

Family Medicine Clerkship Review



Medical Education Committee

May 21st, 2013

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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



Reviewers

Role	Birmingham	Huntsville	Tuscaloosa
MEC Member	Shawn Galin	J. R. Hartig	Jim Galbraith
Other Faculty	Amit Gaggar	Annalise Sorrentino	Todd Peterson
Student Reviewer	-	-	-
Clerkship Director	Earl Salser	Nancy Blevins	Julia Boothe
		Melissa Behringer	



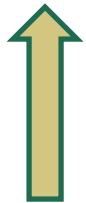
Presentation TODAY...

Rating			
Needs Improvement	Satisfactory	Area of Strength	Unable to Rate



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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.



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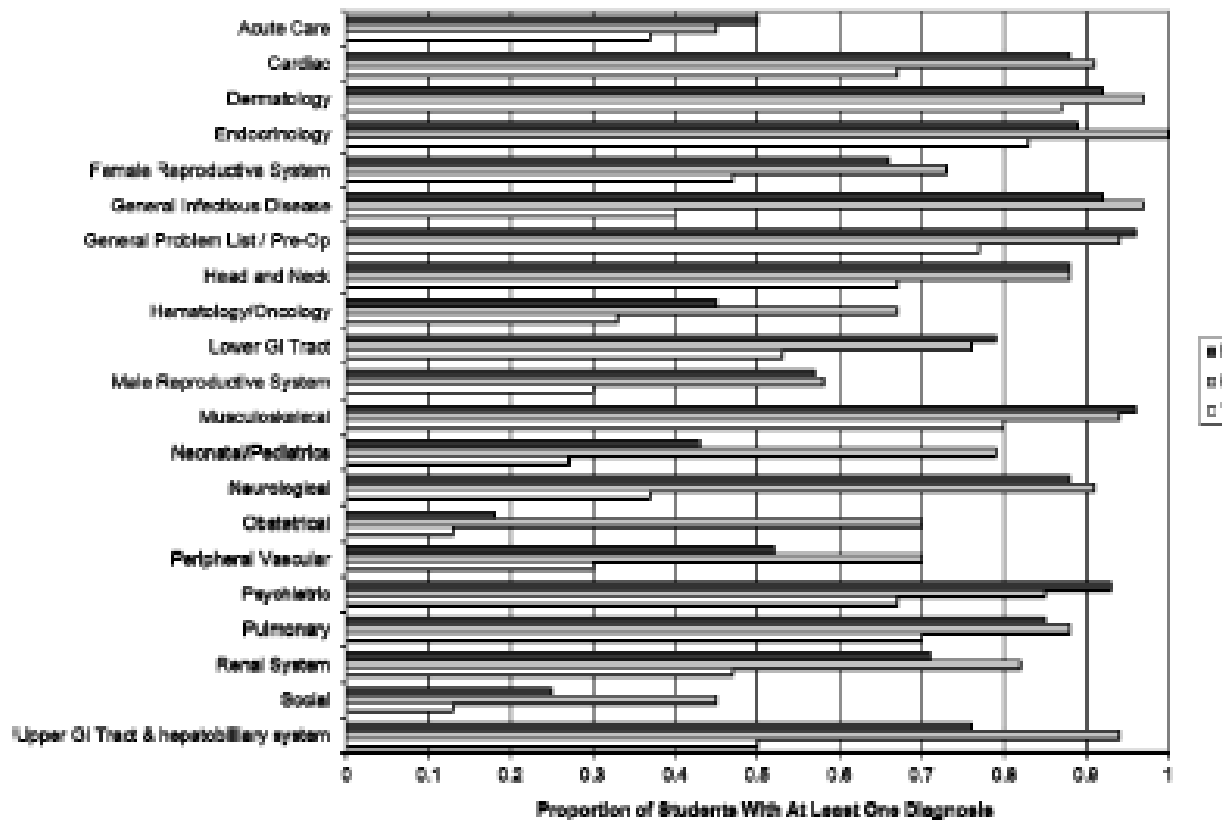
Value of Review Process

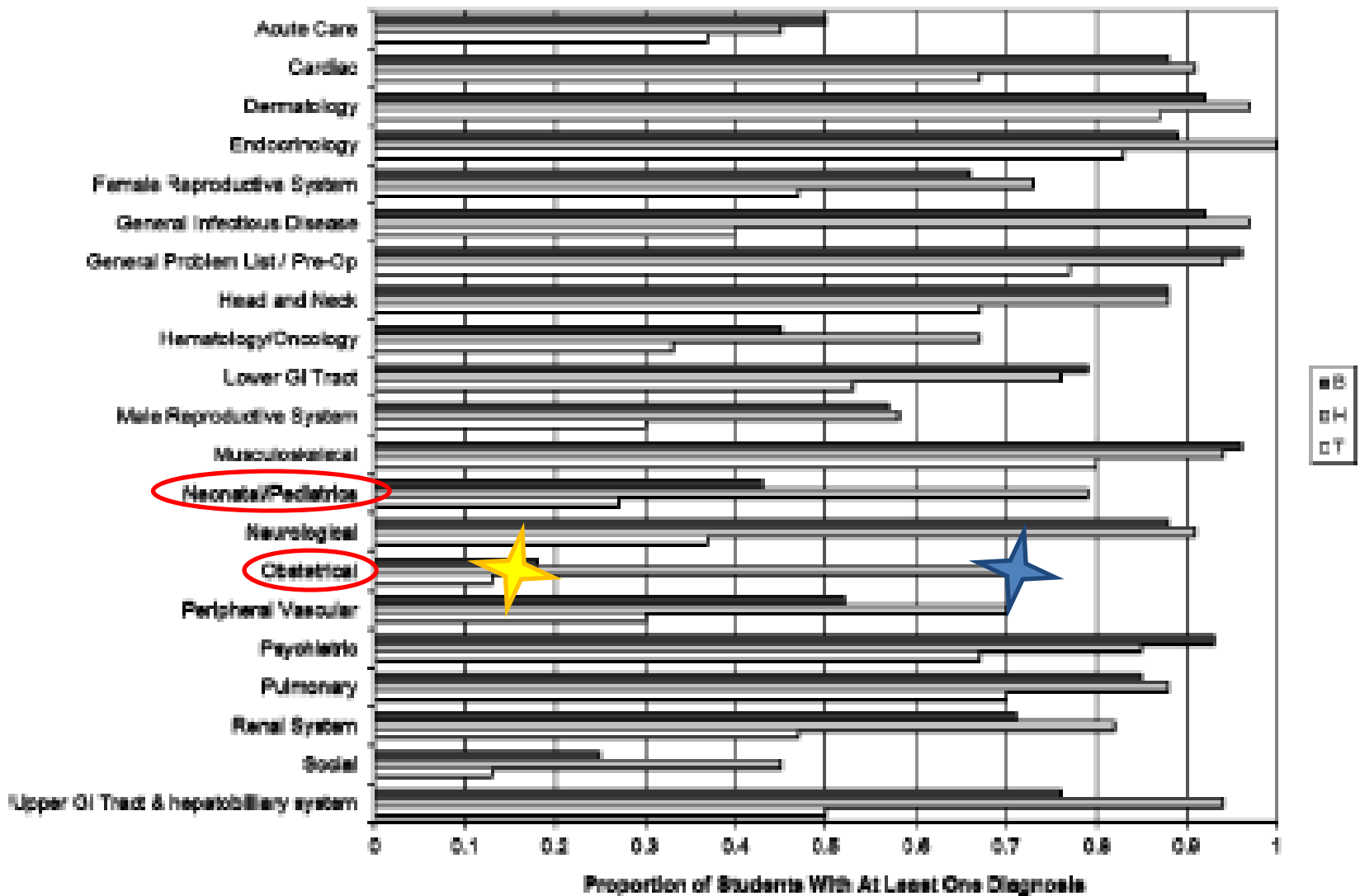


2. Content & Method of Instruction

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

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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

4 + x

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

Annual Report



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.)

CIF Table 5

Plan	Description of changes (planned, unplanned, recommended)
1	X
2	
3	
4	
5	

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

CIF Table 6

Plan	Rationale behind decision to not implement change / barriers / or alternate change
?	X
?	
?	

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

CIF Table 7

Plan	Perception of impact of change / barriers
?	X
?	
?	

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

CIF Table 8

Plan	Planned changes and expected outcome
?	X
?	
?	

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

X



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

