Neurology Clerkship Review

Medical Education Committee
January 14th, 2014
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
### 2. Clerkship Content and Methods of Instruction

<table>
<thead>
<tr>
<th>Standards* by Area</th>
<th>Rating</th>
<th>Explanation of Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1 Curriculum includes didactic, clinical and other learning experiences that prepare students to recognize wellness, determinants of health, and opportunities for health promotion; recognize and interpret symptoms and signs of disease; develop differential diagnoses and treatment plans; and assist patients in addressing health-related issues (ED-18).</strong> See CIF 2.1 - 2.7, 2.11 - 2.13, 2.16, Appendices A &amp; B</td>
<td>H T B</td>
<td>The Birmingham campus has an excellent design for a broad clinical experience in a community based outpatient setting. Due to the demographics, additional interests may also be addressed both on and off-site. Didactic lectures mainly occur during the beginning of the clerkship as preparatory information for the clinical setting. These are expanded through bi-weekly conferences covering a wide array of topics. Family Medicine Clerkship in B'ham has excellent document for what is allowed and not allowed for students in performing tasks/procedures. Teaching to emphasize Preventive Health seen as a strong asset to B'ham campus. Missing Appendix A and Appendix B to include a list of the didactics/conferences attended – this was explored during the meeting with a syllabus outlining the educational sessions both clinical and didactics. Have specific Substance abuse, family dynamics. Weekly Deans' conference and lectures on Tuesday with Family Medicine lectures on Thursday. FMH has broad base of clinical experience. This clerkship is 8 weeks integrated with the Community and Rural Medicine Clerkship (20 hours/week with family physician in rural site and clinical site plus 20 hours/week in the community completing interviews and working on CRP project). The students have a broad clinical experience. Didactics are provided weekly, with a minimum of 8 one-hour lectures. The lecture experience varies every block dependent on the availability of lecturers.</td>
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<tr>
<td><strong>2.2 The basic sciences are incorporated into clerkship activities (ED-7, C21).</strong> See CIF 2.8, Appendix C.</td>
<td>BTH</td>
<td>The once a month basic science presentation by a student was felt to be minimal effort to address the basic sciences in the clerkship. Basic scientists and Physician-scientists should be encouraged to participate to strengthen the integration process. Excellent example of the basic science component is provided in the student presentation. Might only suggest labeling the slides as “Basic Science Review” to highlight. Incorporated into didactic lectures. It is not clear that the students are consistently getting sufficient basic science incorporation at every lecture. This slight deficiency does not offer amongst campuses or most other clerkships.</td>
</tr>
<tr>
<td><strong>2.3 There is instruction in the independent identification, analysis, and synthesis of relevant information and the appraisal of the credibility of information sources (ED-5-A).</strong> See CIF 2.10.</td>
<td>BH T</td>
<td>The use of medical literature and resources are highlighted by Lister Hill Library early in the clerkship. The review of Lister Hill’s involvement is regarded as very helpful in student evaluations. Students are instructed and encouraged to use hand-held and desktop technology for research purposes. Incorporated into the ambulatory case presentation with discussion of the article. Students report great resources, librarians were mentioned specifically to one reviewer. The students perform a mid-block clinical case presentation from one of 29 “approved” topics including a PubMed literature review. Cases and literature selected for presentation are approved by the clerkship director prior to the presentation.</td>
</tr>
<tr>
<td><strong>2.4 There is instruction in communication skills as they relate to physician responsibilities, including communication with patients and their families, colleagues, and other health professionals (ED-19).</strong> See CIF 2.1d, 2.16, 2.18.</td>
<td>BTH</td>
<td>The sessions on smoking cessation/substance abuse are outstanding. Include introduction/structuring in MI. The students get experience shadowing the preceptor at the beginning of the rotation. The students are given also autonomy to interact with patients. The CIF 2.1d identifies the fmiCAGED as a source of learning the approach to difficult topics and behavioral issues.</td>
</tr>
</tbody>
</table>

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Presentation TODAY...

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<thead>
<tr>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Satisfactory</td>
</tr>
<tr>
<td>Area of Strength</td>
</tr>
<tr>
<td>Unable to Rate</td>
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[Diagram with arrows indicating improvements]
Presentation TODAY...
1. Clerkship Objectives and Theme

**Areas for Discussion / Improvement**

- Significant need for campus alignment (all three same/similar)
- One campus with substantial need
  - “objectives provided are 1-4 words only; not learner focused…”
- NONE of the campuses related the objectives to SOM themes
1. Clerkship Objectives and Theme

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Area of Strength

Tuscaloosa correlated with ACGME competencies
2. Content & Method of Instruction

Areas of Strength

• Breadth and diversity of exposure to patients

• Wonderful blend of inpatient and outpatient experiences

• Excellent coverage of a wide variety of diagnosis and conditions / excellent log of patient experiences
2. Content & Method of Instruction

**Areas for Discussion / Improvement**

Basic science incorporation into the clerkship

• Not unique to any one campus *(nor any clerkship...)*
2. Content & Method of Instruction

Areas for Discussion / Improvement

Clinical Case Log discrepancy (comparability)?
Perhaps reporting bias... but seems based upon available information:

\[
H > B > T
\]
2. Content & Method of Instruction

**Areas for Discussion / Improvement**

Basic science incorporation into the clerkship
Clinical Case Log discrepancy (comparability)?

**Clerkship time varies across campuses**

- Blocked 4 week period
- Blocked 4 week period
- Integrated 8 week experience with Psychiatry
3. Methods of Assessment

Areas of Strength

• Standardization of Grading Rubric
  • 70% Faculty evaluation grade; 30% NBME score
3. Methods of Assessment

**Areas for Discussion / Improvement**

- End-point feedback / evaluation only; not clear that a mid-block evaluation is completed or documented (use form)
- Timing of the NBME varies (after 4 v 8 weeks)
4. Student Outcomes

Areas of Strength

• Consistent NBME scores / other
5. Student Evaluation of Clerkship

Areas of Strength

• Faculty as teachers preceptors
  • (many specifically mentioned by name at each campus)
• Breadth of exposure
5. Student Evaluation of Clerkship

Areas for Discussion / Improvement

- Comments about organization as 4 + 4
- Improvement in orientation – clear description of duties; objectives and responsibilities (hard copy)
- Allow student to write notes; re-organize didactics to emphasize student level learning
- Overall scores were lower than other campus clerkships*

* Recall... this is older data from 2011-12 academic year
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>Plan</th>
<th>Description of changes (planned, unplanned, recommended)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Rationale behind decision to not implement change / barriers / or alternative 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.

<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.

<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>
</tr>
</tbody>
</table>

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

Areas of strength

- Patient diversity / breath of exposure
  - Some with significant outpatient exposure
- Faculty as teachers / role models
Neurology Clerkship

Areas for Discussion / Improvement

• Clerkship design (4 vs 8 week integration)
• Significant need for:
  • Alignment of goals and objectives across campuses
  • Capture/Documentation of the incorporation of basic sciences
• Must include (document) mid-month feedback
• Unify orientation process (learn from each other)