

Anatomy of a Clerkship

Faculty Development Series for Clinical Teachers

101



Thursday December 10, 2020



The University of Vermont
LARNER COLLEGE OF MEDICINE

Title of Program: Faculty Development Series for Clinical Teachers 101
Title of Talk: Anatomy of a Clerkship
Speaker/Moderator: Elise Everett, MD
Planning Committee Members: Elise Everett, MD; Katie Huggett, PhD

Date: 12/4/2020

Workshop #: 2

Learning Objectives

1. Describe the basic framework for and structure of a clerkship.

DISCLOSURE:

Is there anything to disclose? Yes or **No**

Please list the Potential Conflict of Interest (*if applicable*): ****

All Potential Conflicts of Interest have been resolved prior to the start of this program.

****Yes** or No (*If no, credit will not be awarded for this activity.*)**

(CMIE staff members do not have any interests to disclose)

All recommendations involving clinical medicine made during this talk were based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. Yes

COMMERCIAL SUPPORT ORGANIZATIONS (*if applicable*): ___ This activity is free from any commercial support

Claiming Instructions

Clerkship Faculty Development Series 101 FY 2021
12/10/2020

Use the following link to access the claiming app, or scan the QR code below.

Claiming App:

<http://www.highmarksce.com/uvmmmed/index.cfm?do=ip.claimCreditApp&eventID=15316>



In support of improving patient care, The Robert Larner College of Medicine at the University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

The University of Vermont designates this internet live activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program has been reviewed and is acceptable for up to 0 Nursing Contact Hours



Objective

Describe the basic framework for and structure of a Clerkship.





Clerkship Governance





Dean of the Larner College of Medicine
Richard L. Page, MD



Senior Associate Dean of Clinical Medicine
Christa Zehle, MD



Associate Dean for Undergraduate
Medical Education-Nuvance



Level Director of Clinical Clerkships
Elise N. Everett, MD



The Learning Environment

The University of Vermont Larner College of Medicine is committed to creating and maintaining a learning environment that supports and encourages respect for every individual, and promotes the development of professionalism in medical students, residents, fellows, faculty and staff across all instructional sites. We'll cover how to share accolades, praise, concerns or ideas related to the learning environment in a confidential, informal and neutral setting during the Orientation Bridge.

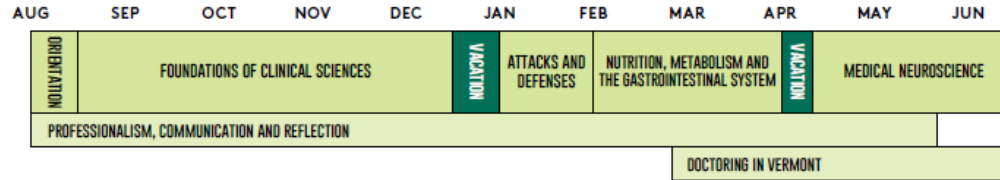




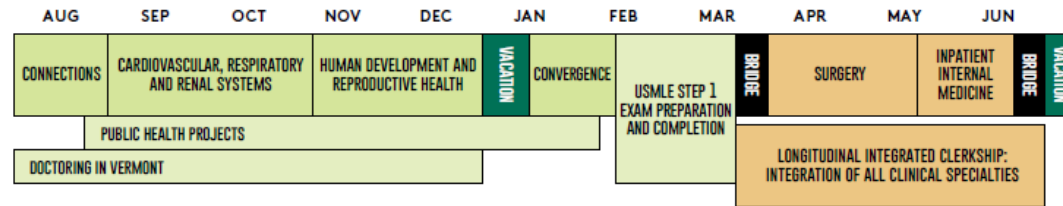
The Clerkship and the Curriculum



LEVEL 1: FOUNDATIONS



LEVEL 1: FOUNDATIONS

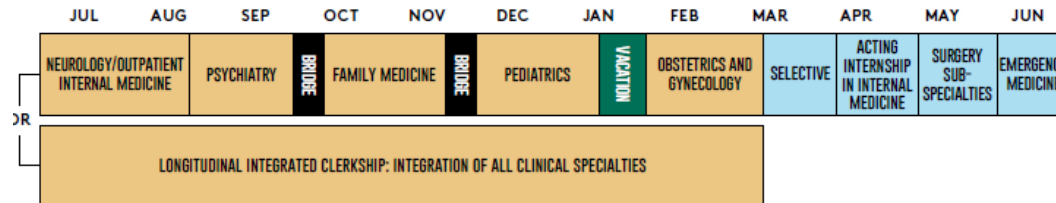


LEVEL 2: CLERKSHIP

TRADITIONAL OR LONGITUDINAL INTEGRATED CLERKSHIP

LEVEL 2: CLERKSHIP

TRADITIONAL OR LONGITUDINAL INTEGRATED CLERKSHIP



LEVEL 3: ADVANCED INTEGRATION

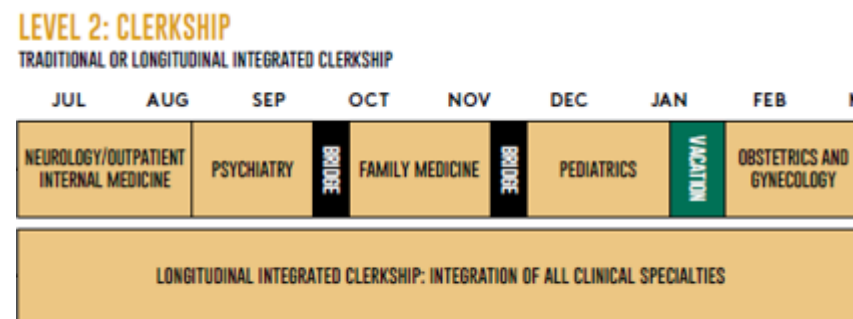
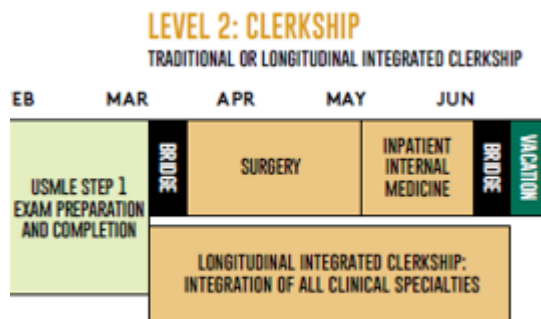
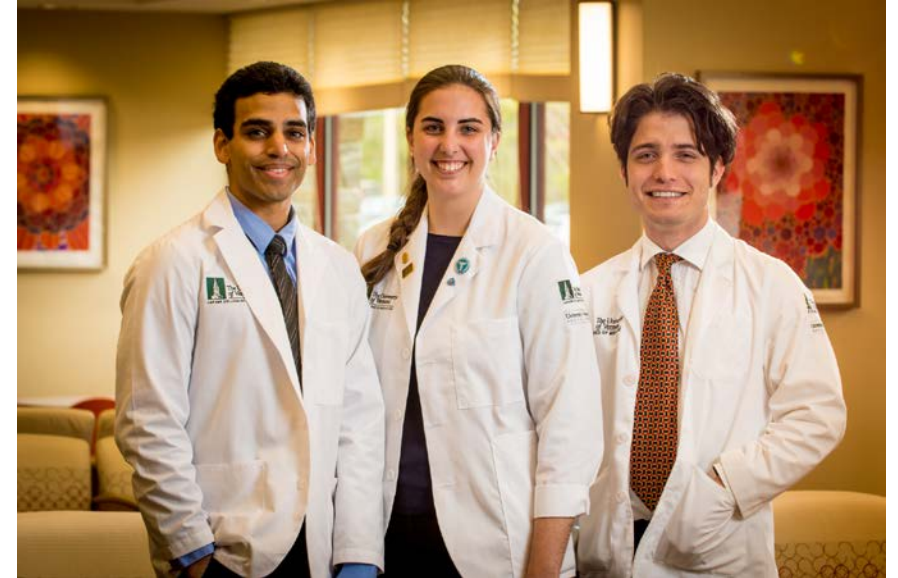
LEVEL 3: ADVANCED INTEGRATION



- Foundations=20 months
- Clerkship=13 months
- AI=15 months
- Total 48 months

Two Clerkship Pathways

Block Clerkships vs. Longitudinal Integrated Clerkships

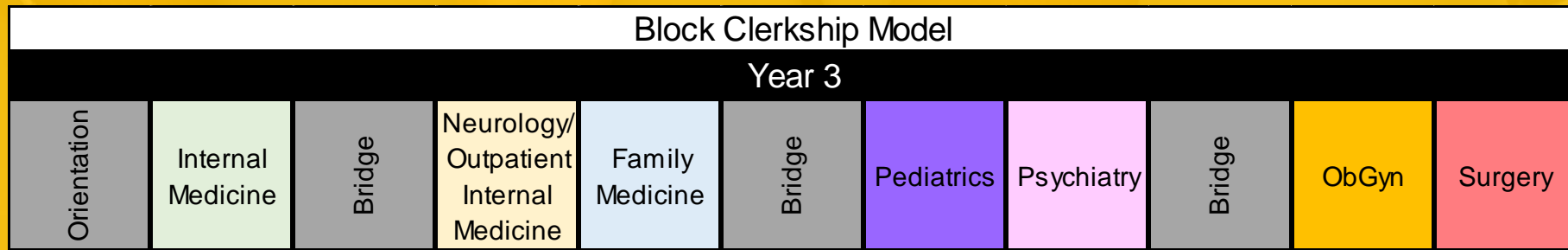




Structure of the Clerkship Year

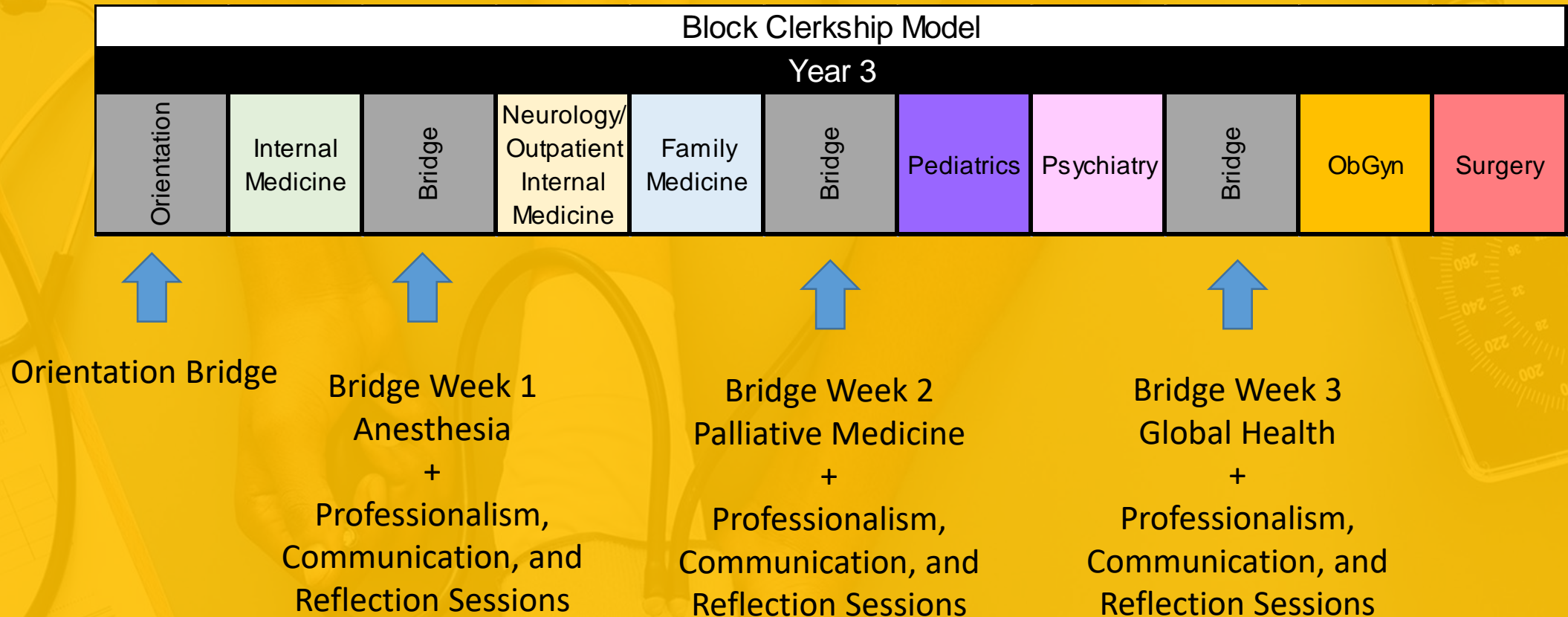


The Traditional Clerkship Pathway



- Eight clerkships that are departmentally-based
- A four-week longitudinal Bridge Clerkship.
- 49 weeks of required clerkships
- 4 weeks of vacation.
- Inpatient and outpatient settings and locations

The Clerkship Bridges



The Seven Flight Groups

	Flight Group A
1	Internal Medicine
2	Neuro/Outpatient
3	Family Med
4	Peds
5	Psychiatry
6	ObGyn
7	Surgery

	Flight Group B
1	Surgery
2	Internal Medicine
3	Neuro/Outpatient
4	Family Med
5	Peds
6	Psychiatry
7	ObGyn

	Flight Group C
1	Ob/Gyn
2	Surgery
3	Internal Medicine
4	Neuro/Outpatient
5	Family Med
6	Peds
7	Psychiatry

	Flight Group D
1	Psychiatry
2	Ob/Gyn
3	Surgery
4	Internal Medicine
5	Neuro/Outpatient
6	Family Med
7	Peds

	Flight Group E
1	Peds
2	Psychiatry
3	Ob/Gyn
4	Surgery
5	Internal Medicine
6	Neuro/Outpatient
7	Family Med

	Flight Group F
1	Family Med
2	Peds
3	Psychiatry
4	Ob/Gyn
5	Surgery
6	Internal Medicine
7	Neuro/Outpatient

	Flight Group G
1	Neuro/Outpatient
2	Family Med
3	Peds
4	Psychiatry
5	Ob/Gyn
6	Surgery
7	Internal Medicine

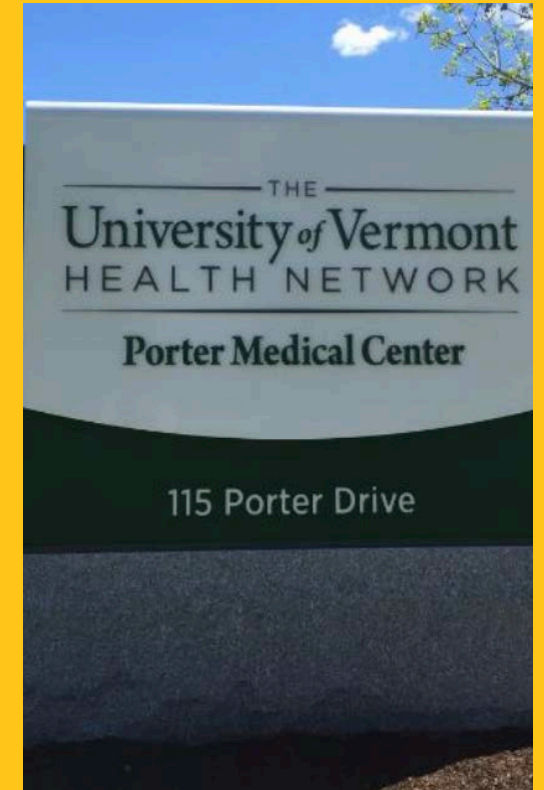
Vermont Campus UVMHN Locations



UVMHC
Burlington, VT



CVPH,
Plattsburgh, NY



Porter Medical Center,
Middlebury, VT

Vermont Campus Non-Network Locations



Rutland Regional Medical Center,
Rutland, VT



St. Mary's Medical Center,
West Palm Beach, FL

Connecticut Campus Locations



Danbury Hospital, Danbury, CT



Norwalk Hospital, Norwalk, CT

LIC Campus Locations



Glens Falls Hospital, Glens Falls, NY
Hudson Headwaters Health Network (HHHN)



Central Vermont Medical Center, Berlin, VT
University of Vermont Health Networks (UVMHN)

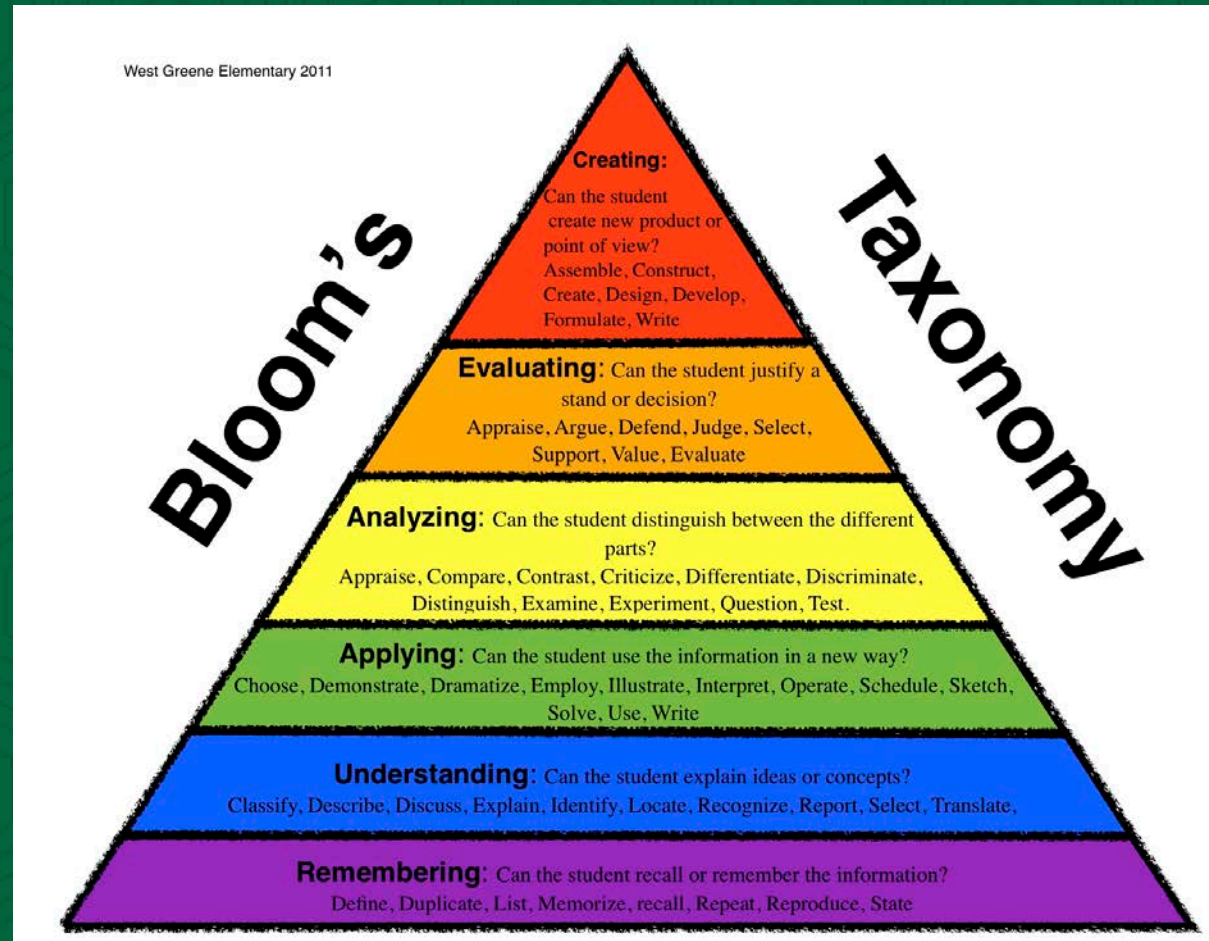
Rotation Cohort Size

- Total Number of Students: 120-130 third year medical students
- Block Clerkships in VT: 80-90 students/year, 11-13 students/block rotation
- Block Clerkships in CT: 35 students/year, 2-5 students/block rotation
- LIC Clerkship at HHHN: 4 students/year
- LIC Clerkship at CVMC: 4 students/year

Example of Student Distribution-ObGyn

Sites	Rotation 1	Rotation 2	Rotation 3	Rotation 4	Rotation 5	Rotation 6	Rotation 7	Total
UVMHC	9-13	9-13	9-13	9-13	9-13	9-13	9-13	63-91
CVPH- UVMHN	0	0	0	0	0	0	0	0
Porter- UVMHN	0	1	0	1	0	1	0	3
RRMC-OON	1	0	1	0	1	0	1	4
St. Mary's- OON	2	2	2	2	2	2	2	14
Danbury- Nuvance	3	3	3	3	3	3	3	21
Norwalk- Nuvance	2	2	2	2	2	2	2	14
HHHN	4	--	--	--	--	--	--	4
CVMC	4	--	--	--	--	--	--	4
Total								127-155

Competencies, Objectives, & Instructional Professional Activities



ACGME Competencies

Six ACGME Core Competencies



Department of Graduate Medical Education (GME)



13 AAMC Entrustable Professional Activities

1. Gather a history and perform a PE.
2. Prioritize a differential diagnosis.
3. Recommend and interpret common diagnostic and screening tests.
4. Enter and discuss orders and prescriptions.
5. Document a clinical encounter.
6. Provide an oral presentation of a clinical encounter.
7. Form clinical questions.
8. Give or receive a handoff.
9. Collaborate as a member of an inter-professional team.
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
11. Obtain informed consent for tests and/or procedures.
12. Perform general procedures of a physician.
13. Identify system failures and contribute to a culture of safety and improvement.

Graduates of The Robert Larner, M.D. College of Medicine at The University of Vermont medical education program will be proficient in the following competencies. For each competency our students are expected to meet the following objectives:

LCOM Program Objectives

1. **Competency: Patient Care**

Objectives:

1. Demonstrate skills in core activities required for patient care including establishing rapport, collecting a patient history and performing a physical examination.
2. Interpret clinical findings, make appropriate use of tests and procedures, formulate assessments, and develop effective plans to diagnose, treat, and prevent health problems and to promote patient health.
3. Demonstrate compassion, courtesy, and respect for the social and cultural perspective of the patient.

2. **Competency: Medical Knowledge**

Objectives:

1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences related to the practice of medicine.
2. Apply scientific knowledge to explain determinants of health, mechanisms and consequences of diseases, and principles underlying methods of diagnosis, treatment, prevention, and health promotion, at individual and population levels in current and evolving health care settings.
3. Interpret and analyze information to develop appropriate diagnostic assessments and plans for treatment, disease prevention, and promotion of health.
4. Locate, evaluate, and synthesize information required for patient care from the medical literature using appropriate resources and technology.
5. Demonstrate behaviors of continuous self-directed learning skills, including self-assessment and reflection, identification of knowledge gaps, and recognition of lifelong learning.

3. **Competency: Practice-Based Learning and Improvement**

Objectives:

1. Apply principles of evidence-based medicine to inform patient care in current and evolving health care settings, including for diagnosis, treatment, and prevention of health problems and for promotion of health.
2. Teach and perform research to contribute to the education of other health professionals.
3. Demonstrate practices of self-assessment and continuous improvement, based on reflection and feedback, of the knowledge, skills and attitudes required for patient care in current and evolving health care settings.

4. **Competency: Interpersonal and Communication Skills**

Objectives:

1. Communicate and collaborate effectively with patients, families, and health professionals to provide compassionate, appropriate, and effective patient care.
2. Communicate appropriately and effectively with patients, families, and the public across a broad range of socioeconomic and cultural backgrounds.

5. **Competency: Professionalism**

Objectives:

1. Behave in accordance with professional and ethical principles, including but not limited to: altruism, compassion and empathy, accountability and responsibility, excellence and scholarship, duty and service, social responsibility, honor and integrity, respect, and cultural humility.

6. **Competency: Systems-Based Practice**

Objectives:

1. Demonstrate understanding of the essentials for collaborative teamwork including interprofessional team dynamics, communication skills and conflict resolution within the context of a well-functioning team.
2. Demonstrate awareness of and responsiveness to the larger context of systems of health care through effective use of system resources, coordination of care, and practices that enhance quality and safety.
3. Participate in the care of patients as an integrated member of an effective health care team.



Clerkship and Career Exploration

GLOBAL OBJECTIVES:

Find your PEOPLE: Explore if the professionals working in ObGyn are a good fit as a peer group of colleagues.

Find your PATIENTS: Explore if the patients encountered in ObGyn are a good fit as a patient population that you would be happy caring for over the next 30 years of your career.

Find your PROBLEMS: Explore if the problems or pathology encountered in ObGyn are interesting and challenging to you and if you enjoy studying and solving them.

Find your PASSION/PURPOSE: Explore how you feel during the ObGyn clerkship and if it feels like work or just a job or if it feels more like a calling or a career.



Knowledge, Skills, Attitudes, Behavior Objectives- ObGyn

SPECIFIC OBJECTIVES-Mapped to ACGME Competencies and the EPAs

ObGyn 1. Perform systematic, appropriate histories pertinent to the chief complaint. (1PCa) (EPA1)

ObGyn 2. Perform thorough, comprehensive, and appropriate physical examinations pertinent to the chief complaint. (IPCa) (EPA1)

ObGyn 3. Develop a principal diagnosis and differential diagnosis appropriate to the chief complaint, history, and physical examination. (1PCb, 2MKc) (EPA2)

ObGyn 4. Document the findings of the history and physical examination and assessment and plan in a logical, cogent medical note. (IPCa, 4IPCSa) (EPA5)

ObGyn 5. Communicate effectively, demonstrating compassion and respect for patients, families, peers, and all members of the health care team. (1PCc, 4IPCSa, 4IPCSb, 5Pa, 6SBPb) (EPA6, 7, 8, 9, 11)

ObGyn 6. Demonstrate professional behaviors with patients, families, peers, and all members of the health care team. (5Pa, 6SBPb) (EPA9)

ObGyn 7. Use evidence-based medicine principles to frame clinical questions, interpret data, and apply that data to the care of patients (2MKa,b,c,d,e, 3PBL1a) (EPA7)

ObGyn 8. Apply recommended prevention strategies to women throughout their life-span. Explain strategies for health promotion as well as disease prevention (2MKa,b,c,d,e, 3PBL1a) (EPA3)

ObGyn 9. Demonstrate knowledge of preconception care including the impact of genetics, medical conditions, and environmental factors on maternal health and fetal development. (2MKa,b,c,d,e, 3PBL1a)

Individual Clerkship Objectives-ObGyn

ObGyn 10. Explain the normal physiologic changes of pregnancy including the interpretation of common diagnostic studies. Understand the process of normal labor and birth. (2MKa,b,c,d,e, 3PBLIa) (EPA3)

ObGyn 11. Develop a thorough understanding of normal labor and vaginal birth. (2MKa,b,c,d,e, 3PBLIa)

ObGyn 12. Describe the epidemiology, clinical findings, pathophysiology, diagnostic testing, treatment, and outcomes of common obstetrical problems during the antepartum, intrapartum, and postpartum periods. (2MKa,b,c,d,e, 3PBLIa) (EPA1, 2, 3, 4)

ObGyn 13. Describe menstrual cycle physiology, discuss puberty and menopause and explain normal and abnormal bleeding. (2MKa,b,c,d,e, 3PBLIa)

ObGyn 14. Describe the etiology and evaluation of infertility. (2MKa,b,c,d,e, 3PBLIa) (EPA3, 4)

ObGyn 15. Develop a thorough understanding of contraception, including sterilization and abortion. (2MKa,b,c,d,e, 3PBLIa)

ObGyn 16. Describe the epidemiology, clinical findings, pathophysiology, diagnostic testing, treatment, and outcomes of common acute and chronic gynecologic conditions both benign and malignant. (2MKa,b,c,d,e, 3PBLIa) (EPA1, 2, 3, 4)

ObGyn 17. Demonstrate knowledge of perioperative care and familiarity with gynecologic procedures. (2MKa,b,c,d,e, 3PBLIa) (EPA 9, 11, 12)

ObGyn 18: Describe the symptoms and exam findings of common breast conditions both benign and malignant, outline the evaluation and management of breast complaints both benign and malignant, and be able to perform a breast exam. (2MKa,b,c,d,e, 3PBLIa) (EPA1, 2, 3, 4)

ObGyn Specific EPAs

EPA1A: Gather a history: Obstetrics History, Gynecologic History, Sexual History, Family History related to female malignancies, HPIs related to common Ob and Gyn chief complaints (See List), pertinent positives and negatives

EPA1B: Perform a Physical Exam: Breast exam, Pelvic exam (speculum and bimanual), Obstetric exam (Fundal height, doptones, fetal position), Laboring cervical exam (dilation, effacement)

EPA2: Prioritize a differential diagnosis following a clinical encounter: Create a DDx for common Ob and Gyn chief complaints (See List)

EPA3: Recommend and interpret common diagnostic and screening tests: Recommend/interpret common diagnostic and screening tests for Ob and Gyn complaints. (See List)

EPA4: Enter and discuss orders/prescriptions, including treatment plans: MS3 students should focus on creating an evaluation or work-up, an assessment, and management plan for common Ob and Gyn chief complaints. (See List) MS4s should focus on entering orders and prescriptions.

ObGyn Specific EPAs

EPA5: Document a clinical encounter in the patient record: Obstetric Notes (L and D triage note, L and D admit note, L and D labor progress note, Delivery note, Postpartum SOAP note, Discharge summary), Inpatient Surgery Notes (Brief Op Note, Postop Check, Postop SOAP note, transfer/ED/Consult admission note, Clinic H and P or clinic SOAP Note)

EPA6: Provide an oral presentation of a clinical encounter: Perform an oral presentation on L and D, in clinic, or on morning surgical inpatient rounds. This can be just a focused history such as an HPI or cancer history. It can be a full H and P. It can be a SOAP format.

EPA7: Form clinical questions and retrieve evidence to advance patient care. (EBM): This EPA is usually more focused on MS4 students

EPA8: Give or receive a patient handover to transition care responsibility: This EPA is usually more focused on MS4 students

EPA9: Collaborate as a member of an inter-professional team: L and D resident team, days and nights, inpatient Gyn resident team, OR team

ObGyn specific EPAs

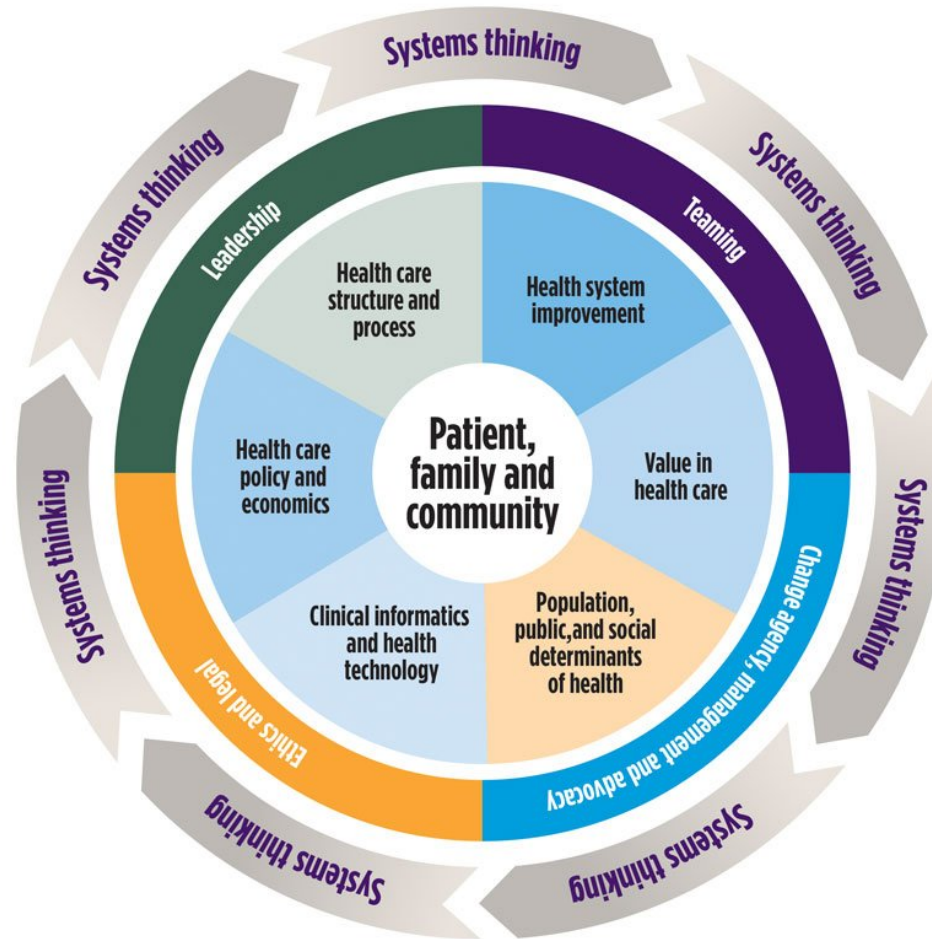
EPA10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management: On labor and delivery in a pregnant patient: postpartum hemorrhage, abruption, fetal distress, eclampsia, maternal distress, In the ED or Inpatient Gyn Service: ectopic pregnancy, ovarian torsion, intra- or post-op complication, sepsis, hemorrhage,

EPA11: Obtain informed consent for tests and procedures: This EPA is usually more focused on MS4 students. For MS3 should focus on contraception counseling and the risks, benefits, and alternatives for the various types of contraceptives and family planning options.

EPA12: Perform the general procedures of a physician: Vaginal delivery, Knot tying, Basic suturing, Collection of a pap smear, wet mount, STI screening

EPA13: Identify system failures and contribute to a culture of safety and improvement: This EPA is usually more focused on MS4 students

AMA-Health Systems Science





The Student Clerkship Experience



Orientation

- Variable Orientations:
 - Remote
 - Hybrid
 - In-Person
- Time:
 - 1 hour to 5 days
- Content:
 - Review COMET/VIC of clerkship goals, objectives, expectations, and structure.
 - Knowledge: Active learning sessions
 - Skills: simulation, SP cases



Competency Tracker

Clinical Level Students track all their required clinical encounters in the Patient Tracker in one of the four competencies:

- Well Care
- Acute Care
- Chronic Care
- Procedures
- Acute or Chronic Care

Add Experience

Experience Date:

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Select Course:

Select Competency: Acute or Chronic Care Chronic Care

Requirements: Acute or Chronic Care
Students evaluate patients with a contextual perspective and perform or participate in history taking, risk/strength identification, physical examination, and management planning. Students present patients and per preceptor — document in chart. Students apply screening protocols based on guidelines. Students may counsel patients or families regarding preventive activities including immunizations and provide age-appropriate anticipatory guidance.

Select Category: Acute or Chronic Care
 Bleeding Chest pain Diabetes/blood sugar management Dyspnea Electrolyte Abnormality GI Infections
 Renal Failure Weakness/fatigue

Inpatient/Outpatient: Inpatient Outpatient

Select Patient:

Describe Experience:



Assessment of Students



Mid-Rotation Feedback

▲ MEDICAL STUDENT MID-ROTATION FORMATIVE FEEDBACK FORM

Please note: This form contains information to help students gauge their academic progress in the clerkship and to help preceptors frame constructive feedback to help students improve their performance. This information is NOT part of the final assessment of student performance and will not appear verbatim on the Medical Student Performance Evaluation.

Student:	
Faculty/Preceptor:	
Clerkship:	
Date:	

To be completed by the faculty member/preceptor:

Strengths:
Areas for improvement:
In order to maximize success of passing the clerkship, the student's individual improvement plan is:

Please see reverse side for additional feedback.

Professionalism (attitude toward learning and feedback, professional integrity, work habits)		
<input type="checkbox"/> Meets/Exceeds expectations	<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Does not apply
Interpersonal and Communication Skills, Presentation Skills		
<input type="checkbox"/> Meets/Exceeds expectations	<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Does not apply
Medical Knowledge (understanding of basic principles of patient care)		
<input type="checkbox"/> Meets/Exceeds expectations	<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Does not apply
Problem Solving and Management Skills (data interpretation, utilization of resources)		
<input type="checkbox"/> Meets/Exceeds expectations	<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Does not apply
Patient Care (knowledge of patients, history taking, note writing)		
<input type="checkbox"/> Meets/Exceeds expectations	<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Does not apply
Patient Tracker Review (is the student seeing the required number & variety of patients?)		
<input type="checkbox"/> Meets/Exceeds expectations	<input type="checkbox"/> Does not meet expectations	<input type="checkbox"/> Does not apply

<input type="checkbox"/>	Please check if student is currently at high risk of failing clerkship and make a referral to the Director of Academic Achievement.
<input type="checkbox"/>	The student was sufficiently supervised by residents, fellows, or faculty/attendings in the clinical encounters during the clerkship (e.g., was appropriately observed; was only asked to do things appropriate for the student's level of training/knowledge/skills).
<input type="checkbox"/>	The faculty filling out this formative feedback form does not provide psychiatric counseling or medical care to this student:

To be completed by the student:

<input type="checkbox"/>	A faculty member (resident or attending/preceptor) observed me taking the relevant portions of the patient history during the clerkship. (On at least one occasion)
<input type="checkbox"/>	A faculty member (resident or attending/preceptor) observed me performing the relevant portions of the physical or mental status exam during the clerkship. (On at least one occasion)
<input type="checkbox"/>	I have discussed the Patient Tracker and my ability to meet the clerkship clinical encounter requirements by the end of the clerkship.
<input type="checkbox"/>	I certify that I worked 80 hours or less per week (when averaged over the duration of the rotation) on direct patient care and required educational activities during the clerkship (does not include study time).
<input type="checkbox"/>	I am aware of academic success resources, including the NBME practice vouchers, tutors, exam reflection, and other services provided by the Medical Student Service Team.
<input type="checkbox"/>	I have read the objectives of the clerkship.

I have received mid-clerkship feedback.

Student signature:	Faculty signature:
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Assessment of Students-Faculty Evaluations



University of Vermont College of Medicine
Clinical Core
Student Assessment Form

Student: _____
Clerkship: _____
Service: _____
Assessor: _____
Assessor's Role: _____
Dates: _____
Frequency of Contact: < 2 times/week
 2-5 times/week>
 5 times/week

This assessment tool is designed to facilitate longitudinal assessment as students move through the curriculum and to help the Clerkship Director identify those students that are either in need of remediation or are performing at a truly exceptional level for their level of training. It is expected that the ratings for most students will fall near the middle part of the scale. The descriptors in this category are meant to reflect the student who has demonstrated competency in this area. The lowest rating (excluding "unable to assess") identifies that student who has not yet achieved competency and the highest rating for the individual who is truly exceptional in the areas assessed.

What impressed you most about this student?

Recognizing that all learners can benefit from continued efforts at expanding their fund of knowledge through independent study and reading, what skill should this student focus on improving during their next rotation?

I would like the Clerkship Director to call me to discuss this student.

Yes No

I do not provide psychological counseling and/or medical care to this student.

Signature (Resident or Faculty) _____

Date _____

6

Assessment of Students-Faculty Evaluations

Patient Care

- a) Demonstrate skills in core activities required for patient care including establishing rapport, collecting a patient history and performing a physical examination.
- b) Interpret clinical findings, make appropriate use of tests and procedures, formulate assessments, and develop effective plans to diagnose, treat, and prevent health problems and to promote patient health.
- c) Demonstrate compassion, courtesy, and respect for the social and cultural perspective of the patient.

History-taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> Unable to assess	<u>Markedly below expectations</u>
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Physical exam	<input type="checkbox"/>
<input type="checkbox"/> Unable to assess	<u>Markedly below expectations</u>

Problem-solving and clinical judgment	<input type="checkbox"/>
<input type="checkbox"/> Unable to assess	<u>Markedly below expectations</u>

Patient-centeredness	<input type="checkbox"/>
<input type="checkbox"/> Unable to assess	<u>Markedly below expectations</u>

Please comment on any areas of concern identified above.

Medical Knowledge

- a) Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences related to the practice of medicine
- b) Apply scientific knowledge to explain determinants of health, mechanisms and consequences of diseases, and principles underlying methods of and evolving health care
- c) Interpret and analyze information to guide patient care in prevention, and promote health
- d) Locate, evaluate, and use resources and technology
- e) Demonstrate behaviors

Knowledge base and application	<input type="checkbox"/>	Markedly below expectations
<input type="checkbox"/> Unable to assess		

Acquisition of new information	<input type="checkbox"/>	Markedly below expectations
<input type="checkbox"/> Unable to assess		

Please comment on any areas of concern identified above.

Practice-Based Learning and Improvement

- a) Apply principles of evidence-based medicine to inform patient care in current and evolving health care settings, including for diagnosis, treatment, and prevention of health problems and for promotion of health.
- b) Teach and perform research to contribute to the education of other health professionals.
- c) Demonstrate practices of self-assessment and continuous improvement, based on reflection and feedback, of the knowledge, skills and attitudes required for patient care in current and evolving health care settings.

Learning habits and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unable to assess	Markedly below expectations	Below expectations	Receptive and responsive to feedback, identifies learning needs and works to address them with little prompting	Exceeds expectations	Exceeds markedly

3

Application of evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unable to assess	Markedly below expectations	Below expectations	Identifies information needs, retrieves and evaluates relevant sources to inform practice	Exceeds expectations	Exceeds markedly

Please comment on any areas of concern identified above.

Assessment of Students- Faculty Evaluations

Interpersonal and Communication Skills

- Communicate and collaborate effectively with patients, families and health professionals to provide compassionate, appropriate, and effective patient care.
- Communicate appropriately and effectively with patients, families, and the public across a broad range of socioeconomic and cultural backgrounds.

Medical record-keeping <input type="checkbox"/> Unable to assess	<input type="checkbox"/> Markedly below expectations	<input type="checkbox"/> Below expectations	<input type="checkbox"/> Organized, understandable, documents reasoning as well as data
Patient presentations <input type="checkbox"/> Unable to assess	<input type="checkbox"/> Markedly below expectations	<input type="checkbox"/> Below expectations	<input type="checkbox"/> Organized, includes pertinent data, analyzes as well as reporting information
Interactions with patients and their families <input type="checkbox"/> Unable to assess	<input type="checkbox"/> Markedly below expectations	<input type="checkbox"/> Below expectations	<input type="checkbox"/> Demonstrates respect and empathy, non-judgmental, educates and conveys information effectively

Please comment on any areas of concern identified above.

Professionalism

Behave in accordance with professional and ethical principles, including but not limited to altruism, compassion and empathy, accountability and responsibility, excellence and scholarship, duty and service, social responsibility, honor and integrity, respect, humility, and cultural competence.

Initiative and reliability <input type="checkbox"/> Unable to assess	<input type="checkbox"/> Markedly below expectations	<input type="checkbox"/> Below expectations	<input type="checkbox"/> Completes assigned tasks, attends scheduled activities, seldom late	<input type="checkbox"/> Exceeds expectations	<input type="checkbox"/> Exceeds markedly
Professional conduct <input type="checkbox"/> Unable to assess	<input type="checkbox"/> Markedly below expectations	<input type="checkbox"/> Below expectations	<input type="checkbox"/> Behaves consistently with ethical and professional principles including altruism, honesty, respect, service, and accountability	<input type="checkbox"/> Exceeds expectations	<input type="checkbox"/> Exceeds markedly

Please comment on any areas of concern identified above.

Systems-Based Practice

- Demonstrate awareness of and responsiveness to the larger context of systems of health care through effective use of system resources, coordination of care, and practices that enhance quality and safety.
- Participate in the care of patients as an integrated member of an effective health care team.

Team integration <input type="checkbox"/> Unable to assess	<input type="checkbox"/> Markedly below expectations	<input type="checkbox"/> Below expectations	<input type="checkbox"/> Cooperates, identifies roles of team members, works effectively in a multi-disciplinary team	<input type="checkbox"/> Exceeds expectations	<input type="checkbox"/> Exceeds markedly
Coordination and use of system resources <input type="checkbox"/> Unable to assess	<input type="checkbox"/> Markedly below expectations	<input type="checkbox"/> Below expectations	<input type="checkbox"/> Identifies roles of professionals, services, and supports beyond the immediate team	<input type="checkbox"/> Exceeds expectations	<input type="checkbox"/> Exceeds markedly

Assessment of Students: NBME

- National Board of Medical Examiner's Subject Exam (NBME "Shelf" Exam)
 - Inpatient Internal Medicine
 - Outpatient Internal Medicine
 - Neurology
 - ObGyn
 - Psychiatry
 - Surgery
- Larner College of Medicine Subject Exam
 - Family Medicine
 - Pediatrics



Assessment of Students: CSE

- Clinical Skills Exam (CSE) or Objective Structured Clinical Exam (OSCE)
 - Competencies:
 - History Taking
 - Physical Exam
 - Professionalism
 - IPCS
 - Patient Education

CSE: Door Instructions

OPENING SCENARIO

Kelly Simon, age 28, G3,P2012 is here for information about contraception; she wants to start using a new method and would like to discuss IUDs and combined hormonal methods- pills, patches and rings. Kelly is 10 months postpartum with her second child; is healthy and has no significant past medical history. Her menses are regular every 28 days and normal.

EXAMINER'S TASKS: maximum of 15 minutes

1. Clarify her family planning goals
2. She is interested in finding out more about combined hormonal methods, and about I.U.D.s
 - a. Provide her with information on the above methods:
 - i. How each method works
 - ii. How they're used
 - iii. Effectiveness
 - iv. Benefits
 - v. Risks
 - vi. Side effects.



CSE: Checklist Example

CONTRACEPTION CHECKLIST – OB GYN CSE 2014 (Kelly Simon)

STUDENT NAME _____ DATE _____

STANDARDIZED PATIENT _____

KEY: D=Done U=Unsatisfactory N= Not Done

(Categories: O=Overall Assessment; P=Professionalism; C=Communication; H=History; PE=Physical Exam; E=Pt. Education; PP= Pt. Presentation)

SETTING THE STAGE				
P	1. Greeted me appropriately a. Greeted me by <u>first and last name</u> <i>Kelly Simon</i> b. Introduced him/herself c. Described their role (medical student) D= All 3 U= Only 1 or 2 N= Did not do			
C	2. Chief Complaint: Asks or confirms reason for visit by saying "I understand that you're here today because of _____" or "What can I do for you today?" or "What brings you in?" etc. <i>"I'm trying to decide what birth control method to use and need some information: I'm curious about IUDs, pills, rings, patches & shots."</i> D= Patient is asked during first minutes of encounter U= Patient is asked late or CC is confirmed or asked late- after history - <u>Describe</u> N= Patient is never asked			
C	3. Shared agenda – sets with patient at the beginning of the encounter by saying "Is there anything else you would like to discuss today?" <i>No</i> D= Patient is asked in beginning of the interview – before HPI U= Patient is asked after the HPI begins, late, at the end, or going out the door - <u>Describe</u> N= Patient is not asked			



Clerkship Grading

General Information: The ObGyn Clerkship Grading Policy adheres to the LCOM Grading Policy which can be found here: <http://www.med.uvm.edu/studenthandbook/54040>

Category		Grade %	
		Knowledge	NBME Subject Exam
Skills	Clinical Skills Exam (CSE)/4 cases		Pass/Fail
Clinical Performance (CP)	Preceptor Evaluation (1-2 faculty)	35%	70%
	Service Evaluations (2-6 faculty)	35%	

➤ Must pass all 3 Clerkship Categories to pass clerkship

Covid Clerkship Grading:

1. Clerkship is Pass/Fail
2. CSE is assessed, but formative only
3. All CSEs are now only 1-3 cases, no more
4. No honors grades

Fail

- Fail **BOTH** NBME subject exam & CSE Clerkship Assessments on the first attempt, **OR**
- Fail NBME Subject **Retake**, (i.e. fail subject exam twice), **OR**
- Fail CSE **Remediation**, (i.e. fail CSE twice), **OR**
- Clinical performance score of 1.0 in **ANY** competency domain, by **any single evaluator, preceptor or service evaluations, OR**
- Clinical performance **average** score of less than 2.0 in **ANY** competency domain, **averaged across all evaluators, preceptors and service evaluations**

Incomplete

- Fail NBME Subject Exam (Score is Less Than the 5% national cutoff) – must retake and pass, **OR**
- Fail CSE (see CSE Requirements Above) – must remediate and pass, **OR**
- Fail to identify 2-6 providers to complete service evaluations to complete the clinical performance assessment

Pass

- Pass NBME Subject Exam (Greater than the 5% national cutoff) on first or second attempt, **AND**
- Pass CSE (See CSE Requirements Above) on first or second attempt, **AND**
- Identify 2-6 providers to complete service evaluations, **AND**
- Pass the Clinical Performance assessment (See CP Requirements Above)

Honors

Honors grades are awarded to the top 25-30% of the class per the [LCOM grading policy](#).

Honors Eligibility:

- Pass all 3 categories (subject exam, CSE, and Clinical Performance) on the first try, **AND**
- Score above the 50th percentile on the NBME subject exam. The 50th percentile is determined using national data for the subject exam, **AND**
- Score above the 50th percentile on the preceptor evaluation & the service evaluations. The 50th percentile is determined from historical 3 year data of UVM LCOM students for the preceptor and service evaluations.

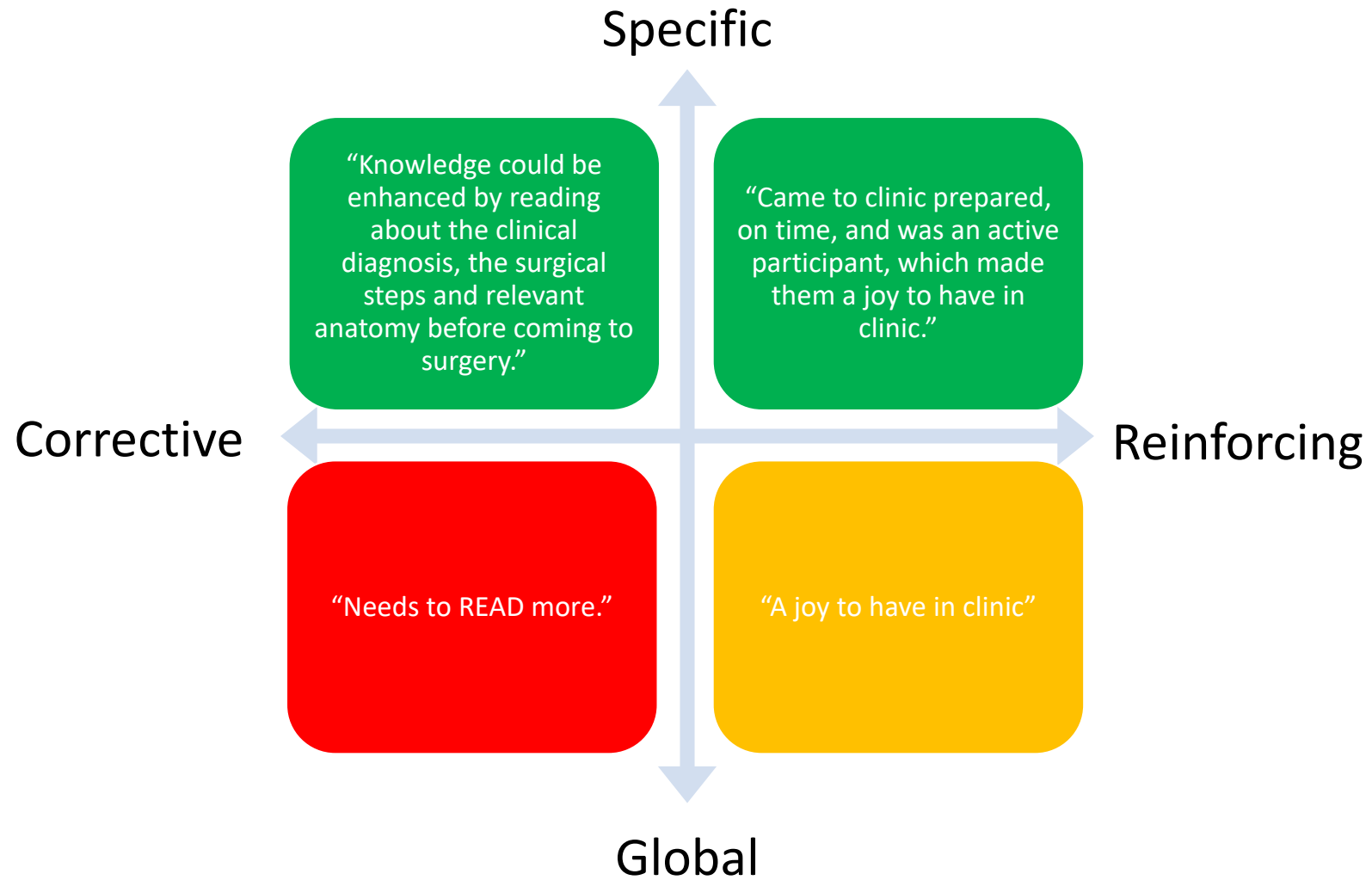
Clerkship Grading

Formative Narrative: This focuses on targeted areas for improvement (TAFIs, formally known as weaknesses). This is not able to be viewed by anyone except the student.

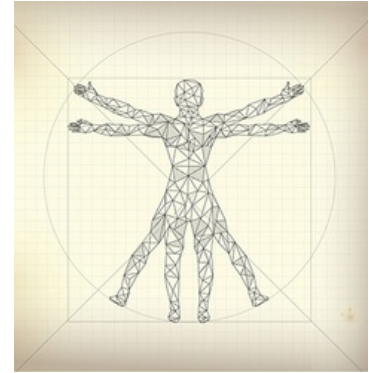
Summative Narrative: This should focus on the strengths of the student. It should be grounded in the ACGME competencies, the LCOM Program Objectives, the Clerkship Specific Objectives, and the EPAs. It should be based on observed behaviors, NOT on personality traits.

Medical Student Performance Evaluation (MSPE) (Also known as the “Dean’s Letter”): Many of the language used in the summative narratives will make its way into the MSPE.

Narrative Language



Anatomy of a ^{good} Narrative statement:



Corrective, Specific

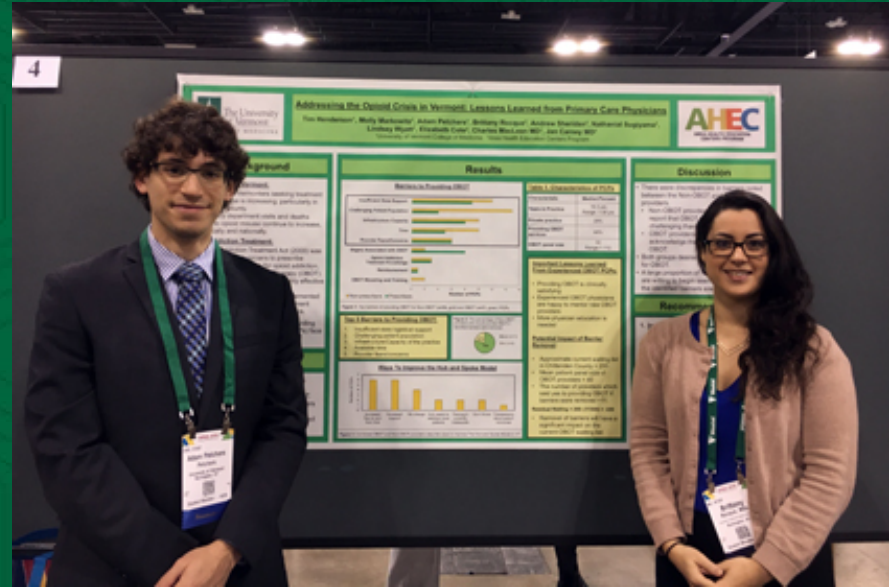
Student X spent a lot of time on their phone during clinic. This made me feel that the student was uninterested in the material. In the future, it would be helpful if the student stated, “I am going to look up the guidelines on my phone”. **FORMATIVE**

Reinforcing, Specific

Student Y was a joy to have in clinic! She always came prepared having read about the patients the night before. She prepped her notes the night before clinic. She gave took organized, succinct histories in a busy clinic to keep us running on time. She made my first preceptor experience a great one! **SUMMATIVE**



Assessment of Faculty and Clerkship



Student Evaluations of Faculty

Clerkship Faculty Evaluation

1. How often do you have contact with this faculty/preceptor/fellow/resident?

Rare (~1 hr a week)

Infrequent (1-2 hrs a week)

Occasional (3-5 hrs a week)

Frequent (> 5hrs/week)

Please rate the faculty/preceptor/fellow/resident on the frequency with which they demonstrate the following behaviors using the scale below:

Never = About 0% of the time

Rarely = About 25% of the time

Sometimes = About 50% of the time

Often = About 75% of the time

Always = About 100% of the time

2. Demonstrates an interest in and enthusiasm for teaching

3. Demonstrates an understanding of the learner level of knowledge and clinical skills

4. Models professional behaviors by their actions with patients, nurses, peers and students

5. Encourages active participation in patient care and/or clinical decision-making

6. Provides appropriate supervision of your clinical activities

7. Provides useful, timely feedback

8. Encourages independent learning

9. Treats learners with respect

10. Fosters a positive, supportive learning environment

11. Is an effective teacher (e.g., clarifies important concepts; actively involved learners; appropriate demonstrate of skills; responsive to questions)

12. Provide feedback on the faculty/preceptor/fellow/resident's teaching (e.g., specific strengths, suggestions for improvement).

SUPPLEMENTAL QUESTIONS:



Student Evaluation of Clerkship

Block Clerkship Evaluation

1) Rate the overall quality of your educational experience in this clerkship.

Poor Fair Good Very Good Excellent

2) Please describe the strengths of the clerkship.

[OPEN-TEXT RESPONSE]

3) Please provide suggestions for improvement of the clerkship.

[OPEN-TEXT RESPONSE]

[INSTRUCTION: When answering this question, please think about whether you have seen too few, the right amount or too many patients to meet clerkship objectives and requirements].

4) Please comment on the number of patients you saw and/or were expected to manage during the clerkship.

[OPEN-TEXT RESPONSE]

5) I had an opportunity to participate in the care of a variety of different patients in the clerkship.

Examples of variety include: different medical conditions, diverse cultures, ethnicities, socioeconomic backgrounds, sexual orientations, and belief systems.

Strongly Disagree Disagree Neutral Agree Strongly Agree

6) I was sufficiently supervised by residents, fellows, or faculty/attendings in my clinical encounters during the clerkship (e.g., was appropriately observed; was only asked to do things appropriate for my level of training/knowledge/skills).

Strongly Disagree Disagree Neutral Agree Strongly Agree

[INSTRUCTION: Please note for questions 7 & 8: the minimum requirement is ONE observed history and ONE observed exam]

7) A faculty member (resident or attending/preceptor) observed me taking the relevant portions of the patient history during the clerkship.

Yes No

8) A faculty member (resident or attending/preceptor) observed me performing the relevant portions of the physical or mental status exam during the clerkship.

Yes No

[INSTRUCTION: Before answering question 9, please read the examples below that illustrate what 80+ hours looks like:

-Working 6 days a week at 12/hrs per day, plus 8 hours on Sunday (80 hours total)

-Working 5 days a week, 9am-5pm, plus two full 24 hour shifts in 7 days (88 hours total)

Also keep in mind that the 80 hours per week is averaged across the entire clerkship]



Student Evaluation of Clerkship

9) I certify that I worked 80 hours or less per week (when averaged over the duration of the rotation) on direct patient care and required educational activities during the clerkship (does not include study time).

Yes No [IF NO, please explain]

10) ~~Attendings/preceptors~~ provided effective teaching during the clerkship.

Strongly Disagree ~~Disagree~~ Neutral Agree Strongly Agree

11) Residents provided effective teaching during the clerkship.

Strongly Disagree ~~Disagree~~ Neutral Agree Strongly Agree N/A

12) I was encouraged to research the medical literature for the following items. Please check all that apply:

Patient Management

Patient case

Creating a presentation on a topic for a conference or lecture (excluding didactic/rounds)

Preparing for a patient presentation

Journal Club

Community Project

13) The faculty (residents and attending/preceptors) created a supportive learning environment.

Strongly Disagree ~~Disagree~~ ~~Neutral~~ Agree Strongly Agree

14) Please explain your response above about the learning environment.

[OPEN TEXT RESPONSE]

{INSTRUCTION} Please identify one or more individuals who demonstrated exemplary professionalism and respectful behavior during the clerkship. This person could be pre-clerkship faculty, clerkship faculty (in either the classroom or clinical setting), resident/intern, nurse, administrator, other institution employee, or student. In the space below, please tell us why you chose to recognize this/these individual(s). Note: portions of your comments may be shared with recipients of accolades and their supervisors.

15) Name (first and last):

16) Role: Drop down: (Faculty, Fellow, Resident, Nurse, Staff, Student)

17) [OPEN-TEXT RESPONSE]

18) Did you *personally experience* mistreatment or unprofessional behavior(s) during this clerkship (e.g., from a pre-clerkship faculty, clerkship faculty (in either the classroom or clinical setting), resident/intern, nurse, administrator, other institution employee, or student)?

Yes No

19) In an effort to enhance our learning environment, if you answered "yes" to the above question, we strongly encourage you to share your experience(s) and/or concern(s) with us. In order for the COM to make improvements based on your feedback, it is important that you provide us with as many details as possible, including the specific circumstances and individuals involved. Please note that, typically, no action will be taken until final grades are submitted. In



Student Evaluation of Clerkship

cases where immediate action is deemed necessary, the LEAP executive committee may respond before grades have been submitted. For all reports, all necessary precautions are taken to ensure there is no retaliation toward the reporter. Finally, if you would like to have an immediate response to your report, please submit it to the confidential reporting system here (password is climate1802): <https://comis.med.uvm.edu/learningenvironmentreporting/>

[OPEN TEXT RESPONSE]

20) Did you *observe* mistreatment or unprofessional behavior(s) during this clerkship (e.g., from a pre-clerkship faculty, clerkship faculty (in either the classroom or clinical setting), resident/intern, nurse, administrator, other institution employee, or student)?

Yes No

21) In an effort to enhance our learning environment, if you answered “yes” to the above question, we strongly encourage you to share your experience(s) and/or concern(s) with us. In order for the COM to make improvements based on your feedback, it is important that you provide us with as many details as possible, including the specific circumstances and individuals involved. Please note that, typically, no action will be taken until final grades are submitted. In cases where immediate action is deemed necessary, the LEAP executive committee may respond before grades have been submitted. For all reports, all necessary precautions are taken to ensure there is no retaliation toward the reporter. Finally, if you would like to have an immediate response to your report, please submit it to the confidential reporting system here (password is climate1802): <https://comis.med.uvm.edu/learningenvironmentreporting/>

[OPEN TEXT RESPONSE]

22) Optional opportunity to comment on any of your answers or on topics not covered on this evaluation.

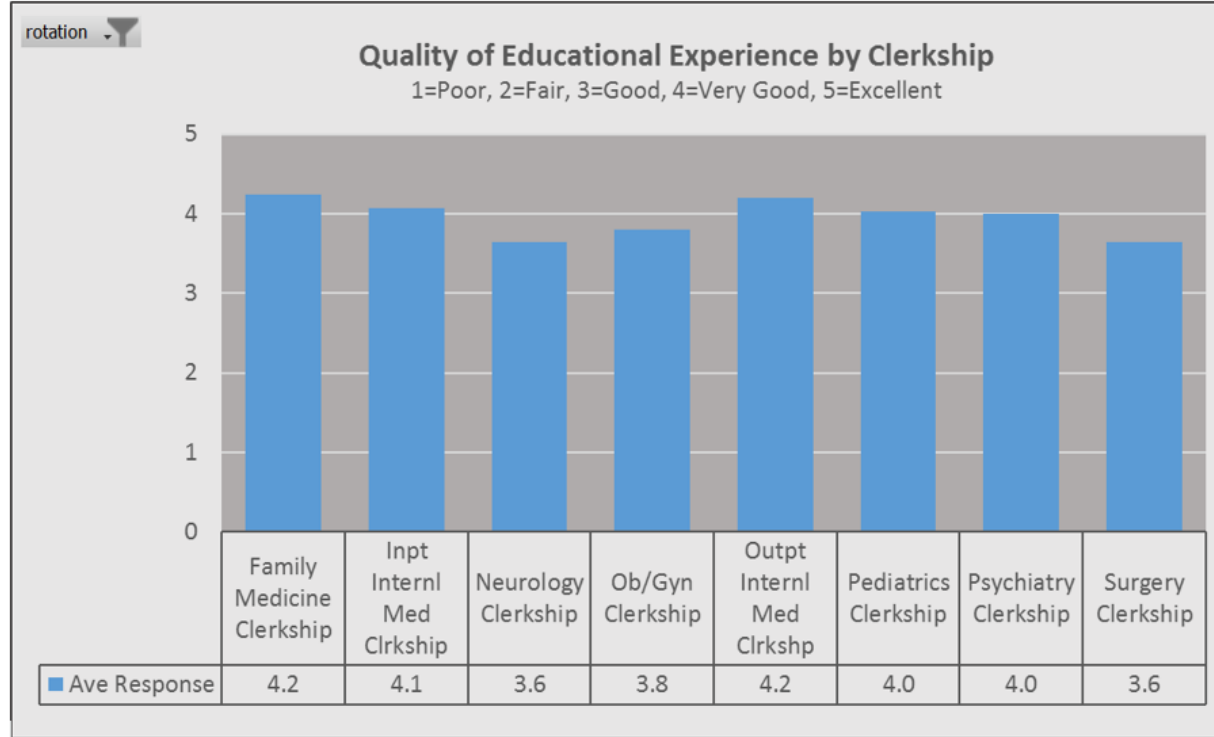
[OPEN-TEXT RESPONSE]

SUPPLEMENTAL QUESTIONS:

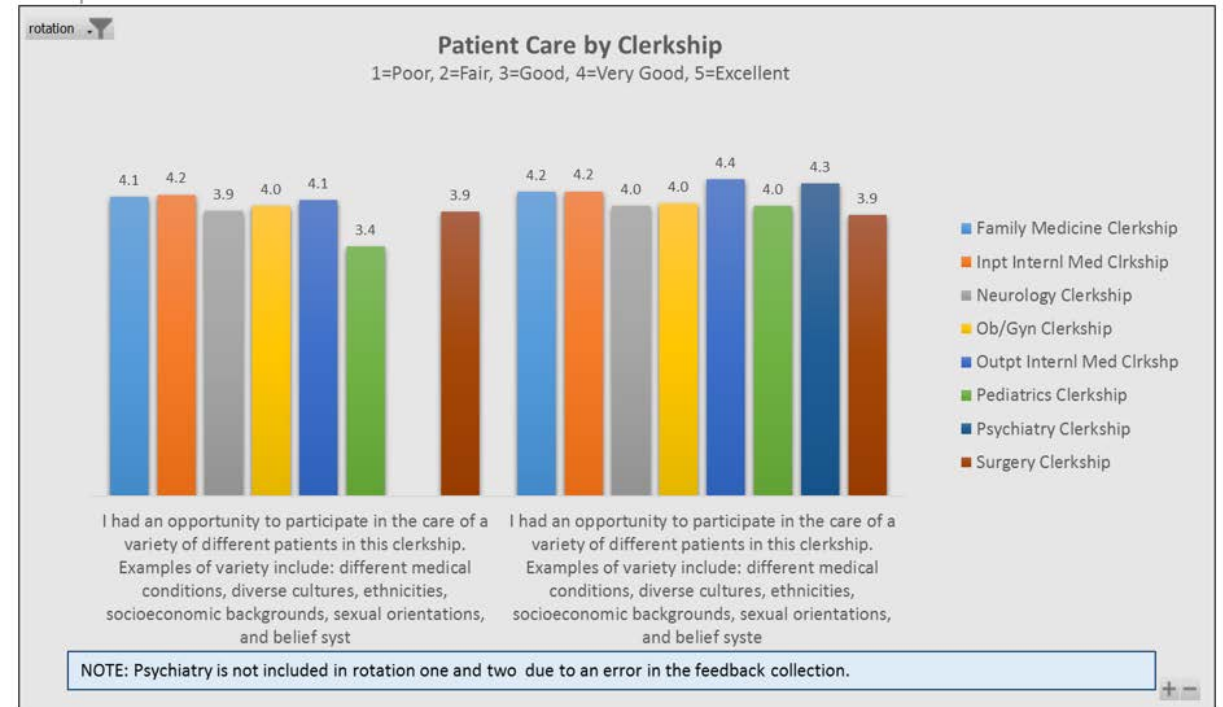


Dashboard Data

Clerkship Dashboards Class of 2019 Rotation 1-3



Clerkship Dashboards Class of 2019 Rotation 1-3





**5Ps: People, Patients,
Problems, Purpose,
Passion**



The University of Vermont
LARNER COLLEGE OF MEDICINE

What Matters Most

