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:
• revisit prior action plan and investigate progress
• assess course objectives including essential skills / diagnoses
• evaluate planned/unplanned redundancy
• assess pedagogy
• evaluate assessment of course objectives
• 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:

• Assign tasks to the faculty and student team members and convey deadlines for when the work needs to be done.
• Recruit members for the review team if necessary (typically team members will be assigned by the MEC).
• 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.
• 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.
• Present the final recommendations of the subcommittee at the MEC meeting (last few slides)
Review of Surgery clerkship

- Clerkship occurs in Year 3
- Clerkship Director(s) – Dr. Adrales, Dr. Crockett
- Clerkship Coordinator – Terri Nicholson
- Clerkship is 8 weeks long and repeats 6 times throughout the academic year
- Clerkship was last reviewed in Oct 2013
Review Team

• Alison Holmes, MD, MPH – Pediatrics CD
• Cathy Morrow, MD – Chair CFM, MEC member, GAME
• John Dick, MD – Medicine, OCE, GAME
• Stephanie Morton – MS3, MEC member
• Hilary Ryder, MD, MS – Medicine CD
• Richard Rothstein, MD – Chair Medicine, GAME
• Alison Ricker - OCE

- Revise learning objective from “complete” exam to “focused” exam – Done
- Essential Skills/Conditions changes - Done
  - Abd Trauma to Trauma
  - Remove Trauma Resusc (already have trauma evaluation as skill)
  - Remove Suture/staple removal
  - Provide clear alternatives if not seen on wards
- Revise Clinical Performance eval form to better align with Geisel competencies – Done
- Clarify who provides assessment – Done
  - Each service will submit compiled evaluation and names will be noted
  - Each rotation director and resident if applicable will meet with student at start to outline expectations
- Make clear to students how clinical evaluations will be derived – Done
- Revise rotation quiz questions to make them more clear and representative of rotation material – Done, subsequently eliminated
- Change name of “learning leader” to “rotation director” to better delineate role - Done
- Change mid-term feedback process to have specific feedback reviewed by rotation director - Done
- Provide more feedback on written notes – In progress – variable by service
  - Clarify expectations with rotation directors (1-2 notes per week)
- Provide more comments on final grade narrative - Done
- Condense or change last 3 didactic sessions - Done
- Encourage more active learning in clinic and teaching in OR- Done
<table>
<thead>
<tr>
<th>Number</th>
<th>Course Objective</th>
<th>How Assessed</th>
<th>Learning Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Apply appropriate knowledge developed from critically relevant, consensus based literature to the delivery of surgical care.</td>
<td>NBME shelf exam, Ward Evaluation</td>
<td>Patient Care; OR involvement; Weekly sessions</td>
</tr>
<tr>
<td>2</td>
<td>Apply current clinical and translational sciences, outcomes and quality measures in the diagnosis and treatment questions in the delivery of surgical care of the patient. Consider: “Describe the etiologies, pathophysiology, clinical features, differential diagnosis, and related diagnostic testing and management of common surgical conditions.”</td>
<td>Ward Evaluation, Oral Exam</td>
<td>Patient Care; Weekly sessions</td>
</tr>
<tr>
<td>3</td>
<td>Recognize and define knowledge of surgical diseases that demand risk factor modifications, end of life decisions, palliative care, pain management, medical legal issues and substance abuse.</td>
<td>NBME shelf exam, Ward Evaluation</td>
<td>Patient Care; Weekly Sessions</td>
</tr>
<tr>
<td>4</td>
<td>Communicate effectively with patients and families of different -&gt; various social, economic and cultural backgrounds, or when special needs or barriers to communication exist, particularly in the areas of individual health, or factors that may impact health and informed consent.</td>
<td>Ward Evaluation, Oral Exam, Patient Simulation</td>
<td>Patient Care, Patient Simulation</td>
</tr>
<tr>
<td>5</td>
<td>Perform professional responsibilities by establishing respectful relationships; e.g. student-patient, student-family, colleagues, and all members of the health care team. Professionalism also includes respect for diverse patient concerns, opinions and cultural perspectives, with respect to the basis for the doctor-patient relationship.</td>
<td>Ward Evaluation, Oral Exam, Patient Simulation</td>
<td>Patient Care</td>
</tr>
<tr>
<td>6</td>
<td>Interview patients skillfully, perform a focused physical exam with attention to infection control, patient comfort and privacy in order define and prioritize the patient's problems and organize a differential</td>
<td>Ward Evaluation, Oral Exam, Patient Simulation</td>
<td>Patient Care; patient simulation</td>
</tr>
<tr>
<td>Number</td>
<td>Course Objective</td>
<td>How Assessed</td>
<td>Learning Activity</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>Identify, define and perform the indications, complications and limitations of simple clinical procedures; e.g., suturing, foley placement, etc., and assist in common surgical interventions; e.g., laparoscopy, chest tube placement, abdominal exploration, etc.</td>
<td>Ward Evaluation, Passport</td>
<td>Patient Care, Knot tying session</td>
</tr>
<tr>
<td>8</td>
<td>Interpret without assistance common abnormalities and urgent findings on common diagnostic tests and studies; e.g., chest x-ray, abdominal series, CT scan, ECG, etc.</td>
<td>Ward Evaluation, Passport</td>
<td>Patient Care, CORE cases; Weekly Sessions</td>
</tr>
<tr>
<td>9</td>
<td>Demonstrate the ability to assist patients in understanding their treatment options and motivating them to make healthy behavioral and treatment choices.</td>
<td>Oral Exam, Patient Simulation</td>
<td>Patient Care, Patient Simulation</td>
</tr>
<tr>
<td>10</td>
<td>Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record.</td>
<td>Ward Evaluation, Oral Exam</td>
<td>Patient Care, Write Ups</td>
</tr>
<tr>
<td>11</td>
<td>Demonstrate responsibility for his or her own medical education, develop the habits of mindfulness, reflection, and continuous learning by adhering to high ethical and moral standards, accepting responsibility for personal actions, incorporating constructive criticism and respecting patient confidentiality.</td>
<td>Ward Evaluation, Self Assessment</td>
<td>Patient Care; Weekly Sessions</td>
</tr>
<tr>
<td>12</td>
<td>Identify and utilize appropriate resources to support patient care and collaborate with all members of the inter-professional team.</td>
<td>Ward Evaluation</td>
<td>Patient Care</td>
</tr>
</tbody>
</table>
Format of Course & Session Objectives

• Course objectives are provided in the syllabus
• Course objectives are written in the correct format
• Session objectives are mostly provided in the course materials Session objectives are mostly written in the correct format
Session Objectives

• These are well written and informative… would include session objectives on CANVAS with particular session materials (Weekly didactic case studies) in order to best highlight them to the students

• Specific issues:
  – Inpt Experience: Obj 9: DMEDS – change to Essential Skills checklist
  – OR Experiences: Obj 8: Document in DMEDS weekly operative experiences?
  – CORE: Obj 5: DMEDS; Obj 6 not written correctly
  – Informed Consent Session needs objectives
Issues of Redundancy

• Are there major issues of repetition / redundancy with other courses?
  – Delivering bad news
    • Med, ICE
  – Suturing Skills
    • FM, OB – appropriate
  – NGT and Foley covered in ICE orientation
  – Wound Care/ Wound
    • Year 1 Path 121: normal wound healing
    • Year 1 MICRO 112: Lab – examine wound specimens with Gram Stain
    • Year 3 Surg 303: Suturing workshop, wound healing small group case
    • Year 3 CFM 306: Suturing workshop
Essential Skills

• Are these appropriate for this clerkship? - Yes
• Would you add or subtract any? – Suggest removal of “inject local anesthetic” – FM to take
• Are there major issues of redundancy with other clerkships? - No

Essential clinical skill performed in an inpatient setting:

- Interpret CT scan of the abdomen/pelvis or chest
- Interpret Ultrasound of the abdomen
- Interpret X-ray (KUB) of the abdomen
- OR/intra-abdominal surgical procedure
- Insert a foley catheter
- Inject a local anesthetic
- Place an NG tube
- Suturing (simple, skin)
- HPI relevant to this clerkship
- Abdominal exam
- Trauma evaluation
- Wound evaluation
- Orally present patient admitted to hosp
- Write an admission note
Essential Diagnoses

- Are these appropriate for this clerkship? - Yes
- Would you add or subtract any?
  - Change Pain to Acute Pain
  - Change Acute resp failure to Acute resp distress
- Are there major issues of redundancy with other clerkships? - No

Essential clinical condition managed with assistance in an inpatient setting:

- Shock or SIRS
- Fever, post--op
- Pain management
- Surgical evaluation of cancer patient
- Post--operative care
- Abdominal pain
- Trauma
- Peritonitis or intra--abdominal abscess
- Bowel obstruction, large or small bowel
- Acute respiratory failure
Exploration of Ethics/Humanities/Culturally Competent Care

• Enculturation session
• Informed Consent
• Breaking Bad News
Summary regarding Objectives

• Overall well-written, appropriate for the clerkship

• Clerkship Objectives
  – Major Changes: Change “Apply current clinical and translational sciences, outcomes and quality measures in the diagnosis and treatment questions in the delivery of surgical care of the patient.” to “Describe the etiologies, pathophysiology, clinical features, differential diagnosis, and related diagnostic testing and management of common surgical conditions.”

• Session Objectives
  – Update as indicated and make more available to students on CANVAS
Course Learning Opportunities

• Clinical experiences
  – Ward rounding/care: submit two notes a week for review
  – Operative/Procedural suite: clear expectations
  – Outpatient clinic: once a week?
  – Other: Simulated suturing

• Lecture: None – all case discussions

• Conferences: Integrated in sites, also pathology

• Include a student “Service Presentation”, 2 path conferences,

• Other 1 (ie simulation): workshops in suturing, kit, ILP goals
Course Learning Opportunities

• Comments about pedagogy…
• Most learning is done in the clinical setting, wards and OR, which is appropriate
• Skills passport matches objectives nicely
• The CORE cases cover 3 cases to complete by week 3
• Formal write up review of this frequency is laudable
• Missing site information for peds and CV (confusing?)
• Appropriate session on informed consent
• Excellent instructions for Service Presentations
Summary regarding Pedagogy

- Nice balance of clinical experiences
- Two rotations at different sites seem appropriate
- Well integrated into local conferences
- Well structured Canvas site with very clear expectations and instructions
- Professionalism expectations including appearance, behavior and responsibilities for managing own hours and learning very clear
Assessment

• Formative
  – Mid-rotation
  – Mid-clerkship

• Summative- Grade
  – Performance Evaluations from attendings/residents
    • 8 areas assessed (1-5 points for each) total of 40? (states 6 areas but there are actually 8)
  – Oral examination
    • Problem-solving, communication skills – 30 points
  – NBME Exam
    • 20 points possible (range determined by percentile)
  – Professionalism
    • Assignment completion – 10 points
Assessment

• Oral Exam
  – 3 cases
    • 1 from case log (from essential conditions - ? Abdominal trauma and complex infected wound)
    • 1 standardized case from service completed – informed consent
    • 1 from weekly didactics
  – Grading rubric provided to students

• Communications Evaluation (peer to peer)

• Ward Performance Evaluation
  – Needs to be updated on CANVAS
Summary regarding Assessment

• Uses multiple modalities
• Expectations clearly listed
• Assess multiple competencies
Vertical Integration/Preparation

- Rate training from Year 1 and 2 to prepare you this clerkship overall
Vertical Integration/Preparation

- Rate training from Year 1 and 2 to prepare you this clerkship communication:
Vertical Integration/Preparation

- Rate training from Year 1 and 2 to prepare you this clerkship

Physical Exam:

![Bar Chart]

- FM
- MED
- OB
- PED
- PSYCH
- SURG
- GAM
- NEURO

Colors:
- 14-15
- 15-16
Vertical Integration/Preparation

• Rate training from Year 1 and 2 to prepare you this clerkship

Medical Knowledge:

<table>
<thead>
<tr>
<th>Subject</th>
<th>14-15</th>
<th>15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>FM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PED</td>
<td></td>
<td></td>
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<tr>
<td>PSYCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEURO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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>Subject</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><strong>3.0</strong></td>
<td><strong>2.8</strong></td>
<td><strong>2.9</strong></td>
<td><strong>3.1</strong></td>
<td><strong>3.3</strong></td>
<td><strong>3.3</strong></td>
</tr>
</tbody>
</table>
### Percent answering Yes to question (goal is 100%)

<table>
<thead>
<tr>
<th>SURGERY</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>73</td>
<td>70</td>
<td>69</td>
</tr>
<tr>
<td>Observed performing relevant portions of physical or MSE?</td>
<td>83</td>
<td>91</td>
<td>77</td>
</tr>
<tr>
<td>Provided with mid clerkship feedback?</td>
<td>92</td>
<td>99</td>
<td>89</td>
</tr>
</tbody>
</table>
Measure of Quality – AAMC GQ

Scale: Strongly Disagree – 1 to Strongly Agree - 5

<table>
<thead>
<tr>
<th>SURGERY</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>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Residents provided effective teaching</td>
<td>4.1</td>
<td>4.4</td>
<td>4.1</td>
</tr>
<tr>
<td>Year</td>
<td>Geisel Mean</td>
<td>Percentile Rank</td>
<td>National Mean</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
<td>-----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>9-10</td>
<td>75.3</td>
<td>64th</td>
<td>73.1</td>
</tr>
<tr>
<td>10-11</td>
<td>78.3</td>
<td>68th</td>
<td>74.7</td>
</tr>
<tr>
<td>11-12</td>
<td>78.5</td>
<td>69th</td>
<td>75</td>
</tr>
<tr>
<td>12-13</td>
<td>77.3</td>
<td>63rd</td>
<td>75.4</td>
</tr>
<tr>
<td>13-14</td>
<td>77.2</td>
<td>61st</td>
<td>75.6</td>
</tr>
<tr>
<td>14-15</td>
<td>78.5/*74.7</td>
<td>59th</td>
<td>76.5/*72.8</td>
</tr>
</tbody>
</table>

*NBME moved to Equated Percent Correct Score which is different from the prior 2 digit scaled score.*
Measures of Quality – Step II CK

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year July 2014 to June 2015

Medical School: 030-010 Geisel School of Medicine at Dartmouth

- Applying Foundational Science Concepts
- Patient Care: Diagnosis
- Health Maint, Disease Prevention, & Surveillance
- Patient Care: Management
- Immune System
- Blood & Lymphoreticular System
- Behavioral Health
- Nervous System and Special Senses
- Musculoskeletal Syst/Skin & Subcutaneous Tissue
- Cardiovascular System
- Respiratory System
- Gastrointestinal System
- Renal & Urinary System & Male Reproductive
- Pregnancy, Childbirth & the Puerperium
- Female Reproductive & Breast
- Endocrine System
- Multisystem Processes & Disorders
- Medicine
- Obstetrics & Gynecology
- Pediatrics
- Psychiatry
- Surgery

*values depicted are SD above the US/Can mean for Geisel mean scores
# 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>SURGERY</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Experience</td>
<td>4</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Directors responsive to concerns</td>
<td>4.31</td>
<td>4.59</td>
<td>4.52</td>
</tr>
<tr>
<td>Ability for Y1 and 2 to prepare me for this clerkship</td>
<td>3.17</td>
<td>3.27</td>
<td>3.05</td>
</tr>
<tr>
<td>Expectations well defined and clear</td>
<td>3.72</td>
<td>4.14</td>
<td>4.02</td>
</tr>
<tr>
<td>Methods used to eval student performance made clear</td>
<td>3.60</td>
<td>4.01</td>
<td>3.86</td>
</tr>
<tr>
<td>Quality of mid-clerkship feedback</td>
<td>n/a</td>
<td>3.81</td>
<td>3.75</td>
</tr>
<tr>
<td>Volume adequate for learning</td>
<td>4.03</td>
<td>4.14</td>
<td>4.28</td>
</tr>
<tr>
<td>Variety of dx adequate for learning</td>
<td>3.86</td>
<td>3.82</td>
<td>4.28</td>
</tr>
<tr>
<td>Objectives well defined and clearly presented</td>
<td>3.91</td>
<td>4.22</td>
<td>4.18</td>
</tr>
<tr>
<td>Quality of teaching by attendings</td>
<td>4.13</td>
<td>4.26</td>
<td>4.26</td>
</tr>
<tr>
<td>Quality of teaching by residents</td>
<td>4.0</td>
<td>4.17</td>
<td>4.22</td>
</tr>
</tbody>
</table>
Measures of Quality – Student Comments

Strengths:

• Hands-on exposure to wide variety of surgeries, as well as clinic, post-op care, and acutely sick patients (33)

• “The didactics did a very good job of covering salient points in post-operative patient management.” (14)
  – “Cases discussed in conference were well thought out and applicable to the practice of general surgery.”

• Drs. Adrales and Crockett/staff (9)
  – “Dr. Adrales and Dr. Crockett were also grounded and dedicated teachers who were genuinely interested in mentoring and educating students. True role models in Medical Education.”

• Excellent teaching by very patient residents/attendings (7)
Measures of Quality – Student Comments

Strengths:
• Great organization with clear expectations up front (5)
• “Call nights provided more exposure for students on more specialized rotations” (5)
• “Oral exam, although challenging to prepare for, was one part of this clerkship that truly made me think like a surgeon. Unique educational experience that needs to stay.” (4)
Measures of Quality – Student Comments

Strengths:

• Final day in sim center – catch-up for essential conditions, laparoscopic challenge, delivering bad news (4)
• Other: student presentations (2), path conferences, Lawrence textbook, enculturation sessions, intensity

• Write ups: fantastic method of giving feedback without creating huge workload!
• Orientation: very concise one day orientation, loved the session with chief resident at beginning of orientation that helped set expectations
Suggestions for Improvement:

• Didactics (22):
  – Decrease number of cases per session and make didactics more like TBL (7)
  – Post study guide of correct answers and/or key take home points for each session (5)
  – Consider moving didactics to Friday afternoons out of consideration for Concord students (3)
  – Increase structure and consistency of didactics discussions, evening out caseload between sessions and facilitating (3)
  – Other: cancer care, giving advice to patients about illness, informed consent, shelf review; increase time for didactics
Suggestions for Improvement:

• Organization/Canvas/Oasis (8):
  – Improve communication about schedule and due dates (3)
  – Clean up canvas site – reduce repetitive information, update contact information for sites (2)
  – Minimize the amount of paperwork needed to turn in – sign suture skills passports at suturing session, eliminate/facilitate call/clinic log signatures (2)
  – Correlate oral exam case log with Oasis requirements (1)
  – Allow students on IDEAL/Trauma to give feedback to clerkship director from the service they are NOT on
Suggestions for Improvement:

• Surgery specialty related (7):
  – “Better scheduling coordination with sub-i and electives on the clerkship. I ended my time on the Urology service with 4 medical students, which significantly disrupted my ability to learn and appropriately follow and manage patients.” (3)
  – More access to procedures/involvement in OR (2)
  – Encourage up to two days of trading OR time between services (1)
  – Longer general, shorter subspecialty rotations (1)
Suggestions for Improvement:

• Expectations (6):
  – Having clear objectives and recommended resources compiled for all general surgery and subspecialty experiences (6)
  – Need to manage expectations for preceptors – some problems with students being expected to be proficient at suturing and full of surgical knowledge coming in
Suggestions for Improvement:

• Shelf exam (6):
  – More preparation/warning for what shelf exam will be like (3)
  – Recommend NMS Surgery book for shelf exam (1)
  – Remove shelf exam (1)
  – Increase prep time for shelf exam by decreasing time at hospital (1)

• Oral Exam (4):
  – Consider providing a list of possible conditions tested in oral exam informed consent by each specialty
  – Mock oral exams (2)
  – More feedback on management during oral exam (1)
  – More lax dress code with oral exam (1)
Suggestions for Improvement:

• Teaching (3):
  – Increase dedicated teaching time with attendings and residents (3)

• Student presentations (2):
  – Greater emphasis on choosing common presentation topics (1)
  – Clarity on oral presentation instructions – 10 minute time limit (1)

• CORE Module – trauma case confusing (1)
Suggestions for Improvement – Minor Changes:
- Update and reduce repetitive information on Canvas site
- Minimize the amount of paperwork needed to turn in
  - Sign suture skills passports at suturing session
  - Eliminate/facilitate call/clinic log signatures
- Correlate oral exam case log with Oasis requirements
Measures of Quality – Student Comments

Suggestions for Improvement – Minor Changes:
• Allow students on IDEAL/Trauma to give feedback to clerkship director from the service they are NOT on
• Consider providing a list of possible conditions tested in informed consent oral exam by each specialty
• Provide greater emphasis on choosing common presentation topics
• Clarify oral presentation instructions – 10 or 20 minute time limit?
Suggestions for Improvement – Larger Changes:

• Consider altering format of didactics to be more case-focused with fewer cases, like TBL at end of term

• Consider moving didactics to Friday afternoons out of consideration for Concord students

• Encourage up to two days of trading OR time between services
Suggestions for Improvement – Larger Changes:

• Improve scheduling coordination with sub-i and electives, especially during less busy blocks
  • “I ended my time on the Urology service with 4 medical students, which significantly disrupted my ability to learn and appropriately follow and manage patients.”

• Clarify expectations with preceptors!
  • Some problems with students being expected to be proficient at suturing and full of surgical knowledge coming in
Measures of Quality – Student Comments - Sites

- APD – overall positive; close mentoring; great variety and exposure; one-on-one teaching.
- Concord – overall positive; wide variety of cases; Dr Meyer’s didactics
- WRJ VA – overall positive
- DHMC Services – tremendous positivity; variety; teaching quality; welcomed to service; resident time and availability.
- Overall – strong sense of commitment to student education at all sites; many role models and excellent teachers
Students comments - Improvement suggestions (Sites)

• APD – more upfront information; CANVAS site accuracy/ updating. More than one student felt they did not learn how to manage sick patients – no inpatient management? Some felt not enough variety

• Concord – more structured orientation, better clarified expectations; students felt ‘lost’ the first week; not all faculty teaching – NP and Pa’s especially did not seem interested or a lot of work to gain respect and be treated as a team member. Formal rounds would help. Single resident can negatively impact whole rotation.
Student Comments – Improvement suggestions (Sites)

• DHMC – Cardiac: improve didactics, not enough hands on experience; clearer feedback;
• DHMC – Trauma: clearer expectations; incorporate students better; more active role in OR
• DHMC- Laparoscopic: have students spend more time in clinic; more teaching during rounds
• DHMC- Oncology: more teaching; consider fewer students due to low volume; clearer expectations
• DHMC – Ortho: more responsibility; too many sub-I’s on service competing with students; more structured teaching
Student suggestions - Sites

• DHMC – DHMC – Urology: too much shadowing, too many students on service
• DHMC – Vascular: more structured teaching; limit number of students on the service (2-3 max!)
• DHMC- Urology: expectations, allow students to opt out of procedures (robotic 8 hrs surg) where they have no role and there is limited learning; more teaching
• WRJ-VA – clearer expectations; more inpatient teaching; improve didactics; poor organization; concern re site director mentioned multiple times
Summary regarding Measures of Quality

- Students ranking clerkship good to very good
- Student outcomes on national tests above the mean
- AAMC survey positive
- Students appreciate clerkship directors, residents, various options
- Clearer expectations of each service desired
- Didactics appreciated but number of cases per didactic could be reduced
Recommendations

- Course Objectives
  - Objective 1: Remove word “critically”
  - Objective 2: replace with “Describe the etiologies, pathophysiology, clinical features, differential diagnosis, and related diagnostic testing and management of common surgical conditions” to clarify expectation.
  - Objective 4: Change word “different” to “various”
- Session Objectives
  - Incorporate these well written objectives into CANVAS site along with sessions to better clarify expected learning goals
  - Update 5, 8 and 9 (Remove DMEDS)
- Essential Skills/Conditions
  - Change Pain to Acute Pain; Change Acute Resp Failure to Acute Resp Distress
  - Remove “Inject Local Anesthetic” (not doing on Surgery and FM will cover)
- Pedagogy
  - For Breaking Bad News Session, acknowledge redundancy with Med and ICE and discuss particular focus on Surgery (Medi focuses on goals of care/ end of life, ICE focuses on responding to emotion after breaking the news); Tweak case to focus on complication from surgery rather than death
Recommendations

• Pedagogy
  – Consider involving residents in knot tying to slow down teaching process
  – Create and post on Canvas list of top 5 most common conditions for each service so students have better sense of what to focus studying on and what might be tested on oral exam; additionally, this may help students more appropriate choose sub-specialty during lottery
  – Ensure each rotation has specific information (PEDs and CV missing material)
  – Consider removing “clinic log” from required paperwork
  – Encourage relevant topics for student presentations and clarify time expectations
  – Decrease number of cases per didactic session, consider “main teaching points” guide to be distributed at end of each session.
  – Coordinate learner overload on Ortho, Urology, Vascular during SubI heavy months – either decrease number of clerks or make potential SubI involvement more explicit
  – Clarify what preceptors/residents should expect of students at start of rotation (limited knot tying, retracting skills)
  – Correlate oral exam case log with essential conditions requirements
Action Plan

• Will make recommended changes to course and session objectives

• Have reviewed Canvas site for accuracy and inclusion of objectives rather than links to Ilios

• Make recommended changes to essential skills and conditions to “Acute” pain management, Acute respiratory “distress”, and removal of local anesthetic injection

• Will change the scenarios used for the simulated “Breaking Bad News” session to be more surgery-centric to reduce redundancy with ICE and other clerkships
Action Plan

• **Didactic sessions**
  – currently undergoing revision of cases to format similar to our well-received team-based learning session
  – sessions will also include a summary of main points, and a sample of multiple choice questions to better prepare students for the shelf exam

• **Suture skills/knot tying workshop**
  – residents are currently invited to each session and several usually attend
  – will provide workshop schedule to residency coordinator in advance to promote resident involvement
Action Plan

• Oral exam
  – the case log used for the oral exam has been revised to better reflect the essential conditions
  – there is a list of common topics for clerkship final assessments listed on Canvas
  – a list of the most common conditions for each service will be posted on canvas
Action Plan

• Learning environment
  – Continue annual retreat and monthly meetings with rotation directors for continuous improvement in teaching and to communicate expectations
  – Provide timely feedback from student evaluations to faculty and residents and their supervisors
  – Have asked rotation directors to provide feedback on written patient notes consistently
  – Continue semi-annual grand rounds for faculty and resident professional development in education and resident-as-teacher seminars
  – Limit number of students on subspecialty rotations during sub-I months- this is currently being done for most subspecialties in question by limiting the slots available to 3rd years in the early blocks
  – We are in need of a FTE supported Director for the surgery sub-internships and 4th year advising