MEC Subcommittee Summary and Recommendations for Change

GAM Clerkship

July 2014

**Brief Summary of the subcommittee review:**

The 4 week GAM Clerkship underwent formal review on July 3rd, 2014. Reviewers present included the following: Dr. John Dick – Associate Dean for Clinical Education, Dr. Hilary Ryder – Medicine Clerkship Director, Dr. Roshini Pinto-Powell – Clerkship Director, and Dr. Marybeth Durkin – Clerkship Director. This clerkship was reviewed favorably overall by the subcommittee and the directors were applauded for their efforts and successes.

**Topic of concern for integration across 4 years:**

- **Geriatrics:** The subcommittee expressed interest in better understanding how this topic was covered across the Geisel curriculum.
  - Review of the curriculum database using the terms “Geriatrics” and “Elderly” was covered in On Doctoring, Biostats, Pharmacology, Hematology, SBM Psychiatry (year II), Family Medicine Clerkship, Clinical Pharmacology and the GAM Clerkship.
  - The clerkship directors were encouraged to meet with the directors of these courses to better integrate material.
  - One of the clerkship directors is now the Geriatrics Theme director for the new curriculum and will be following up on this integrated theme.
  - It was discussed that a lot of Geriatric concepts, associated clinical skills and care coordination takes place on the inpatient medical services and that coordination with the inpatient rotation director (present at this meeting) would be helpful.

- **Course Objectives**
  - 23 total, driven by Geisel Competencies, each major competency covered
  - **Recommendations for change**
    - Describe assessment method for #17 “Describe barriers to access to basic health services and its effect on vulnerable populations.”
    - Drop or Incorporate #18 “Contribute constructive feedback during peer review.” This is not currently being done but might be beneficial in some of your small group sessions.
    - Modify #20 “Assess the effect of social environment on clinical care and outcomes and apply the concepts of improving quality of care, patient safety, and value of care in the ambulatory setting” to the following “Apply the concepts of improving quality of care, patient safety, and value of care in the ambulatory setting” as it does not appear that you are addressing the first part of this objective nor is it clear what “social environment” is getting at.
• Modify #23 “Identify the role of the physician in addressing the medical consequences of common social and public health factors, and to advocate for optimal care in ambulatory settings.” To “Identify the role of the physician in addressing the medical consequences of common public policy and public health factors, and to advocate for optimal care in ambulatory settings.” “as this seems more in line with your curriculum and what is possible for your clerkship.

• Essential Conditions / Skills
  o Some overlap with FM clerkship including HTN, Hyperlipidemia, Obesity but sub-committee felt this redundancy was acceptable.
  o **Recommendations for change**
    ▪ Change CHF to CHF (compensated) to better delineate what you expect students to see in the outpatient environment vs the inpatient environment which addresses CHF (Acute).
    ▪ Move Medication adjustment from Condition to Skill.
    ▪ Remove Chronic Pain as this is already covered in Family Medicine.
    ▪ Change Renal failure or insufficiency to Chronic Kidney Disease to reflect more current lexicon.
    ▪ **Add ADL to IADL survey for essential skill**

• Learning Assessment Tools
  o Home grown exam reviewed and felt to be fairly representative of topics stressed during this clerkship. Minor changes to questions recommended.
  o **Recommendations for change**
    ▪ Clarify Grading rubric given that 40% of grade comes from “Clerkship Directors” but the breakdown is not clearly delineated in the course materials.

• Learning Activities
  o Commended for structured, formalized use of Evidence Based Medicine Review, Medicaid/Medicare sessions, and High Value High Care Session.
  o **Recommendations for change**
    ▪ Consider producing “Study Guide” as requested by students given that you use a homegrown exam and that students are unclear about what topics will be covered and what the format of questions will be.

• Course Planning
  o No concerns

• Duty Hours
  o No concerns
• **Student Feedback**
  o Very good across the board. “Student centered.” Excellent didactics, less busywork than other clerkships.
  o **Recommendations for change:**
    ▪ Better prep on how to study for exam

• **Site Comparability**
  o Two grade distribution concerns and three student feedback concerns.
    ■ **Grade Distribution:**
      ▪ Issue: Littleton: Fewer Honors than Average for Clerkship
      ▪ Issue: Catholic Medical Center: All students receiving honors clinically

    ■ **Student Feedback:**
      ▪ Issue: Nashua: Lower than mean across the board – Overall quality, Patient Volume, Quality of Teaching by attendings
      ▪ Issue: New Rochelle, NY: Lower than mean on Patient Volume
      ▪ Issue: Woodstock, VT: Lower than mean on Patient Volume
  o **Action Plan Required for these sites**

• **Special Topics**
  o IPE
    ▪ Discussed that use of health librarians was particularly stressed.
  o **High Value Health Care**
    ▪ Covered with session based on ACP curriculum