

MEC Review of ICM – September 2011



Medical Education Committee: Review Introduction to Clinical Medicine 2011

THE UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE Medical Education Committee (MEC)

MAJOR REVIEW MEMBERS & CONTRIBUTORS

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OVERALL COMMENTS

MAJOR RECOMMENDATIONS:

- 1) *Create a single, comprehensive set of clinical skills and objectives which are developmental in nature; complete with timelines and benchmarks; and span the entire medical school experience (from ICM 1 thru the MS4 "Acting Internships"). A larger working group involving the clerkship directors, ICM instructors, and even module directors is needed to coordinate and implement this effort.*
- 2) *Strongly consider a major revision to the course to improve preceptor recruitment and a consistent preceptor/student experience.*
- 3) *Strongly consider a major revision to the course to increase/improve patient contact.*
- 4) *Include faculty and preceptor evaluations of the course in the future.*
- 5) *Consider reformatting all quizzes to an online learning module similar to CME processes or other major revision to enhance learning aspect or other major revision to enhance learning aspect.*
- 6) *Consider increasing the support/leadership structure of the course to include an additional co-director.*

BASIC INFORMATION

Introduction to Clinical Medicine is a complicated course that involves three separate (newly created ICM 1, 2 and 3) entities. The course work spans the first and second year (90 weeks) of medical school overlapping with the modules of the first two years. The course is (organizationally) very complex with multiple teaching modalities, instructors and assignments. It provides the foundation upon which the clinical clerkships in the third and fourth year of school build.

This report includes specific feedback, suggestions and considerations to improve the educational aspects and goals of the course. Minor suggestions which the committee feels should be considered minimum as well as major changes to be considered in an effort to produce the best results for students are provided. To accomplish this initial review, ICM I and II were considered together though some comments and recommendations may apply to a specific course.



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1. COURSE OBJECTIVES AND THEMES

The course objectives are numerous and specific. They are easily accessed via the syllabus or online content. The syllabus outlines the tasks and schedule clearly, but content seems to be located in too many places overall. This at times led to confusion for students and preceptors.

Suggestions:

- 1) *Use 1 single source for all course material: Choose either the learning portfolio, blackboard, knowledge map, or printed syllabus as the main source.*
- 2) *Provide in this source a single listing of projects, deadlines and tasks.*

Several reviewers felt the course objectives were too broad and attempts to incorporate too many themes contributed to the confusion. Nearly every theme of the school was in one form or another addressed during this course. The value of these broader themes is apparent to the committee but we were concerned that this further contributed to the inherent 'disjointed' sense of the course. While inclusion of the community elder experience was valued by some, it might be best to consider removal of this aspect of the course to provide greater time for emphasis on other subject matters.

Suggestions:

- 1) *Remove the community elder experience from the current ICM format.*
- 2) *Consider incorporation of the cultural competency activities into another course (perhaps PDS?) or reformatting with emphasis on panel discussion alone.*

2. COURSE CONTENT AND METHODS OF INSTRUCTION

Students and preceptors alike value the experiences they share. Students identify the small group preceptors as significant mentors and advisors beyond the role they serve as instructors for the course. These interactions are consistently rated the highest / best experiences. However, due to the nature of preceptor recruitment, there is a significant amount of variability in the experiences of students. Students also value the addition and use of CSTAs.

Lectures are overall viewed as a useful means for introduction to each subtheme of ICM. Specifically formats followed for Cardiology, Dr. Massie's lectures and others were very highly rated. However, several lectures continue to receive poor feedback.

Texts were overall helpful with only some students citing concerns relating to 'conflicting' information.

Learning portfolios are inconsistently used by preceptors and across groups. Technical problems continue to occur with significant material loss during 'time-outs.'

Patient encounters were clearly noted to be the highest rated experience. However, the course director, students and preceptors all cite finding acceptable patients as a severe problem. Follow-up visits as suggested by the syllabus are difficult to accomplish. Some students see a relatively limited scope (preceptor variable) of patients. This is a complicated issue as discussed with all. The committee felt alternative sources for patients and patient encounters would improve the overall experience. Equal Access Birmingham, outpatient practices of UAB physicians, private physicians, study patients, and simulated patients were all mentioned as potential alternatives to pursue.

Students desire more opportunities to see patients, perform evaluations and write-up (and



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receive feedback on the presentations).

HTPs sessions were valued highly by students and well structured.

The amount of time spent in contact with students at times exceeded the amount desired by the school. This was always when considered in combination with the concurrent module.

The basic sciences are incorporated well into the curriculum of ICM and in general paired well with the modules. Students desire the ICM lectures to be scheduled after the basics of physiology have been covered as learners are then in a better position to understand importance of the exam and maneuvers.

Suggestions:

- 1) *Create a school-wide preceptor incentive program to increase participation.*
- 2) *Decrease the number of preceptors but provide direct salary support or incentive to decrease variability among small groups.*
- 3) *Continue the use of CSTAs*
- 4) *Seek other sources of patient access (EAB, outpatient practices, etc.)*
- 5) *Remove/Replace the lectures with consistently poor ratings.*
- 6) *Attempt to schedule lectures near the end of modules to maximize understanding.*
- 7) *Consider using Cole/Bird for ICM 1 and Bates as primary text for ICM 2.*
- 8) *Consider mandating all preceptors use the learning portfolio and provide instruction on the use of the electronic learning portfolio. Alternatively, eliminate its use from all groups.*
- 9) *Provide IT assistance to create a more stable platform to prevent data loss.*
- 10) *Increase patient encounters with greater (more involved) ward shadowing.*
- 11) *Coordinate with module directors as possible to meet contact hour guidelines.*

3. METHODS OF ASSESSMENT

Introduction to Clinical Medicine uses a simple and seemingly appropriate grading rubric which is made available to students/preceptors in the syllabus. Grading is pass/fail with a letter of commendation available to approximately ~10% of the class to recognize outstanding performance.

OSCE videos are felt to effectively identify areas in need of improvement and generally review of video during SGM was thought to be effective. SPs provided useful feedback during OSCEs. Some students asked that HTPs more closely follow the OSCE format (timed with disease simulation).

The Learning Portfolio caused some concerns for both students and preceptors with the variability in use by the groups and data loss mentioned above. There is significant concern raised about its effective representation of performance raised by students. The variability of use by preceptors is also of concern to the committee as a whole.

Quizzes caused the greatest angst and concern from a student perspective. They felt feedback regarding questions was not addressed in a timely fashion (this may be addressed now by Perception – but may not). There was concern raised about specific contradictions in texts for quiz answers. The test reliability was low. Few of the quiz questions were formatted in the NBME standard.

Evaluations by preceptors and CSTAs were felt to be widely variable by students though it was not evident that this significantly impacted final evaluations.

Group Self-Assessments received poor evaluations from students. It is not clear why this



occurred.

Suggestions:

- 1) *Consider changing the method of administration of quizzes to mimic an online learning module that must be completed. Thus, the information must be memorized, processed and utilized but provides the learner with immediate feedback. Significant IT resources would be required to accomplish this change.*
- 2) *Alternatively, mimic anatomy quizzes: short, 5 questions after each SGM with a focus on strategies, larger themes of the clinical medicine.*
- 3) *Enhance quizzes with performance evaluations that require application of clinical skills (heart sounds, breath sound identification.)*
- 4) *Allow for review of ICM quiz questions by the same methods as current module questions/quizzes.*
- 5) *Increase the percentage of quiz questions which are written in the style of a clinical vignette.*
- 6) *Consider simplifying preceptor evaluation forms to identify/highlight those students felt to be at extremes of the performance curve.*
- 7) *Consider whether Group Self-Assessments are developmentally appropriate and effective in this setting. Perhaps revise to increase true/perceived value.*

4. STUDENT OUTCOMES

It's difficult to define the best student outcome of the course. This led to the suggestion that creation of more specific developmental milestones or timelines might be best to determine the outcome. The timeline however must track through the clerkships as they are the obvious continuation of the ICM I and II courses. Performance on USMLE Step II CS could certainly be another outcome, though it – as above – is also undoubtedly strongly influenced by clerkship experiences.

Suggestions:

The school itself needs to determine the best measure and outcome for students so that the course might be better refined to meet these needs. We suggest the use of the milestone timeline as an initial start with a specific target of progression at the end of each section of ICM which advances through the clerkships and MS-4 rotations.

5. STUDENT / FACULTY EVALUATION OF COURSE

Students have the opportunity to review the course at the end with use of the e-value system. Data from these evaluations was used to complete this review. Currently faculty, preceptor, CSTA or other evaluations are not performed.

Generally the students value the course describing it as 'an uplifting experience' that reminds them of why they 'wanted to be a doctor.' Many students value the relationships with the CSTAs and preceptors as mentors beyond the course intents. HTPs and OSCEs were viewed as highly valuable learning experiences.



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Suggestions:

- 1) Create preceptor evaluations for the course to provide opportunity for feedback.*
- 2) Create evaluations of course for CSTAs.*
- 3) Future reviews should include the use NGTs for both students and preceptors (and possibly CSTAs).*

6. EVALUATION OF FACULTY, PRECEPTORS AND OTHER COURSE INSTRUCTORS

Faculty/Preceptors and CSTAs in general receive excellent evaluations. However, continued preceptor instruction and development is severely limited by the strictly volunteer status of preceptors. As the course director correctly notes, this limits the ability to control variability, demand attendance and performance. The majority of student comments of concern in this area reflect the nature of preceptor recruitment: "I felt like I was being 'fit-in' the schedule." See student summary for other related concerns. The greatest concerns expressed by students regarding preceptors were use of the portfolio and return trips to wards to see patients.

There was concern about the lack of feedback and degree of responsiveness of the course director and staff. This was relatively consistent across evaluations and perhaps most directly related to quiz issues.

The course individually ranked in the bottom half of the first and second year modules.

Suggestions:

- 1) Improving the course and decreasing variability will require a significant commitment of resources by the school. As the course currently stands, little improvement in this area could be expected as the course relies upon volunteers.*
- 2) Timely feedback for quizzes and concerns would likely improve student perceptions of course.*

7. IMPACT OF CHANGES FROM LAST YEAR

This section is intended for the following review (2012). However Dr. Massie has already made (and continuously does so) significant improvements and changes as highlighted in the Additional Information Form. Of note, the addition of CSTAs and revision of the course (into 3 separate sections) are major recent interventions.