Is Direct Interaction With Preceptors Linked to Clerkship Satisfaction and Medical Knowledge Gain?

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PURPOSE: To evaluate the correlation between direct-interaction time of OB/GYN students with preceptors and their clerkship satisfaction and medical knowledge acquisition.

BACKGROUND: Historically, physician-teaching ratings by students have predicted NBME subject exam scores and level of interest in the preceptor's specialty. Finding that direct-interaction time is also important could justifiably increase faculty support for teaching.

METHOD: MS3 students (n=176) enrolled in the OB/GYN clerkship were eligible for this IRB-approved study. Students received the study overview and instructions during clerkship orientation. Participating students texted logged minutes daily to a designated phone number linked to a secured database. The NBME score, clerkship satisfaction survey and logged interaction time were merged into a de-identified database for analysis. Spearman correlation coefficients were calculated to estimate associations of participation in minutes logged, NBME scores and clerkship satisfaction.

RESULTS: 26.7% (n=47) of eligible students reported their direct interaction time. The median direct interaction time was 653 minutes. Associations between numbers of minutes reported with NBME scores, clerkship satisfaction, and level of interest in OB/GYN before and after rotation were small and not statistically significant. No difference in clerkship satisfaction was found between students reporting minutes versus no minutes.

DISCUSSION: The low participation rate increases the likelihood of reporting bias in which motivated students were more likely to participate. Documentation of the precise number of minutes daily was also subject to student motivation. In this small study, no statistical association was found between the number of minutes reported with test scores or clerkship satisfaction.

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Knowledge of Cost Consciousness in Obstetrics and Gynecology Residents

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PURPOSE: To evaluate the short and long-term retention of knowledge of cost effective care gained by residents after a pilot intervention.

BACKGROUND: Increasingly, physicians are expected to practice cost conscious medicine. Resident education must include a basic understanding of cost for their future practice patterns and to fulfill an ACGME milestone.

METHODS: A high value care module was developed and implemented at 2 academic Obstetrics and Gynecology residency programs comprising 32 residents. Module development is described in a separate report. A survey assessing knowledge was developed, pre-tested, refined and conducted before and after the intervention to determine immediate knowledge change and then at 3 months post intervention to determine knowledge decay.

RESULTS: Of the 26 residents participating in the intervention, 62% reported no prior education regarding cost-effective care and as the remainder reported their prior education as “on the fly with an Attending.” The percent reporting somewhat to very little knowledge of cost effective care principles fell from 85% to 65% immediately after the intervention (t=1.61; P=.06) and to 63% after 3 months. Residents’ tested knowledge improved from 31% correct to 69% immediately post intervention (t=2.95; P=.002) and decayed to 46% at 3 months (t=1.13; .13).

DISCUSSION: A module addressing the cost-effective care milestone for Obstetrics and Gynecology residents improved low baseline knowledge with moderate decay after 3 months. Next steps will include a larger study of multidisciplinary residents with ongoing study of methods to reinforce knowledge long-term.

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Labor and Delivery as a Learning Environment: Results From a Survey of Medical Students and Their Instructors

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PURPOSE: To evaluate labor and delivery as a learning environment during the third-year medical school obstetrics and gynecology course.

BACKGROUND: Labor and delivery is a teaching environment for medical students during their third year OB/Gyn rotation. Based on the end-of-year student evaluations of the clerkship, labor and delivery was noted to be an area in need of improvement.

METHODS: After IRB approval, the validated learning environment survey was sent to all third-year medical students who rotated through the labor and delivery unit at a single university hospital. Surveys were also sent to instructors who worked directly with students on labor and delivery, including OB/Gyn faculty, residents and nurses. De-identified responses were collected through Qualtrics software. Descriptive analyses were performed to identify differences in student and instructor responses.

RESULTS: The overall response rate for the survey was 42% (77/183), with 85% (11/13) of faculty, 63% (10/16) of residents, 40% (38/95) of students and 31% (18/59) of nurses responding. Student and instructor responses were statistically different for 16/39 questions (41%). The section titled “Motivation/learning skills,” which included topics such as “I am eager to learn” and “I come to the clinical session prepared and ready,” contained the most significant difference in responses between students and teachers.

DISCUSSION: Survey results reveal that students and instructor had different opinions of students’ experiences on labor and delivery. The results of this survey will help clerkship leaders identify areas in need of improvement.

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Let’s Talk About Sex History: Impact of a Communication Curriculum on Medical Student Performance and Perceived Competency

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PURPOSE: Determine whether medical students (MS) who completed a sexual history communication curriculum performed better during a formal standardized patient based assessment (FBA) at the conclusion of the OB/GYN Clerkship than historical control MS, and assess MS perceptions about taking a sexual history.

BACKGROUND: Communication is inadequately addressed in undergraduate medical education. Students often feel they are poorly trained in this area due to a lack of opportunities to practice taking sexual histories. Thus, a communication curriculum was implemented to address this gap, including formal small group
practice sessions on taking a sexual history during the OB/GYN Clerkship.

METHODS: Retrospective study comparing 3 specific PBA standardized patient rating questions and 5 questions regarding MS feedback. All (n=66) MS between January and June 2011 were queried at the conclusion of their OB/GYN Clerkship before implementation of the sexual history curriculum in July 2011 with responses compared to all subsequent (n=421) MS through June 2014. Cochran-Mantel-Haenszel was used to compare scores by Clerkship year and block with P<.05 significant.

RESULTS: There was no change in MS PBA performance or MS perception regarding ability to take a sexual history immediately following implementation of the sexual history curriculum. However, in response to “what other instruction or experiences could the clerkship provide to help you gain competency…” the theme was more practical experience.

DISCUSSION: Learners require different formats to promote and enhance learning, which may not have been measured with the outcomes chosen for this study.

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Performance on the Obstetrics and Gynecology National Board of Medical Examiners Subject Exam: Does Practice Help?
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PURPOSE: To evaluate whether a practice NBME examination for Ob/Gyn clerkship third year medical students (MS3s) improves scores on the final NBME examination.

BACKGROUND: NBME scores provide a measure of students’ knowledge.

METHODS: We compared two groups of MS3s on the Ob/Gyn clerkship at three clinical campuses. Group 1 (n=252) took the NBME examination without a practice exam (6/2012–1/2014), and group 2 (n=271) took the examination after implementation of the practice exam (3/2014–10/2015). Group 2 was surveyed anonymously regarding the practice exam. Outcomes include comparison of final scores between groups using Student t test, comparison of practice and final scores in group 2 using paired Student t test, and proportion of each group scoring ≥70% (“pass”) using χ² test. ANOVA was used to compare scores at different sites and of different blocks of students.

RESULTS: Mean raw NBME scores do not differ among campuses (75.7, 74.9, 75.6, P=.61). Across the study period, scores were lower during the first half of the academic year, with blocks 6, 7, and 8 differing from 2 and 4 (P=.006). Group 2 demonstrated an improvement (P<.001) of 5.9 points from practice to final NBME. Scores are higher for group 2 than group 1 (76.7, 74.1, P=.001) and 17.1% more group 2 students scored ≥70% (P=.001). Student survey results support the use and continued inclusion of the practice exam.

DISCUSSION: A practice exam improves students’ NBME score, and increases the number of students who pass. Students recommend continued use of the practice NBME exam.

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Satisfaction With an Electronic Feedback Tool for the OB/GYN Clerkship
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PURPOSE: To develop an electronic feedback tool and evaluate clerkship student and faculty satisfaction.

BACKGROUND: Provision of formative feedback during clerkships is mandated by the Liaison Council on Medical Education as important in the development of clinical competence. A common concern in medical student education is the dichotomy wherein faculty believe that feedback has been provided but students do not recognize feedback was given. There is need for a simple tool that documents and collects feedback. No recent literature has cited use of an electronic feedback tool.

METHODS: An electronic feedback tool, using elements of the AAMC Entrustable Professional Activities, was developed following a needs assessment survey administered to students and ObGyn faculty. This tool, housed on a secure institutional website, was available to both clerkship students and faculty using smartphone, tablet or computer. The project was IRB exempt.

EVALUATION PLAN: The electronic tool was offered at family planning and ambulatory gynecology clinics to 31 clerkship students and the 11 attending faculty. Thirty student satisfaction surveys and 7 faculty satisfaction surveys were collected. Satisfaction with the electronic tool was assessed using an online survey. Sixty percent of students and 100% faculty were neutral or dissatisfied with the electronic tool. Commonly cited issues were electronic access problems and adequacy of training.

DISSEMINATION: Information in this survey will be helpful in the further development of electronic tools in the clinical setting.

REFLECTIVE CRITIQUE: Future development will need to incorporate strategies to enrich faculty training and improve access.

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