Surgery Clerkship Review

Medical Education Committee
October 8, 2013
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 the previous year, and identifying helpful/needed resources.
Format of Review Process

Huntsville

Birmingham

Tuscaloosa
## Reviewers

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<tr>
<th>Role</th>
<th>Birmingham</th>
<th>Huntsville</th>
<th>Tuscaloosa</th>
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<tr>
<td>MEC Member</td>
<td>Laura Cotlin</td>
<td>Todd Peterson</td>
<td>Marjorie Lee White</td>
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<td>Other Faculty</td>
<td>Michael Barnett</td>
<td>Jim Galbraith</td>
<td>Brent Ponce</td>
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<td>Student Reviewer</td>
<td>Laura Allen</td>
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<td>Jessica Grayson</td>
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<td>Andrew Kuklinski</td>
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<td>Clerkship Director</td>
<td>Richard Stahl</td>
<td>Rony Najjar</td>
<td>Andy Harrell</td>
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1. Clerkship Objectives and Theme

Areas of Strength

• Partnership between 3 campus leaders to develop objectives
1. Clerkship Objectives and Theme

Areas for Discussion / Improvement

• Opportunities for operationalizing the objectives
• Continued efforts to integrate themes where appropriate and document this effort
  – i.e. EBM/ethics (obtaining consent)
2. Content & Method of Instruction

Areas of Strength

• Breadth and diversity of exposure to patients

• Students in Huntsville and Tuscaloosa are often 1st assist (no residents or other trainees at these locations)
2. Content & Method of Instruction

Areas for Discussion / Improvement

• Clinical Case Log discrepancy
  – Tuscaloosa with lower percentage of pulmonary/thoracic/trauma & burn pt.

• Lecture variability

• Consider use of WISE MD curricular materials
3. Methods of Assessment

Areas of Strength

• Standardization of Grading Rubric (30% NBME shelf exam, 70% Clinical @ all campuses)
3. Methods of Assessment

Areas for Discussion / Improvement

• Consider development of assessment tool for the acute surgical abdomen and suturing skills.

• Work towards standardization of faculty evals
  – Particularly in B where interns work most closely with medical students.
4. Student Outcomes

Areas for Discussion / Improvement

• ‘Honors’ grade spike on Huntsville campus in 2013 (50% -- 15/29 students)
• NBME (Surgery subject exam) scores below national average
  – In particular Tuscaloosa significantly lower in respiratory diseases
• USMLE mean step 2 category scores also below the mean in Surgery
5. Student Evaluation of Clerkship

Areas of Strength

• Clerkship directors
5. Student Evaluation of Clerkship

Areas for Discussion / Improvement

• Variability in lecture quality
• Applicability of grand rounds (B)
• Work hours violations (B & T)
6. Evaluation of Faculty / Resident

**Satisfactory**

--lowest scores on giving constructive feedback, conveying expectations and observed h&ps
7. Impact of Changes

Not yet applicable.
Surgery Clerkship

Recommendations

• Work toward making themes which are integrated more apparent

• Standardized didactics – consider three campus collaboration

• Consider development of shared curriculum focusing on the “surgical abdomen” and suturing skills assessment

• Consider faculty development and education about feedback– all faculty might review Dr. Roger’s video on teaching in the surgical setting