

# 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



# Reviewers

Role	Birmingham	Huntsville	Tuscaloosa
MEC Member	Laura Cotlin	Todd Peterson	Marjorie Lee White
Other Faculty	Michael Barnett	Jim Galbraith	Brent Ponce
Student Reviewer	Laura Allen Andrew Kuklinski		Jessica Grayson
Clerkship Director	Richard Stahl	Rony Najjar	Andy Harrell



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



# 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 1<sup>st</sup> assist (no residents or other trainees at these locations)



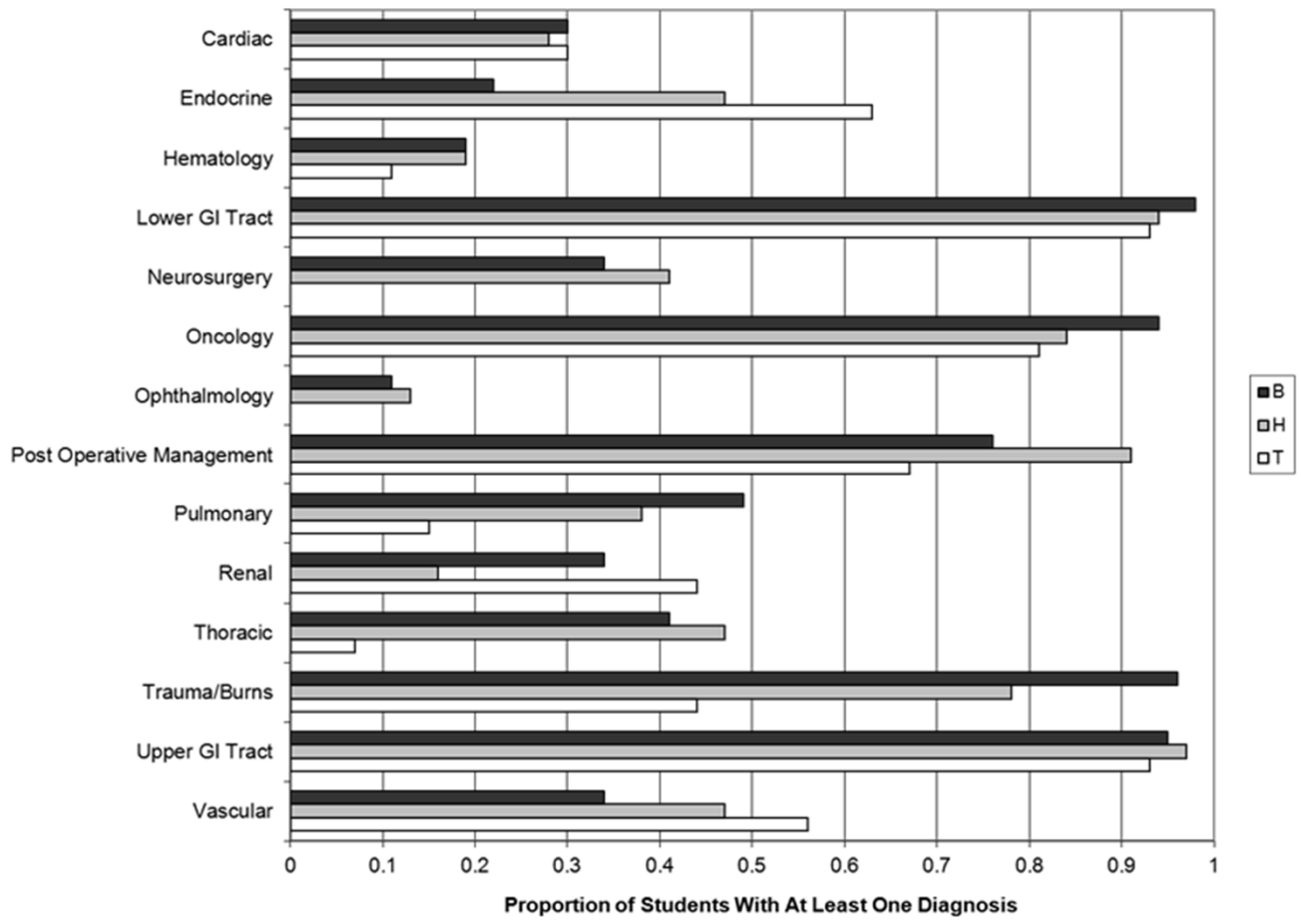


## 2. Content & Method of Instruction

### 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.

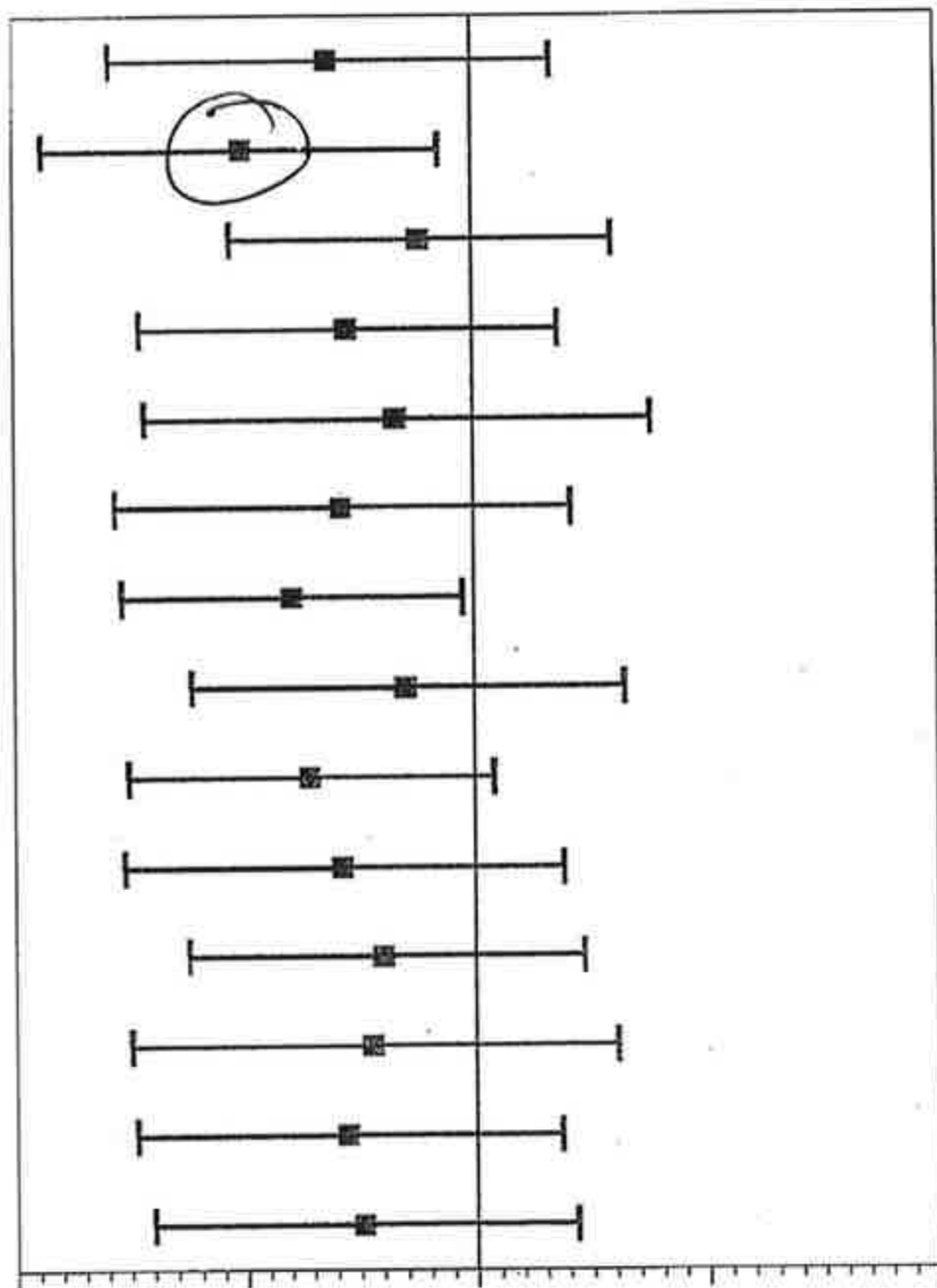


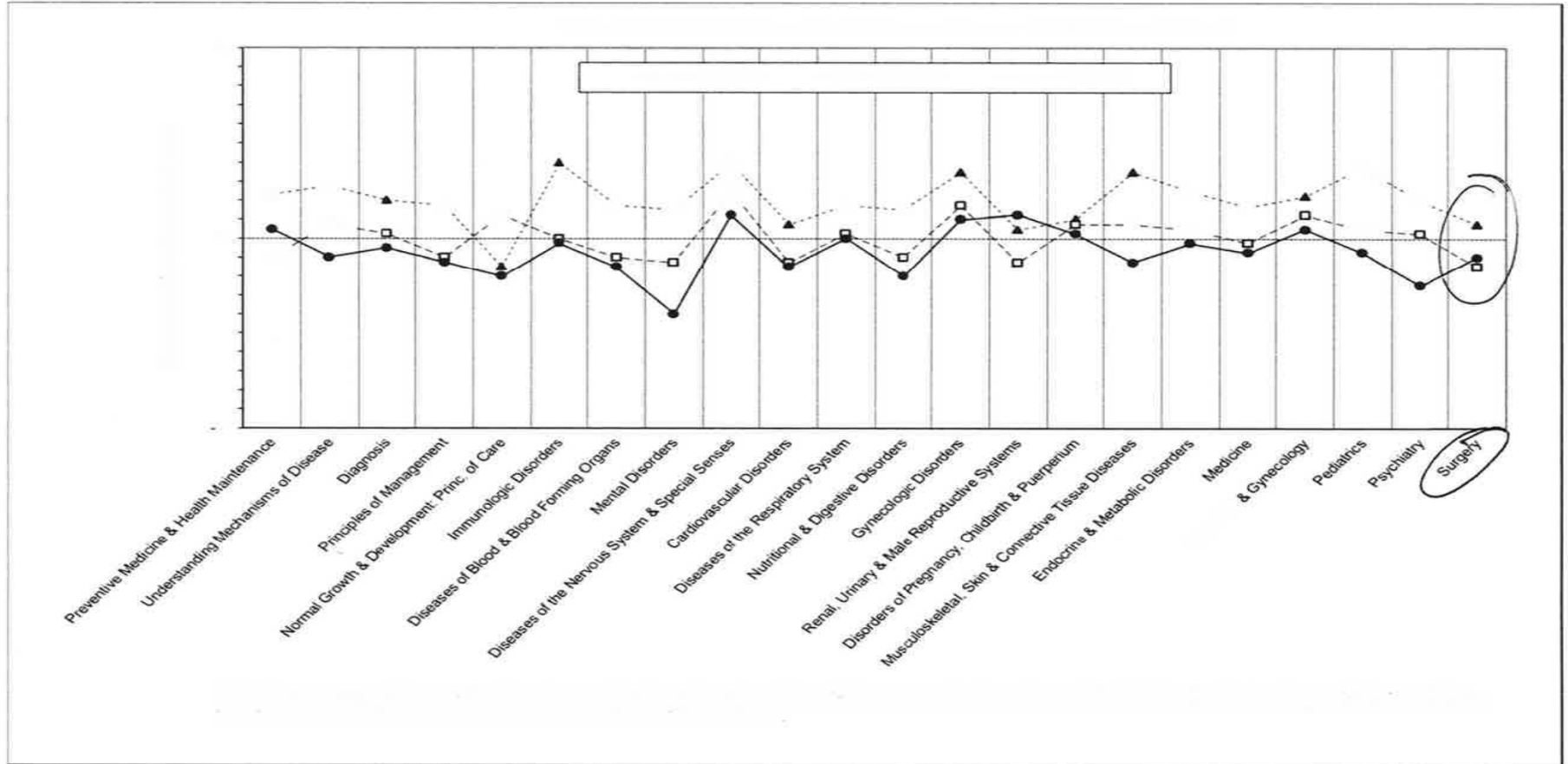
# 4. Student Outcomes

## 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 set**

