OB-GYN Clerkship Review

Medical Education Committee
April 8, 2014
Marjorie Lee White, 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 previous years, and identifying helpful/needed resources.
Format of Review Process

Huntsville
Birmingham
Tuscaloosa
# Reviewers

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<thead>
<tr>
<th>Role</th>
<th>Birmingham</th>
<th>Huntsville</th>
<th>Tuscaloosa</th>
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<tr>
<td>MEC Member</td>
<td>Robin Lester</td>
<td>Marjorie Lee White</td>
<td>Scott Arnold</td>
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<td>Other Faculty</td>
<td>Laurie Marzullo</td>
<td>Laura Grostick</td>
<td>Harriet Myers/ Jen Clem</td>
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<td>Student Reviewer</td>
<td>Elizabeth Long</td>
<td>Sara Foppe</td>
<td>Jamie Powell</td>
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<td>Clerkship Director</td>
<td>Brian Gleason/Chere’ Stewart</td>
<td>Rachel Acuff</td>
<td>John McDonald</td>
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Some complicating factors...

• Data collected for reviewers was prepared in 2012 (this is 2014).
• Years under analysis are 2010-2011, 2011-2012
• LOTS HAS CHANGED!!!
1. Clerkship Objectives and Theme

Areas of Strength

Objectives were adopted from APGO (Association of Professors of Gynecology and Obstetrics) medical student educational objectives and are linked to SOM objectives.
1. Clerkship Objectives and Theme

Areas for Discussion / Improvement

• Opportunities for operationalizing the objectives
  – 7/17 knowledge and comprehensive stage
  – 7/17 can’t be categorized using blooms taxonomy
  – 3/17 application/synthesis

• Continued efforts to integrate themes where appropriate and document this effort (consider syllabus changes). H— needs to document who is responsible.
2. Content & Method of Instruction

**Areas of Strength**

- All campuses provide exposure to active clinical practice in both ambulatory and inpatient settings.
- Student education committee (B)/Faculty committee (T) reviews medical student education.
- Specially developed ethics & basic science conference (B/T).
- Use of innovative teaching strategies – youtube videos for clinic orientation (H); simulation (B).
2. Content & Method of Instruction

**Areas for Discussion / Improvement**

- Variability in clerkship structure
  - B – 4 wks OB/ 4 wks GYN (exposure to subspecialty varies)
  - H – 7 weeks with both inpt/outpt; 1 week with private gyn
  - T – 2 wks L&D (1 wk night float)/56 wks assigned to different faculty inpt/outpt.
- Procedural skills simulation only occurs on B campus
- Clinical Case Log discrepancies exist when looking at high volume with T having lower volumes of general diagnosis groups.
- Basic science integration is variable/likely more happening than documented.
- Duty hour violations have been rectified (B & H)
  - B- medical students meet resident duty hours
  - H- use float system 15 hrs max.
3. Methods of Assessment

**Areas of Strength**

- Clerkship director or designee meets with each student at mid-block on B/H/T campuses.
- All campuses do oral exam which represents significant faculty commitment.
- Standardization of Grading Rubric (25% NBME shelf exam, 50% Clinical and 25% Oral @ all campuses)
- Students in T have graded student presentation.
3. Methods of Assessment

Areas for Discussion / Improvement

• Consider developing assessment tool for documenting teaching and observation of key OB-GYN history and physical exam components.

• Graded student presentations not on all campuses.
AAMC Graduation Questionnaire

OBGYN: A faculty member personally observed me taking a patient history during the clerkship
2009 --3.1
2010 --3.1
2011 --3.0
2012 --3.0
2013 --3.2

All Schools 2013 --3.6
4. Student Outcomes

Areas of Strength

- NBME (OB subject exam) scores generally above national average
- USMLE Mean Step 2 OB-GYN scores above national mean
- Senior OSCE scores similar across campuses
4. Student Outcomes

Areas for Discussion / Improvement

• USMLE Mean Step 2 (OB-GYN category) scores trending down towards the mean (2008→2011)

• NBME subject exam campus variability
  – Specific campuses have some areas of lower performance/opportunities for targeted focus.
5. Student Evaluation of Clerkship

Areas of Strength

• One of the top rated clerkships.
• Quality of faculty teaching (B-7.4;H-6.3;T 7.8 )
• Course directors (B/T) highly receptive to student concerns.
• OB fellow on Huntsville campus rated highly.
• 100% response rate for evals (T)— 2011-2012
5. Student Evaluation of Clerkship

Areas for Discussion / Improvement

• Extent to which history and physical exams were observed and critiqued (B- 5.6; H-5.6)
  – Also rated low on AAMC graduation questionnaire.

• Family medicine residents on T campus; residents on B campus – hidden curriculum-related issues

• Lectures (H- 4.7)
6. Evaluation of Faculty / Resident

**Areas of Strength**

B/T faculty get annual feedback from chair/division director.

**Areas for Discussion/Improvement**

Small # faculty on H/T make feedback to faculty more challenging.

Faculty evaluations in H are lower by 1.4-2 SD.

Specific areas – giving feedback, observe H&Ps
7. Impact of Changes

Not yet applicable.
Recommendations-- All

- Consider incremental improvement in objectives – moving up bloom’s levels?
- Work toward making themes which are integrated more apparent (All campuses)
- Standardized didactics – consider three campus collaboration (All campuses)
- Consider limiting the list of diagnoses logged and procedures to high-yield or critically important – then work towards developing opportunities for exposure to all using different methods. (All campuses)
- Make student review of H&P by faculty more intentional/apparent.
Recommendations—Campus Specific

• Review campus specific performance of NBME content areas and consider targeted changes to educational program
• Consider targeted faculty review of lower rated faculty with focus on feedback. (B/H) Should there be an external mechanism in systems where there are small numbers of faculty?
• Consider investigation/education of B campus residents’ attitudes towards student role on clerkship.
Special thanks to ...

• James Jackson PhD