

PART C. REQUIRED CLERKSHIP FORM
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Clerkship title:	Basic Pediatric/ (drop the word “Neonatology”)		
Sponsoring department or unit:	Department of Pediatrics		
Name of clerkship director:	Michael A. Barone, M.D., M.P.H.		
Duration (total # of weeks):	8.0-9.0		
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 do an “inpatient” experience at one of 5 sites: Johns Hopkins Hospital, St. Agnes Hospital, Kennedy Krieger Institute, Howard County General Hospital, or Sinai Hospital

Students are assigned to do an outpatient experience at one of 8 sites: Johns Hopkins Hospital Primary Care Clinic, Johns Hopkins Bayview Medical Center, Greater Baltimore Medical Center, St. Agnes Hospital, East Baltimore Medical Center, Johns Hopkins Hospital Pediatrics ED, Pavilion Pediatrics (a private practice at Johns Hopkins Greenspring, or Sinai outpatient clinics.

The hours worked and the duration of the experience are similar regardless of site for inpatient or outpatient.

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

50%

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?

Beginning quarter 1, 2004-5, the clerkship director began using a patient tracking system. .

Students are asked to login all inpatient and outpatient encounters of patients that they came to know well. This would include those patients that were assigned to them for clinical care, and those patients that were discussed in great detail in conferences or on rounds. At a MINIMUM, students are expected to login 15 inpatients and 15 outpatients. Proof of this is required to sit for the NBME shelf exam. Tracking can be done at Desktop workstation or using PDA.

The clerkship director will review the previous quarter’s data to evaluate for any major differences in site experiences.

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?

Pediatric rising Senior Residents (SAR's) are given a structured series in teaching methods. While this is mainly geared toward teaching the new interns, the topics such as giving feedback are relevant to medical students.

New interns are prepared for their teaching role via a brief meeting the clerkship director during their orientation period. In this meeting, goals and objectives of the clerkship are discussed.

Goals, objectives (as well as a document on expected conduct and requisite skills of medical students) and expectations for the medical students in the basic clerkship are available to all levels of residents through the residents' departmental web site.

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

Currently, faculty members at the multiple outpatient and inpatient sites are not universally oriented to objectives and grading system/methods for the clerkship.

Copies of goals and objectives (as well as other relevant documents) are sent to site directors whenever updated.

There are no standard meetings between all those who participate in teaching the clerkship. Planning is done at the level of the clerkship director with input from the Departmental Vice Chair for Education as well as the Chair of Pediatrics. Faculty development is done on an "as needed basis." For example, when E-value system was started, clerkship director trained faculty in method for operating this new system.

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?

Core clinical skills are assessed by the teaching faculty and housestaff. These would include observation of history taking and physical exam skills. Communication skills are assessed in a similar manner and on rounds.

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

INPATIENT: Comments about the student's performance are solicited from Senior residents, teaching attendings and clinical attendings. In the spirit of 360-degree evaluation, interns will soon be able to evaluate students directly and students will evaluate all clinical teachers, both residents and faculty.

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

Year	2002	2003	2004
Score	75.4 (n=3) awaiting more data	74.5 (n=5)	73.2 (n=4)

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.

Identify major successes and challenges still to be overcome.

Many challenges to list. Bullet points below

- Part-time faculty with little incentive to teach. Busy clinical practices. They have curtailed their involvement over the past 5 years. This leads to limited number of outpatient teaching sites.
- Difficulty performing faculty development with part time faculty. Lack of time for clerkship director, busy schedules for practitioners
- Some variability in site experiences: For example, some students do inpatient experience at Kennedy Krieger, some do outpatient rotation in peds ED.
- Struggles to find full-time generalist and specialty faculty with enough time to teach students. The inpatient teaching attending model solves some of this but these physicians do not have concurrent patient responsibilities and, as such, students feel this is a bit contrived.
- Lack of newborn medicine component. Lost in 2003. Currently, only some students at outside community hospitals get organized exposure to nursery patients.
- Quality and quantity of student feedback from faculty and housestaff. This is one of the factors that students rate lower on the “end of clerkship evaluation form.”

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.

A collated summary of student feedback from 8/1/01-11/1/04 (available on requested) noted the following:

1. More than 85% of students reported both outpatient and inpatient facilities supported instruction.
2. 73% of students reported that the rotation objectives were well-defined; 14% undecided.
3. Teaching rounds were rated as very good-excellent by 69% of students.
4. Lectures were rated good-excellent for all topics.
5. Feedback from attending faculty was rated as occasional by 42% and often by 18%. 8% reported no feedback from faculty.
6. Students noted “tangible” to greatly improved skills for all skills objectives fo the clerkship.
7. The clerkship was rated as very good to excellent by 89% of students.