Family Medicine Clerkship Review

Medical Education Committee
May 21st, 2013
J. R. Hartig, MD
Purpose of Clerkship Review

1. Measure and evaluate: compliance with LCME Standards, congruence with School of Medicine Goals & Objectives, and achievement of clerkship objectives.

2. Ensure a continuous quality improvement process by providing guidance for clerkship improvement, quantifying/qualifying the impact of changes from the previous year, and identifying helpful/needed resources.
Purpose of Clerkship Review

That which we measure...
Purpose of Clerkship Review
Format of Review Process

Huntsville
Birmingham
Tuscaloosa
## Reviewers

<table>
<thead>
<tr>
<th>Role</th>
<th>Birmingham</th>
<th>Huntsville</th>
<th>Tuscaloosa</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEC Member</td>
<td>Shawn Galin</td>
<td>J. R. Hartig</td>
<td>Jim Galbraith</td>
</tr>
<tr>
<td>Other Faculty</td>
<td>Amit Gaggar</td>
<td>Annalise Sorrentino</td>
<td>Todd Peterson</td>
</tr>
<tr>
<td>Student Reviewer</td>
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<tr>
<td>Clerkship Director</td>
<td>Earl Salser</td>
<td>Nancy Blevins</td>
<td>Julia Boothe</td>
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<td></td>
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<td>Melissa Behringer</td>
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</table>

James Jackson

School of Medicine UAB
Presentation TODAY...

<table>
<thead>
<tr>
<th>Rating</th>
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<tbody>
<tr>
<td>Needs Improvement</td>
</tr>
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<td>Satisfactory</td>
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<tr>
<td>Area of Strength</td>
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<tr>
<td>Unable to Rate</td>
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Presentation TODAY...

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Presentation TODAY...
1. Clerkship Objectives and Theme

Areas of Strength

• Alignment with SOM
• Partnership between 3 campus leaders
1. Clerkship Objectives and Theme

Areas of Strength

• Alignment with SOM
• Partnership between 3 campus leaders

Areas for Discussion / Improvement

• N/A
2. Content & Method of Instruction

**Areas of Strength**

- Breadth and diversity of exposure to patients
- Emphasis on preventive health
- Wonderful EBM case presentation
- Sessions on MI (smoking cessation/substance)
2. Content & Method of Instruction

Areas for Discussion / Improvement
Basic science incorporation into the clerkship

– Great case-based presentations on campuses

– Involvement of basic scientists; physician-scientists in presentations / lectures.
2. Content & Method of Instruction

Areas for Discussion / Improvement
Basic science incorporation into the clerkship
  – Great case-based presentations on campuses
  – Involvement of basic scientists; physician-scientists in presentations / lectures.

Value of Review Process
2. Content & Method of Instruction

Areas for Discussion / Improvement

Clinical Case Log discrepancy (comparability)?
2. Content & Method of Instruction

Areas for Discussion / Improvement

Clinical Case Log discrepancy (comparability)?

– Statistically significant?

– Clinically or Educationally significant?
2. Content & Method of Instruction

Areas for Discussion / Improvement

Clinical Case Log discrepancy (comparability)?

Inpatient time varies across campuses
2. Content & Method of Instruction

Areas for Discussion / Improvement

Clinical Case Log discrepancy (comparability)?
Inpatient time varies across campuses
Variability in preceptor experience
2. Content & Method of Instruction

Areas for Discussion / Improvement

Clinical Case Log discrepancy (comparability)?
Inpatient time varies across campuses
Variability in preceptor experience
  – Tri-campus, yearly orientation
2. Content & Method of Instruction

Areas for Discussion / Improvement

Clinical Case Log discrepancy (comparability)?
Inpatient time varies across campuses
Variability in preceptor experience
Structure of clerkship experience
2. Content & Method of Instruction

Areas for Discussion / Improvement

Clinical Case Log discrepancy (comparability)?
Inpatient time varies across campuses
Variability in preceptor experience
Structure of clerkship experience

\[ 4 + 4 \quad 4 + x \quad 8 \]
3. Methods of Assessment

**Areas of Strength**

- Standardization of Grading Rubric
- NBME scores virtually identical
3. Methods of Assessment

Areas for Discussion / Improvement

• Overall Grading Rubric
  – 5% of ‘clinical grade’ is determined by patient log
  – ‘Honors’ grade seems more common

• End-point feedback / evaluation only

• Timing of the NBME varies (after 4 v 8 weeks)
4. Student Outcomes

Areas of Strength

• Students → Family Medicine / Primary Care
• Scores on NBME
4. Student Outcomes

Areas of Strength

• Students → Family Medicine / Primary Care
• Scores on NBME

Areas for Discussion / Improvement

• ‘Honors’
5. Student Evaluation of Clerkship

Areas of Strength

• Responsive to evaluations – makes changes
• Excellent organization
• Highest rated experience and variety
• Residents as teachers
5. Student Evaluation of Clerkship

Areas of Strength

• Responsive to evaluations – makes changes
• Excellent organization
• Highest rated experience and variety
• Residents as teachers
• Involvement / dedication of faculty

Faculty
5. Student Evaluation of Clerkship

**Areas for Discussion / Improvement**

- Presence / Involvement of Residents
5. Student Evaluation of Clerkship

**Areas for Discussion / Improvement**

- Presence / Involvement of Residents

- Amount of statistics / evaluation material
  - ? If generates what we need
6. Evaluation of Faculty / Resident

**Satisfactory**

Birmingham

Huntsville

Tuscaloosa
6. Evaluation of Faculty / Resident

Satisfactory
Birmingham
Huntsville
Tuscaloosa
7. Impact of Changes

Satisfactory

Birmingham
Huntsville
Tuscaloosa
7. Impact of Changes

**Clerkship Information Form (CIF) 2012**

7. **IMPACT OF CHANGES FROM LAST YEAR**

7.1 List the clerkship improvement plans from last year. (Include all planned and unplanned changes. Add more rows as needed.)

<table>
<thead>
<tr>
<th>CIF Table 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

7.2 Provide information in CIF Table 6 for any changes recommended which were not implemented.

**CIF Table 6**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Rationale behind decision to not implement change / barriers / or alternate change</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>X</td>
</tr>
<tr>
<td>?</td>
<td></td>
</tr>
</tbody>
</table>

7.3 Provide information in CIF Table 7 for any changes implemented last year.

**CIF Table 7**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Perception of impact of change / barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>X</td>
</tr>
<tr>
<td>?</td>
<td></td>
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</tbody>
</table>

7.4 List planned interventions or changes for the clerkship in the coming year in CIF Table 8.

**CIF Table 8**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Planned changes and expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>X</td>
</tr>
<tr>
<td>?</td>
<td></td>
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</table>

7.5 Additional comments from questions provided in Self-Study Table 1.
Family Medicine Clerkship

Wonderful areas of strength

• Alignment with SOM goals / objectives
• Partnerships and collaboration of CDs
• Patient diversity / breath of exposure
• Faculty as teachers / role models
• Students in primary care
Family Medicine Clerkship

Significant Challenges / Discussions

• Basic Science incorporation
• Case logs (5%)
• Inpatient time
• Preceptor variability
• 4 + 4 (clerkship structure)
• NBME timing