

ACE Session at 2005 AAMC Annual Meeting

Tuesday, November 8, 2005
10:00am – 11:30am
Marriott Wardman Park – Maryland A

Evaluation and Feedback during Clerkships:
Solutions from the National Clerkship
Organizations



Alliance for
Clinical Education

Alliance for Clinical Education

The Alliance for Clinical Education (ACE) is a multidisciplinary group formed in 1992 to enhance clinical instruction of medical students.

ACE's mission is to foster collaboration across specialties to promote excellence in clinical education of medical students. Its members include representatives of the groups, which direct the core clinical clerkships in most medical schools.

National Organizations Represent ACE:

- Association of Directors of Medical Student Education in Psychiatry (ADMSEP)
- Association of Professors of Gynecology and Obstetrics (APGO)
- Association for Surgical Education (ASE)
- Clerkship Directors in Internal Medicine (CDIM)
- Consortium of Neurology Clerkship Directors/American Academy of Neurology (CNCD)
- Council on Medical Student Education in Pediatrics (COMSEP)
- Society of Teachers of Family Medicine (STFM)

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ACE Alliance for Clinical Education

Guidebook for Clerkship Directors
3rd Edition

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Contributors

Chapter 1: The Role of the Clerkship Director

Chapter 2: Educational Administration and Leadership

Search Guidebook

Search Tips

Understanding ED-2: “Q&A”

- These are answers and comments from Drs. Carol Aschenbrenner and Robert Eaglen of the LCME to clarify questions posed by Louis Pangaro, President of the Alliance for Clinical Education (ACE), on behalf of their constituent clerkship director groups.
- <http://www.allianceforclinicaleducation.org/>

ACE Panel

- Moderator: Richard Usatine, MD, STFM
- Panel:
 - Heidi Chumley, MD (STFM);
 - Julia Corcoran, MD (ASE);
 - Julia Frank, MD (ADMSEP);
 - Charles Griffith, MD, MSPH (CDIM);
 - Maya Hammoud, MD (APGO);
 - Vern C. Juel, MD (CNCD);
 - Lindsey Lane, MD (COMSEP); and
 - Joseph “Mac” Ernest, MD (APGO);

ACE Session Objectives

- Learn about the current LCME standards for evaluation and feedback of third-year medical students.
- Learn about national clerkship organization initiatives aimed at facilitating evaluation and/or feedback.
- Learn about strategies used at specific institutions in different disciplines which facilitate evaluation and/or feedback.
- Be motivated to work on issues related to evaluation and feedback within their national clerkship organization.
- Be motivated to adopt new strategies to improve evaluation and/or feedback at their own institution.
- Be able to discuss legal issues surrounding feedback and evaluation.

LCME Standards Relating to Evaluation

- At least 10 of the Educational Directives
- Evaluation section
 - ED: 26-32
 - Also ED-2, ED-8, ED-24

LCME Standards Relating to Evaluation

- Overall evaluation
 - ED-8: Comparable experiences, equivalent evaluation across sites...
 - ED-24: Residents... must be prepared for their roles in teaching and evaluation...
 - ED-26: System for evaluation throughout medical school...
 - ED-27: Ongoing assessment and can demonstrate on direct observation skills, behavior, attitudes...

LCME Standards Relating to Evaluation

- Overall evaluation (continued)
 - ED-28: Evaluation of problem solving, clinical reasoning, and communication skills...
 - ED-29: Faculty sets standards...
 - ED-30: Formative and summative evaluation...
 - ED-32: Narrative descriptions of student performance and non-cognitive achievement...

LCME Standards Relating to Evaluation

- Mid-clerkship evaluation
 - ED-31: evaluate early enough to allow time for remediation
- And probably...
 - ED-2: type/quantity of patients...monitor and make adjustments

Family Medicine Heidi Chumley, MD

- Our discipline
 - Outlined content and specific educational objectives for FM clerkship in FMCRP
 - Purpose was not to address overall principals of evaluation
- Our members
 - Identified common challenges and solutions through the FM predoc list serve

Family Medicine

- Biggest student evaluation challenges
 - Mainly volunteer faculty: “emotionally-logically difficult” to pressure them to ...
 - Return evaluations
 - Document less than “best student ever” performance
 - Attend faculty development
 - Large number of people who evaluate students
 - Difficult to standardize hawks and doves
 - Smaller base of students for comparison

Family Medicine Solutions

- Getting evaluations back
 - Have students hand-carry
 - Different from placing responsibility on student
 - Encourages student/preceptor discussion
 - Lots of positive comments
 - Best student ever phenomenon/faculty development
 - Options to mail or fax
 - Faculty development
 - Academic detailing

Family Medicine Solutions

- Standardizing hawks and doves
 - Feedback to preceptors about how they are scoring students in relation to other preceptors
 - Structured experiences in addition to community preceptors

Solutions at Kansas University School of Medicine

- Mid-clerkship feedback
 - All clerkships use the same form
 - Most clerkships combine mid-clerkship evaluation with review of patient encounters
 - One-on-one faculty review of formative SP
- Overall evaluation
 - FM student clinic with limited evaluators
 - SP experiences

Family Medicine Summary

- Large cohort of volunteer faculty members, who see smaller numbers of students, provides often exceptional learning experiences at the price of increased difficulties with evaluation.
- Solutions include faculty development, faculty development, and more faculty development AND adding other experiences.

Surgery

- Association of Surgical Education (ASE)
- Julia Corcoran, MD FACS FAAP
Associate Clerkship Director
Department of Surgery
Feinberg School of Medicine
Northwestern University

Feinberg School of Medicine Third Year Surgery Clerkship

- 12-week multi-specialty clerkship for 160 students (Inter-departmental)
- 3 blocks (4 weeks) at 2 hospitals:
 - Apprentice experience with a general surgeon
 - Ward Team experience with subspecialty service (specific faculty mentor assigned)
 - Ambulatory experience with 3 subspecialties in attending physicians' offices

Feinberg School of Medicine Third Year Surgery Clerkship

- Feedback provided:
 - Continuous
 - Web-based Patient Encounter Log
 - May review PA in file at any time
 - Immediate notification of loss of professionalism points
 - Midterm
 - Face-to-face meeting with clerkship directors reviewing midterm performance appraisals and exam scores, planning for final 6 weeks
 - Critical Incidents
 - Individual counseling as necessary
 - End of Clerkship
 - Summary sheet of encounter log, OSCE, NBME and PA's along with grade

Feedback in Surgery Clerkships: What does the literature say?

- Empowerment of students...
 - Paukert JL et al. An encounter card system for increasing feedback to students. Am J Surg 2002; 29:813-7
 - Prystowsky J and DaRosa DA. A Learning prescription permits feedback on feedback. Am J Surg 2003;185:264-7
- How well does faculty give feedback?
 - Colletti LM. Difficulty with negative feedback: face-to-face evaluation of junior medical student clinical performance results in grade inflation J Surg Res 2000;90:82-7
- Do students recognize feedback?
 - Boehler ML. Feedback vs Feeding: A Double-blind randomized controlled trial. ASE platform presentation, March 2005, NYC, NY

Feinberg School of Medicine Third Year Surgery Clerkship

- Perception is reality...the students' reality
 - End of clerkship evaluation statistics poor
 - Feedback from faculty, bimodal distribution
 - Now ask for interval feedback from students about each block
 - Report findings to faculty yearly (student anonymity)
 - Asking for feedback from them on specific aspects of clerkship including:
 - How much feedback - good and bad
 - How much hands-on patient care
 - How much time with faculty mentor
 - Did they ask faculty for feedback

Feinberg School of Medicine Third Year Surgery Clerkship

- Perception is reality...the faculty's reality
 - Empower the students
 - Educate students about what is feedback
 - When asked directly by a student most faculty respond
 - Assures students get feedback about what they want
 - Feedback to faculty and faculty development
 - Annually report student feedback to chair and individual
 - Annually report student encounter log to faculty
 - Recalibration efforts...requesting examples of student behaviors when PA appraisal numbers are below the school average (7.2/9)
 - Assures faculty that their feedback is given

Psychiatry

- Association of Directors of Medical Student Education in Psychiatry (ADMSEP)
- Julia Frank, MD, Associate Professor and Director of Medical Student Education, Department of Psychiatry and Behavioral Sciences at The George Washington University Medical School

Evaluation and Feedback

ACE/ADMSEP
AAMC, 2005
Julia Frank

Steps

- Have objectives (since the late 1990s)
- Participation in AAMC clinical skills task force
- Psychiatry involves measurable, observable skills, not just generic relatedness
- Is an expert domain

Tradition

- Direct observation (hard to do these days)
- Evaluation of notes and presentations
- Standardized exams
- All still a part of evaluation

Incorporating development

- Discussion at last year's AAMC on how to stratify skills
- Decided to go with pre clerkship, clerkship, post clerkship
- RIME : report, interpret, manage, educate
- Novice, competent, proficient, expert

Use of SPs

- A natural fit for psych
- Some parameters require patients to evaluate
- Use of SP feedback varies across institutions, but ensures all students meet objectives, especially demonstrating respect and sensitivity
- Can rate specific interventions FRAMES or motivational counselling steps, risk assessment

OSCE feedback (preliminary)

- Students are likely to miss suicide
- Skittish on substance related
- In some schools, psych seems particularly likely to be overlooked
- Effect of the hidden curriculum: "Don't ask, don't tell what's in that can of worms!"

Next step

- New objectives related to LCME demands for standards
- Decisions about what diagnoses students should see, level of responsibility, numbers of patients
- Various institutions developing complex logging systems to enhance this aspect of evaluation

Internal Medicine

- Clerkship Directors in Internal Medicine (CDIM)
- Charles Griffith, MD, MSPH, Associate Professor of Medicine at the University of Kentucky College of Medicine

Ob-Gyn

- Association of Professors of Gynecology and Obstetrics (APGO)
- Maya Hammoud, MD, Clerkship Director, Department of Obstetrics and Gynecology at the University of Michigan Medical School

Neurology Clerkships: Evaluation and Feedback

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American Academy of Neurology

November 8, 2005

1a. Neurology Clerkships

- ~90% medical schools have organized clinical experiences in neurology
- 80% are required
- 68% in 4th year
- 74% are \geq 4 weeks duration



Jozefowicz RF, et al. 1997

1b. Neurology Clerkship: Goals and objectives

- **Goal**
 - Teach *principles and skills* underlying the *recognition and management* of neurologic diseases general medical practitioners are likely to encounter
- **Objectives:** Teach/reinforce
 - **Procedural skills** (e.g. History, Exam, Oral/written presentations)
 - **Analytical skills** (e.g. symptom and signs recognition, localization, ddx, test interpretation and utilization, management)

Gelb DJ, et al., 2002

1c. Neurology Clerkships: Special challenges

- Emphasis on physical examination skills
- Disorders with significant functional morbidity and mortality
- “Phenomenological” diagnoses requiring observation
- Rare diseases
- Long latency between basic neuroscience/ neuroanatomy and clinical neurology experiences

The Passport: A tool for promoting evaluation and feedback

- Empowers students
- Emphasizes skills objectives
- Enforces substantive faculty-student interactions
- Improves teaching faculty efficiency
- Facilitates instant feedback regarding performance

Pascuzzi RM, 1998

Skills directly observed and findings confirmed by faculty:		Faculty Signature/Date/Comments	
Mental Status	____/____/____	Constructive feedback for students by faculty (including review of H & P by inpatient attending)	
Cranial Nerves	____/____/____	1st 2 weeks	____/____/____
Motor	____/____/____	2nd 2 weeks	____/____/____
Sensory	____/____/____		
Reflexes	____/____/____		
Coordination	____/____/____		
Station and Gait	____/____/____		

*Signature denotes direct observation and assessment of student who meets competency requirements.

2. Evaluation

- Clinical evaluations of *skills and attitudes*
 - Rating scales for domains and course objectives
 - Narrative evaluation
- Objective assessment of *knowledge*
 - NBME Subject Examination
 - In-house examinations
- *Both* methods should be utilized
 - Negative correlation of NBME Neurology scores with clinical evaluations (Jozefowicz RF, 1998)
 - Resident inservice written exam performance does not predict oral board success (Juel VC, Johnston KC, 2002)

COMSEP

National initiatives re Evaluation & Feedback

- Curriculum (revised 2005)
 - Core for the pediatric clerkship
 - Competency based
- Patient Encounter (ED2) Grid
- Guidelines for Evaluation
 - Follow ACGME competencies
 - Hierarchy of skill level: *Introduced, Developing, Mastery*
 - Evaluation methodology narrative & grid
- Repository of evaluation tools at www.comsep.org
 - Example: SP cases on tracking grid

Jefferson Medical College

School initiatives re clerkship Evaluation and Feedback

- Core objectives (based on MSOP)
- Patient Encounter Log System (PELS)
 - PDA-based tracking system
- Summative OSCE at completion of the third year
- Custom remediation programs (for clerkships and OSCE)
- Faculty development re evaluation & feedback
- Curricular requirement:
 - Mid- and end-of- rotation feedback
 - Evaluations completed within 4 weeks; posted online

Jefferson Medical College

Clerkship based initiatives re Evaluation & feedback

- Direct observation with feedback
 - Videotaping
 - SCOs
 - Mini CEX
- Clerkship specific skills teaching & evaluation
- Patient Encounter Log System (PELS)
 - Customized data entry for each clerkship
- Mid & end of rotation review & feedback with each student
- Faculty development within clerkships re evaluation & feedback

Legal Issues with Evaluation & Feedback

J. M. Ernest MD

Associate Dean for Student Services
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Legal Issues with Evaluation & Feedback

■ Contractual Relationship

- Breach of contract
- Educational malpractice

■ Disciplinary Actions

- Due Process
- Academic Dismissals
- Non-academic Dismissals



Contractual Relationship

- “The relationship between students and colleges or universities is a contractual one, and may be defined by the terms of a tuition agreement, college catalogue, or brochure and student handbooks...”

From Higher Education Law in America, 6th ed. 2005, p. 1

How does one “breach a contract” with a student?

- Overweight RI nursing student pressured to lose weight
- Failed a clinical nursing course for weight reasons, ***not for performance***
- Rules dictated her dismissal
- School offered her a contract allowing her to stay in the program if she would lose 2 pounds per week
- She didn’t, was asked to withdraw
- She sued the school for “breach of contract”

Ruling?

- US Supreme Court held that the doctrine of substantial performance—***which allows a party who has substantially performed her promise under a contract to expect the other party to perform***—applied to contracts in an academic setting

Salve Regina College v. Russell (1991)

How does one "breach a contract" with a student?

- Ohio nursing student struggled academically
- Withdrew for personal reasons
- Received several D's; retook classes
- Received permission to retake her last class
- New dean arrived, notified student that she could not take the final class needed to complete her degree because she could not complete the program within required time period and dismissed her from program

Ruling?

- Ohio Court of Appeals ruled in favor of the student
- Because the previous dean had readmitted her and was going to allow her to retake the class she failed, *it was not reasonable* for the new dean to disallow her to take the final class she needed
- She should be allowed back into the program to take the last class

Stratton v Kent State Univ (2003)

How does one "breach a contract" with a student?

- Nursing student at Texas university passed academic portion of required course, but failed clinical component
- Was allowed to complete the clinical component through independent assessment
- Failed that as well
- Sued the school, officials for breach of contract

Ruling?

- Texas Court of Appeals found that she could not succeed on her breach of contract suit because she did not satisfy *her* obligations under the contract—i.e. she failed the clinical portion of the required class and the court refused to second-guess the university's grading process

Southwell v Univ of the Incarnate Word (1998)

How does one "breach a contract" with a student?

- Illinois student failed 2 required field work assignments for master's in social work program
- Student accused the university of failing to offer her a remediation plan as described in university handbook
- University claimed she did not qualify for remediation, expelled her from program under another handbook policy requiring dismissal of any student failing to earn credit in consecutive semesters

Ruling?

- Appellate Court of Illinois ruled for the university
- Relationship between student and university *not purely* contractual
- A student may prevail on a contract claim against a private university only if an adverse academic decision is *arbitrary, capricious, or in bad faith*

Raethz v Aurora Univ (2004)

Contractual relationships

- Breach of contract
- Educational malpractice

Disciplinary Actions

- Due Process
- Academic Dismissals
- Nonacademic Dismissals

Due Process

“Due process includes the notion of fundamental fairness and the provision of notice and an opportunity to be heard at some point during disciplinary procedures.”

- Use impartial decisionmaker
- Provide
 - notice of charges, evidence against student
 - opportunity for student to appear before decisionmaker
 - opportunity for student to suggest witnesses
- Avoid sanctions against witnesses
- Permit student to voluntarily accept discipline or ruling of decisionmaker

How does one violate “due process”?

- NY university student involved in dorm room fight, striking student without provocation
- University official told the student he was charged with unprovoked attack
- Gave student opportunity to be heard
- Handed him copy of disciplinary rules, permitting university's dean to suspend students pending completion of hearing procedures
 - Rules also required a notice to students of exact charges and reasonable notice of time and place for interview; gave student option of preparing oral and written defenses; option of appeal to VP of academic affairs
- Student was interviewed by school officials and expelled
- Offered student options of voluntary withdrawal with no mark on record, or expulsion with option of appeal (and mark on record)
- Student withdrew, then sued school to be reinstated

Ruling?

- Court held the university *violated its own rules* by failing to give the student adequate time to prepare for the interview and adequate time to prepare a written defense
- Returned case to the university for a hearing under its own rules

In *re* Ebert v Yeshiva Univ (2004)

How does one violate “due process”?

- Kentucky college officials found 3 pocket knives and a large Army survival knife with a blade over 5 inches in room of student accused of threatening other student
- Student did not deny threats, ownership of knives
- Student handbook prohibited dangerous weapons and included dismissal as sanction for weapons possession
- Officials met with student, told him of accusation, dismissed him with offer to be readmitted after psych evaluation and treatment
- Student sued school for violation of his due process

Ruling?

- Supreme Court of Kentucky ruled the college was not obligated to perform under contract (and due process) since student breached college rules by having weapons on campus
- His immediate dismissal was justified

Centre College v Trzop (2003)

Disciplinary Actions

- Due Process
- **Academic Dismissals**
- Nonacademic Dismissals

Academic dismissal v due process

- Third year dental student received one F, two D's
- Academic performance committee recommended dismissal
- Student allowed to remediate courses during summer, promoted to fourth year
- One F, unsatisfactory in 3 courses & 4 clinical departments
- Dismissed after 2 administrative appeals
- Sued school for breach of contract based on student handbook guidelines

Ruling?

- Superior Court of NJ ruled for school
- Refused to apply rigid contractual principles to university-student conflicts involving *academic performance*

Mitra v Univ of Medicine & Dentistry of New Jersey (1998)

Academic dismissal

- Student enrolled in 6 year undergrad/MD program
- Struggled for 6 years, completing 4 years of courses with minimal competence
- Failed NBME Part 1 (lowest score in history of program)
- Did not allow him to sit for NBME again
 - Only student to not be allowed a retake
 - up to 4 retakes permitted other students
 - Not swayed by mother's MI 18 months earlier, excessive time in essay contest he had entered, breakup with his girlfriend
- Med school executive board reviewed his progress, dismissed him
- He sued school for breach of contract, due process violation

Ruling?

- District Court ruled against him
- U.S. Court of Appeals, Sixth Circuit, reversed and ruled for him
- U.S. Supreme Court reversed, ruled with District Court (against him)
 - Liberal retesting custom gave him no legal entitlement to retake NBME Part 1
 - University had acted in good faith after clear and conscientious deliberation of entire record

Regents of Univ of Michigan v Ewing (1985)

Academic dismissal

- NY law school student performed below 2.0 GPA
- Law school required ≥ 2.0 or dismissal
- Student was dismissed
- Student filed suit challenging decision to dismiss **& the grades she received in 3 classes**

Ruling?

- Trial court dismissed all charges
- Appellate division reversed, remanded with respect to grade in one of the classes to determine if grade was fair
 - Student claimed she had received a zero on essay question (30% of grade) because she had analyzed problem under DE and NY law when only DE law was required (for extra credit)
- Court of Appeals ruled for school
 - Courts may review a grading policy that is arbitrary or capricious, irrational, made in bad faith or illegal
 - In other cases, grading policies left to special expertise of educators

Susan M. v New York Law School (1990)

Disciplinary Actions

- Due Process
- Academic Dismissals
- **Nonacademic Dismissals**

Non-academic dismissals

- Student completed requirements for graduation in 3 ½ years
- While waiting for spring graduation, dean of students contacted him about harassment charges filed by another student
- While on campus, he confronted student accuser, shot and killed him, pled guilty to murder
- Student was expelled
- Student sued because he had already completed all academic requirements

Ruling?

- State trial court, Court of Special Appeals of Maryland dismissed action
- Student handbook required completion of course work **AND** compliance with university's code of conduct
- Murder was violation of that code
- University was justified in expelling student despite his completion of all degree requirements

Harwood v Johns Hopkins Univ (2000)

SUMMARY



- You are entering into a contract with your students
 - You must perform
 - They must perform
- Your rules need to be stated clearly
- You need to understand your rules and follow them
- Due process *essential* in non-academic issues
- Due process *helpful* in academic issues
- Courts give great latitude to educators in regards to educational issues UNLESS they are
 - arbitrary, capricious, irrational, made in bad faith, or illegal

Resource

Higher Education Law in America 6th ed

2005

James A. Roth, Senior Editor

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