

# OB-GYN Clerkship Review



Medical Education Committee

April 8, 2014

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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 previous years, and identifying helpful/needed resources.



# Format of Review Process



# Reviewers

Role	Birmingham	Huntsville	Tuscaloosa
MEC Member	Robin Lester	Marjorie Lee White	Scott Arnold
Other Faculty	Laurie Marzullo	Laura Grostick	Harriet Myers/ Jen Clem
Student Reviewer	Elizabeth Long	Sara Foppe	Jamie Powell
Clerkship Director	Brian Gleason/Chere' Stewart	Rachel Acuff	John McDonald



Rating			
<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Area of Strength</b>	<b>Unable to Rate</b>



# 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