdominal Exam</strong></td>
<td>Yes (SURG)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td><strong>HEENT exam</strong></td>
<td>Yes (CFM)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>HPI (relevant to clerkship)</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Oral presentation: inpt admit</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Oral presentation: inpt progress</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Pulmonary Exam</td>
<td>Yes (GAM)</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Written Note: inpt admit</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Written Note: inpt progress</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>X-ray chest interpretation</td>
<td></td>
<td>Perform with Supervision</td>
</tr>
</tbody>
</table>

- Are these appropriate for this clerkship?
  - Not HEENT (more outpatient based and already covered in CFM)
  - Add Abdominal Exam as very relevant to inpt medicine
  - Reword counsel on code status – this is too high level for MS3
## Essential Diagnoses

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Overlap</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute CHF-Heart Failure</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Altered mental status</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Anemia</td>
<td>yes (GAM)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Arrhythmia</td>
<td>yes (GAM)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Bacteremia or sepsis</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Acute Complication of Cancer</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Chest Pain</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>COPD</td>
<td>yes (CFM)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>DM Type I or II Acute Complications</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>DKA</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Fever (source unknown)</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Fluid/Electrolyte Abnormality</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>GI bleeding</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Liver Failure/Cirrhosis</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Pain, acute</td>
<td>yes (SURG)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Acute Kidney Injury</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>Yes (GAM)</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Syncope, pre-syncope</td>
<td></td>
<td>Manage with Assistance</td>
</tr>
</tbody>
</table>

- Are these appropriate for this clerkship?
- Would you add or subtract any?
- Are there major issues of redundancy with other clerkships?
Exploration of Ethics and Cultural Competencies

• Professionalism session
• End of Life Care session
Clinical experiences

- Ward rounding/care:
  - CPMC offers 7 weeks of general medicine wards
  - VA/DHMC either 7 weeks gen med or half gen med, half specialty wards (cards or heme/onc)
  - One overnight call at VA, otherwise no overnights
  - Admissions or handoffs daily
Course Learning Opportunities

Lecture

• Orientation lectures – EKG tutorial, culture of safety, end of life care; assigned pre-readings
• Didactics 2 hours 1x/week at DHMC, 2x/week at VA and CPMC
DHMC Conferences ("M2 conference schedule")

• Mandatory
  – Chief resident rounds 1x/week
  – Chair rounds 1/block
  – End of rotation conferences on Death & Dying, and on Professionalism
  – End of rotation debriefing on patient safety and preventing errors/adverse events

• Optional
  – Noon conferences, Intern report, MM&I, Autopsy rounds
  – AM report encouraged 2x/week, but not possible on M1 (is there a case discussion forum that offsets this?)
Course Learning Opportunities

VA Conferences

• Mandatory:
  – AM report (required 2x/week, offered 3x/week)
  – Chief resident rounds 1x/week
  – M&M 1x/week
  – Grand rounds 1x/week
  – End of rotation conferences on Death & Dying, and on Professionalism
  – Debriefing on patient safety and preventing errors/adverse events

• Optional:
  – noon conferences, journal club, Intern report
Course Learning Opportunities

CPMC Conferences

• Mandatory
  – Clerkship director rounds (patient presentations, bedside rounds, ECG reading); 90 minutes, weekly
  – Wild Card rounds (image-based, quiz show, CXR teaching with radiologist); 60 minutes, weekly
  – ? End of rotation conferences on Death & Dying and Professionalism
  – ? Debriefing on patient safety and preventing errors/adverse events

• Optional
  – Morning report (recommended); 60 minutes 4x/week
  – Grand rounds, intern report?
Course Learning Opportunities

Other (ie simulation)

• End of life care discussion with standardized patients during orientation, followed by debriefing and reflective session
• SIMPLE cases (minimum of 6, student chooses from selected options)
• Student powerpoint presentation
• Five H&P’s, or four H&P’s and a patient safety analysis (this is an assignment, but if there is feedback given it is also a learning opportunity)
Course Learning Opportunities

Comments about pedagogy...

• Incorporates curricula on several important topics in competency areas that can be a challenge to teach: high value health care, medical error, death and dying
• SIMPLE cases provide the opportunity for students to cover core clinical topics they do not see on the wards
• Are there opportunities for explicit teaching about team-based care and the roles of non-physician professionals?
• Should there be a sim center curriculum for any procedures?
• There are some potential sources of variation in clinical content across sites, and differences in conferences. Do these result in a substantively different experience for students?
Assessment

• Clinical Performance Evaluations
  – Tied to course objectives
  – Outstanding anchors seem hard to reach for many domains

• Final Exam
  – NBME

• Other
  – Write Ups, Participation, Professionalism Points, Power Point presentation
Measures of Quality – AAMC GQ

“Rate the quality of your educational experiences in the following clinical clerkships.”
[1=poor; 2=fair; 3=good; 4=excellent]

<table>
<thead>
<tr>
<th></th>
<th>Geisel mean 2011</th>
<th>Geisel mean 2012</th>
<th>Geisel mean 2013</th>
<th>Geisel mean 2014</th>
<th>Geisel mean 2015</th>
<th>All schools means 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFM</td>
<td>3.2</td>
<td>3.1</td>
<td>2.9</td>
<td>3.2</td>
<td>3.5</td>
<td>3.3</td>
</tr>
<tr>
<td>MED</td>
<td>3.5</td>
<td>3.6</td>
<td>3.5</td>
<td>3.6</td>
<td>3.6</td>
<td>3.5</td>
</tr>
<tr>
<td>NEURO</td>
<td>3.1</td>
<td>3.4</td>
<td>2.7</td>
<td>3.1</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>OBGYN</td>
<td>3.1</td>
<td>3.0</td>
<td>3.0</td>
<td>3.1</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>PEDS</td>
<td>3.3</td>
<td>3.1</td>
<td>3.2</td>
<td>3.5</td>
<td>3.6</td>
<td>3.4</td>
</tr>
<tr>
<td>PSYCH</td>
<td>3.5</td>
<td>3.6</td>
<td>3.4</td>
<td>3.7</td>
<td>3.6</td>
<td>3.3</td>
</tr>
<tr>
<td>SURG</td>
<td>3.0</td>
<td>2.8</td>
<td>2.9</td>
<td>3.1</td>
<td>3.3</td>
<td>3.3</td>
</tr>
</tbody>
</table>
# Measures of Quality – AAMC GQ

Percent answering Yes to question (goal is 100%)

<table>
<thead>
<tr>
<th>MEDI</th>
<th>Geisel 2014</th>
<th>Geisel 2015</th>
<th>All Schools 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed taking relevant portions of pt history?</td>
<td>96.4</td>
<td>97.3</td>
<td>91.5</td>
</tr>
<tr>
<td>Observed performing relevant portions of physical or MSE?</td>
<td>91.7</td>
<td>97.3</td>
<td>92.9</td>
</tr>
<tr>
<td>Provided with mid clerkship feedback?</td>
<td>100</td>
<td>100</td>
<td>97.2</td>
</tr>
</tbody>
</table>
Measures of Quality – AAMC GQ

Scale: Strongly Disagree – 1 to Strongly Agree - 5

<table>
<thead>
<tr>
<th>MEDI</th>
<th>Geisel 2014</th>
<th>Geisel 2015</th>
<th>All Schools 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty provided effective teaching</td>
<td>4.5</td>
<td>4.4</td>
<td>4.5</td>
</tr>
<tr>
<td>Residents provided effective teaching</td>
<td>4.6</td>
<td>4.5</td>
<td>4.6</td>
</tr>
</tbody>
</table>
Measures of Quality – Step II CK

*values depicted are SD above the US/Can mean for Geisel mean scores
# Measures of Quality

**NBME Subject Matter Exam Scores**

<table>
<thead>
<tr>
<th>Year</th>
<th>Geisel Mean</th>
<th>Percentile Rank</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-10</td>
<td>78.6</td>
<td>67th</td>
<td>75.8</td>
</tr>
<tr>
<td>10-11</td>
<td>79.9</td>
<td>67th</td>
<td>77.1</td>
</tr>
<tr>
<td>11-12</td>
<td>81.1</td>
<td>70th</td>
<td>77.6</td>
</tr>
<tr>
<td>12-13</td>
<td>78.4</td>
<td>56th</td>
<td>78.1</td>
</tr>
<tr>
<td>13-14</td>
<td>80.5</td>
<td>63rd</td>
<td>78.5</td>
</tr>
<tr>
<td>14-15</td>
<td>81.9 / 76.3*</td>
<td>63rd</td>
<td>76.5 / 73.3*</td>
</tr>
</tbody>
</table>

*NBME moved to Equated Percent Correct Score which is different from the prior 2 digit scaled score.*
# Measures of Quality – Course Evaluation

<table>
<thead>
<tr>
<th>Clerkships</th>
<th>Overall Satisfaction AY 2014-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDS</td>
<td>4.5</td>
</tr>
<tr>
<td>MED</td>
<td>4.5</td>
</tr>
<tr>
<td>CFM</td>
<td>4.5</td>
</tr>
<tr>
<td>PSYCH</td>
<td>4.3</td>
</tr>
<tr>
<td>SURG</td>
<td>4.2</td>
</tr>
<tr>
<td>GAM</td>
<td>4.2</td>
</tr>
<tr>
<td>OBGYN</td>
<td>4.2</td>
</tr>
<tr>
<td>NEURO</td>
<td>4.0</td>
</tr>
</tbody>
</table>

*scale [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]*
# Measures of Quality – Course Evaluation

*scale [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]*

<table>
<thead>
<tr>
<th>Medicine</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Experience</td>
<td>4.28</td>
<td>4.14</td>
<td>4.48</td>
</tr>
<tr>
<td>Objectives well defined and clearly presented</td>
<td>4.49</td>
<td>4.34</td>
<td>4.46</td>
</tr>
<tr>
<td>Ability for Y1 and 2 to prepare me for this clerkship</td>
<td>n/a</td>
<td>n/a</td>
<td>3.99</td>
</tr>
<tr>
<td>Expectations well defined and clear</td>
<td>4.34</td>
<td>4.17</td>
<td>4.42</td>
</tr>
<tr>
<td>Volume adequate for learning</td>
<td>4.2</td>
<td>4.21</td>
<td>4.45</td>
</tr>
<tr>
<td>Variety of dx adequate for learning</td>
<td>4.17</td>
<td>4.07</td>
<td>4.37</td>
</tr>
<tr>
<td>Quality of teaching by attendings</td>
<td>4.28</td>
<td>4.15</td>
<td>4.37</td>
</tr>
<tr>
<td>Quality of teaching by residents</td>
<td>4.26</td>
<td>4.36</td>
<td>4.56</td>
</tr>
<tr>
<td>Directors responsive to concerns</td>
<td>4.7</td>
<td>4.62</td>
<td>4.73</td>
</tr>
<tr>
<td>Methods used to eval student performance made clear</td>
<td>4.06</td>
<td>3.99</td>
<td>4.21</td>
</tr>
<tr>
<td>Quality of mid-clerkship feedback</td>
<td>n/a</td>
<td>3.87</td>
<td>4.09</td>
</tr>
<tr>
<td>Cardiology Experience</td>
<td>4.18</td>
<td>4.18</td>
<td>4.24</td>
</tr>
<tr>
<td>Heme Experience</td>
<td>3.71</td>
<td>3.95</td>
<td>4.62</td>
</tr>
</tbody>
</table>
Measures of Quality – Student Comments

Strengths:

• Many students felt valued by their teams:
  – “Overall, my team made me feel that I was a valued member, that my work was appreciated, and demonstrated strong values of professionalism and patient-centered clinical care”

• Students appreciated having autonomy at the VA:
  – “Especially at the VA students felt they had lots of autonomy: Ability to really take ownership of patients in all aspects of care”

• Didactics were meaningful and worthwhile:
  – “I also really enjoyed the didactic sessions with CXRs and EKGs, as I think these were well organized and improved my confidence with these basic skills”

• Many students appreciated the variety and breadth of diagnoses they saw on the wards:
  – “Complicated patients with interesting diagnoses”

• Lots of learning opportunities (didactics, conferences etc) and excellent teaching by interns, residents, fellows, and attendings:
  – “The teaching never stops, whether it’s with the team or in didactics”
  – “I experienced the best clinical teaching of my entire third year of medical school on this clerkship”
Measures of Quality – Student Comments

• The grading scheme was unclear to some students compared to other clerkships:
  – “grading needs to be much more transparent for this clerkship. We are given breakdown of how each component factors in to a grade, but there is no breakdown of what score is needed to achieve a P/HP/H. This, along with the lack of transparency about how evaluations are converted into a grade, makes it a complete mystery and apparently subject to clerkship director whims about how many people to assign a certain grade to”

• The clerkship is very time intensive and it can often be difficult for students to find study time:
  – “The balance is delicate between giving the med student the full experience complete with weekend days and call nights and giving them enough time to meet the non-clinical demands of the clerkship (write-ups, didactic prep, qbank, etc.)”
  – “The way the schedule works I was consistently hitting 80 hours every week (plus a write-up to do on my one day off) and felt it was counterproductive to my learning to be so deeply exhausted”

• Some students worked > 80 hrs/week:
  – “The hours were long, >80 hrs in some weeks in ways that I didn't feel I could control”
Suggestions for Improvement:

- Some students felt they had a lot of “scut work”:
  - Less scut work for medical students, please. I think that it is important to know how to make follow up appointments, consults, and call OSH for your patients and to occasionally help out with the team's other patients, but when it means that you miss almost all morning reports and other educational opportunities to learn, it becomes useless to us.”

- Some students wished didactics covered more topics and/or involved a case:
  - I would appreciate didactics covering bread and butter medicine topics. Didactic sessions would be nice if there was a case involved.

- Write-ups were more time consuming then intended, strictly graded, and numerous:
  - I personally spent at least 8-10 hours on each of my write-ups, and I was very frustrated with the results”
  - “wish there were only 4 write ups as we only have one day off per week and that day is spent working on the write up which usually take>5h to write them well”
  - “While I understand the intent of the write ups, I do believe that 5 along with a presentation is too many when you only have 1 day off per week and studying to keep up with”
Summary regarding Measures of Quality

• Summary:
  – The majority of students had very positive experiences on this clerkship and felt like valued team members
  – Excellent teaching from all members of the team and many learning opportunities through didactics, morning report, conferences etc
  – Many students felt the write-ups were useful, but given how time intensive the clerkship is would have appreciated either fewer assignments or a pass-fail grading scheme on write-ups
  – Students wanted more transparency about how final grades were calculated
  – Many students appreciated that didactics solidified important skills (reading EKGs), while others wished they had covered a broader range of topics and/or included a case
  – Multiple students mentioned working close to or greater than 80 hours and found it difficult to adequately prepare for the shelf
Summary regarding Measures of Quality

- Overall, the medicine clerkship is rated highly by our students
  - AAMC GQ data remain strong and above the national mean
  - End of clerkship rating is high
- Geisel students perform very well on shelf exam and on USMLE step 2
- Mid-clerkship feedback and hematology learning appears to be better than past few years
Recommendations

• Course Objectives
  – Change wording of course objectives as indicated in slides 7-9.

• Session Objectives
  – Incorporate objectives into CANVAS site so more visible to students and placed with session materials/assignments

• Essential Skills/Conditions
  – Make changes as indicated on slide 18 and 19

• Pedagogy
  – Consider decreasing CXR sessions and adding session on clinical decision making / morning report style for students
  – Update CANVAS site for learning sessions at VA
  – Make CPMC conference schedule available on CANVAS
  – Consider using faculty to fill in for Chair Rounds or Chief Resident Rounds if needed in order to keep continuity of schedule for students
  – Consider developing and deploying ward attending based rubric for SOAP note review

• Assessment
  – Clarify contribution/use of ward performance evaluations for student grades
  – Consider making “grade grid” available to students or show example at orientation
  – Post specific rules for failure for professionalism component
  – More clearly define/enforce page/time limit on clinical write ups
Action Plan

- **Course Objectives**
  - Change wording of course objectives as indicated in slides 7-9. **Completed.**

- **Session Objectives**
  - Incorporate objectives into CANVAS site so more visible to students and placed with session materials/assignments. **We have (1) Added session objectives to our CANVAS site, (2) included session objectives within the clerkship syllabus, and (3) asked each instructor to publicize and reinforce session objectives at the beginning of each session.**

- **Essential Skills/Conditions**
  - Make changes as indicated on slide 18 and 19 **Completed**

- **Pedagogy**
  - Consider decreasing CXR sessions and adding session on clinical decision making / morning report style for students. **We have decreased the number of CXR instruction and doubled our clinical decision making time.**
  - Update CANVAS site for learning sessions at VA. **We have updated the Guidelines and Schedule to reflect current practices and also added a Site Description.**
  - Make CPMC conference schedule available on CANVAS **Support staff at CPMC is being trained to update the conference schedule on CANVAS.**
  - Consider using faculty to fill in for Chair Rounds or Chief Resident Rounds if needed in order to keep continuity of schedule for students. **Chair of Medicine absences occurred primarily in AY 14-15 and Chair Rounds have been consistent and well attended in AY 15-16. Our approach will be to ask the Vice Chair for Medical Education to step in for future absences. Chief Resident Rounds will be staffed by the Resident Educator in case of CMR absence.**
  - Consider developing and deploying ward attending based rubric for SOAP note review. **We are awaiting information from Dr. Dick as to how to accomplish this.**
Action Plan

- **Assessment**
  - Clarify contribution/use of ward performance evaluations for student grades. We have clarified this on CANVAS under ‘Grading and Evaluation’.
  - Consider making “grade grid” available to students or show example at orientation. We now provide a blank grade grid on CANVAS.
  - Post specific rules for failure for professionalism component. We have updated our ‘Grading and Evaluation’ to include this.
  - More clearly define/enforce page/time limit on clinical write ups. We have added this language to ‘New Patient Write Ups’ document on CANVAS and also will reinforce it in small groups.