

PART C. REQUIRED CLERKSHIP FORM

Clerkship title:	BASIC AMBULATORY MEDICINE CLERKSHIP		
Sponsoring department or unit:	DEPARTMENT OF MEDICINE		
Name of clerkship director:	Sarah Clever, MD		
Duration (total # of weeks):	4		
Offered in:	(check) <input checked="" type="checkbox"/>	Year Three	<input checked="" type="checkbox"/> Year Four

Rotations

List the required rotations that are part of the clerkship, and the average amount of time spent in each (if there are variations across sites, provide a range).

Students are assigned to one of three community hospitals, or a variety of community-based offices. They are instructed to arrange for 20 hours per week in the practice setting; approximately 6 hours per week is spent in small group sessions and interactive lectures; the remainder of time is to be spent in independent learning activities.

What is the average percentage of clerkship time spent in an ambulatory setting?

100%

Clerkship Objectives

Are there written objectives for the clerkship?

Yes	<input checked="" type="checkbox"/>	No	
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Describe the process used to specify the number and kind of patients and the clinical settings needed to meet the clerkship objectives. How are students' clinical experiences verified to assure that objectives are being met?

The clerkship training problems were chosen from the CDIM/SGIM Core Medicine Clerkship Curriculum Guide. Previous logs had indicated that students have approximately 50 encounters for the rotation; patient problems were distributed by frequency and also the importance of the problem. For example, students are expected to see 10 patients with hypertension, 10 patients with diabetes mellitus and 20 patients with a counseling issue, during the rotation. Students enter their encounters into a web-based log that tracks types of problems and patient demographics for each student and by group. They are reminded to review their logs at midpoint with their clinic preceptor.

Preparation for Teaching

If resident physicians teach in the clerkship or otherwise supervise medical students, how are they informed about the clerkship objectives and prepared for their teaching role?

➤ *Not applicable.*

How are faculty members across instructional sites oriented to the clerkship objectives and the evaluation system?

Faculty receive an orientation to the clerkship which includes written objectives, expectations, tips for precepting, and the evaluation instruments used in the clerkship. Evening faculty development sessions have been presented approximately every 2 years. Every faculty preceptor receives the results of his/her teaching evaluation as well as collated results of the rotation evaluation by students.

Methods for Evaluating Clerk Performance

What methods are used in the clerkship to evaluate students' core clinical skills? How do you ensure that such observation occurs for all students?

- 1. Students participate in a mid-clerkship videotaped standardized patient exercise, and receive feedback on their physical diagnosis and communication skills.*
- 2. Students are working one-on-one with a preceptor in the outpatient office, and review each patient with the preceptor. Preceptors evaluate students on their performance of clinical skills as part of the grade.*

List all contributors to the final clinical evaluation of the clerk (full-time faculty, volunteer attending physicians, resident physicians, others).

The outpatient preceptors, who are nearly all volunteer attendings, provide a clinical evaluation that counts for 50% of the grade.

The clerkship director, who meets frequently with students during the rotation, and grades the learning portfolio, provides 25% of the grade.

If NBME subject (shelf) examinations are used, give mean scores for the last three years.

➤ *Not applicable.*

Year			
Score			

Is a narrative evaluation of student performance submitted in addition to the clerkship grade?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Clerkship Outcomes/Evaluation

Comment on the adequacy of faculty (full-time, part-time, and volunteer), patients, and other resources for this clerkship.

Since its inception in 1996, the clerkship has built a core group of volunteer faculty who are familiar with the clerkship objectives, students and evaluation procedures, and frequently take students 3 or more rotations a year. Much of its success rests with a good working relationship with its community affiliated practice, Johns Hopkins Community Physicians, which takes up to 7 students per rotation, and Sinai Hospital physicians, who take up to 5 students per rotation. The clerkship still struggles however, to bring in new community-based faculty into the clerkship, and maintain quality teaching and experiences.

We have had only moderate success engaging volunteer faculty in faculty development efforts, despite the cost of providing CME for these efforts, which is born by the Department of Medicine.

The clerkship has had excellent informatics resources provided by the Office of Academic Computing, including the use of PDAs for patient logs and access to other POS information, and the Welch Library.

The clerkship has used a standardized patient assessment for either formative or summative purposes for most of its history. We have struggled with space and timing of this assessment due to the size of the Clinical Education Center and anticipate improvements when it expands to its new site.

Provide a summary of student feedback on the clerkship (and any other evaluation data) for the past two years. Note any recent changes in the clerkship. If problems have been identified by the evaluations, describe how these are being addressed.

Results from Online Evaluation System for the Ambulatory Medicine Clerkship: 7/20/2002-10/20/2004:

Zero Count	Applicable Answers	Mean	Scale	Std	
Orientation Session	5	180	3.51	1 to 5	.87
Evidence-Based Medicine Dr. Lehmann/C. Sheffield – Evidence-Based Medicine	7	178	3.48	1 to 5	1.07
Information Laboratory ACC: Searching for Information Laboratory	18	167	3.26	1 to 5	1.06
Disease-Based Discussions Small Group Disease-Based Discussions: e.g., Low Back Pain, Hypertension	6	179	4.11	1 to 5	1.01
Communication Skills Small Group Disease-Based Discussions: e.g., Communication Skills	41	144	3.49	1 to 5	.95
Learning Plan	4	181	2.78	1 to 5	1.18
Patient Tracking System	2	183	2.22	1 to 5	1.05
Evidence-Based Reports	0	185	3.44	1 to 5	1.08
Value Adding Value to Practice	85	100	3.33	1 to 5	1.09
Ambulatory Problems Syllabus of Ambulatory Problems	10	175	3.86	1 to 5	.91
Clinic Sessions Clinic Sessions with Preceptors	0	185	4.54	1 to 5	.80
Preventive Medicine	0	185	4.04	1 to 5	.83
Approach to Symptoms	1	184	4.00	1 to 5	.88
Chronic Illnesses	0	185	3.91	1 to 5	.88
Hypertension	0	185	4.41	1 to 5	.72
Diabetes Mellitus	0	185	4.34	1 to 5	.79
Diagnostic Decision-Making	0	185	3.82	1 to 5	.81

Evidence-Based Medicine	2	183	4.13	1 to 5	.81
Self-Directed Learning	3	181	4.13	1 to 5	.84
Costs of Health Care	0	185	3.06	1 to 5	.94
Communication with Patients	1	183	4.44	1 to 5	.84
Communication with Colleagues	3	182	4.04	1 to 5	1.16
Comprehensive Approach to Care	2	182	3.99	1 to 5	.96
Office-Based Skills (physical dx, lab, etc)	0	185	3.93	1 to 5	.96
Professional Responsibilities Balance of Professional Responsibilities	13	172	3.40	1 to 4	.71
Question	Option				N
Location Please note location of your small group sessions during the clerkship:	Johns Hopkins Hospital				127
	Sinai Hospital				58
PDA Did you use a PDA?	No				82
	Yes				103
Balance Was the balance of clinical experience with patients and didactic teaching experience appropriate?	No, would like more clinical				11
	O.K.				138
	Would like more didactic teaching				36
Learning Time Was the amount of self-directed learning time appropriate?	Too little				16
	About Right				165
	Too Much				4
Recommendation Would you recommend this clerkship to a colleague?	No, not at all				7
	O.K. Experience				51
	Yes, Highly Recommended				127

Identify major successes and challenges still to be overcome.

Faculty development for preceptors.

Retention and recruitment of qualified preceptors who are geographically convenient to student offices.

Integration of more systems-based knowledge and learning into the clerkship, including working in teams, and knowledge of health care costs.

Providing students with more continuity care experiences.