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Effective Learning in an Ambulatory Family Medicine Clerkship: A Qualitative Study of Medical Student Mid-point Feedback

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Introduction

- Research suggests students should both receive feedback from, and provide feedback to, preceptors.^{1,2}
- The current study explored student perceptions of learning mid-clerkship.³⁻⁶

Methods

Data Collection

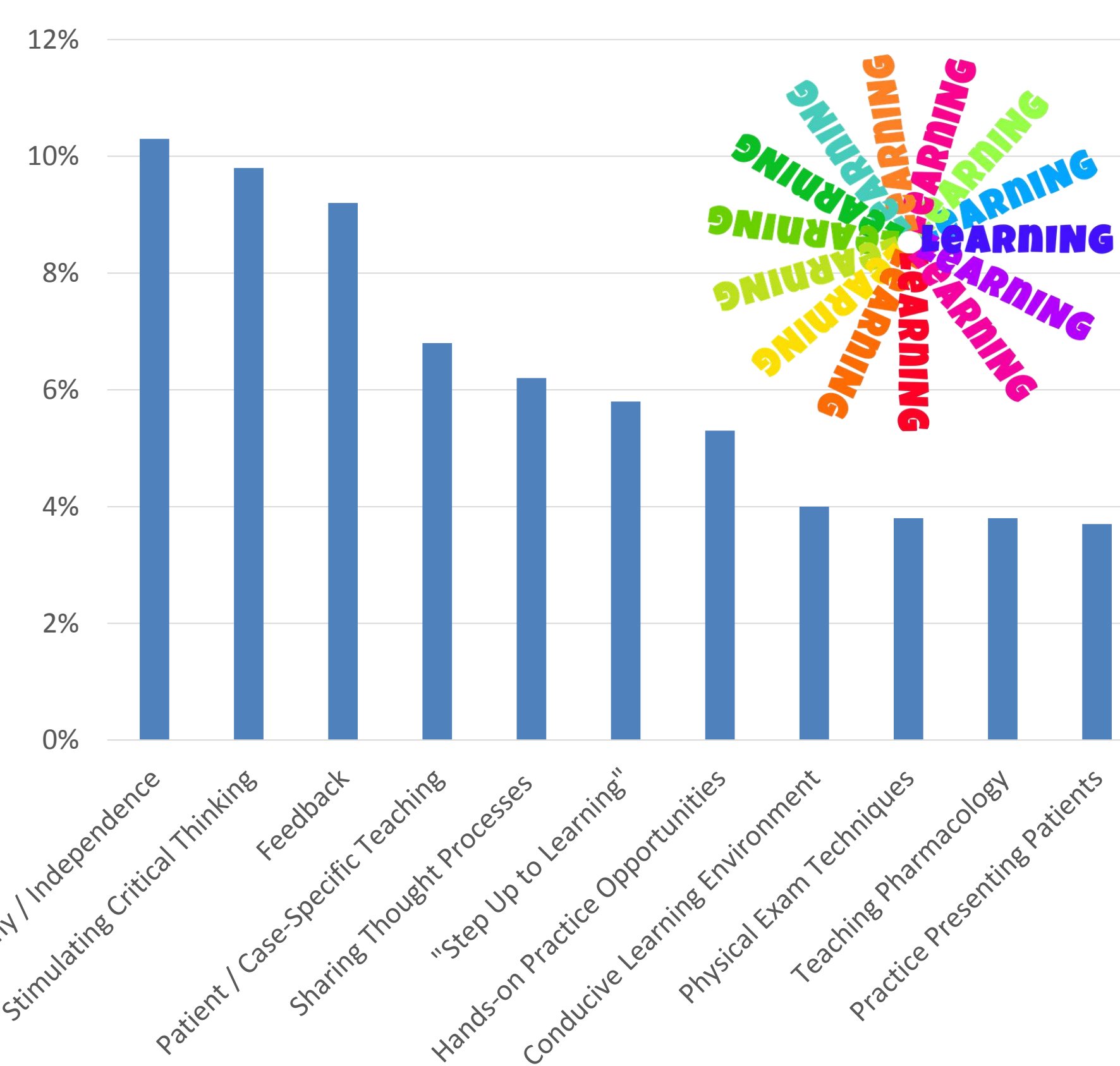
- VCU 3rd year family medicine clerkship mid-point feedback forms from 2012-2014
- (N=314 student feedback forms)

Statistical Data Analysis

- Independent data review
- Researchers then shared impressions, discussed key themes and developed code list
- Each code described by a short phrase, given a definition and an “exemplar” response sample
- Definitions of codes were refined or merged to avoid redundancy, then grouped into themes after all responses were coded.^{7,8}

Results

Top Ten Code Frequencies: N=739 CODED PHRASES



Results

Top Ten Code Names, Definitions and Sample Comments

Code Name	Code Definition	Sample Comments
Autonomy / Independence	<ul style="list-style-type: none"> • seeing the patient first on his or her own 	<ul style="list-style-type: none"> • Allowing me to see patients on my own and then present cases • Allowing me autonomy to see patients on my own, come up with differential diagnoses and work on an appropriate plan • Encouraging me to participate independently
Stimulating Critical Thinking	<ul style="list-style-type: none"> • preceptor stimulates student thinking and involvement in the patient case 	<ul style="list-style-type: none"> • He also helps me take a more focused HPI/allows me to do procedures together • Showing the big picture and pointing out new connections in the DDX • ...also helped me work through management options and challenged me to consider further differentials, considerations
Feedback	<ul style="list-style-type: none"> • specific feedback to each patient encounter • balance of autonomy and guidance • constructive criticism 	<ul style="list-style-type: none"> • I have received lots of constructive feedback to improve my PEs, clinical skills and patient presentations • Constructive criticism is VERY appreciated!!! • Listening to my plans and adjusting them accordingly and most importantly explaining why!
Patient / Case-Specific Teaching	<ul style="list-style-type: none"> • help the student focus on key learning issues in the patient • leveraging learning at all opportunities 	<ul style="list-style-type: none"> • Teaching me about diseases, complications, "pearls", questions that might be pertinent to ask a particular patient • Finding specific teaching points in patient encounters • Reviewing relevant details, teaching me practical aspects of medicine, always asking questions related to case
Sharing Thought Processes	<ul style="list-style-type: none"> • walking through the plan; preceptor talking out loud 	<ul style="list-style-type: none"> • Great at explaining his plan and concerns to me/patient • Explaining thought process behind DDX and appropriate steps to diagnose and treat • Teaching after each patient, analyzing physical findings and thought process was out loud – asking about my thought process
“Step Up to Learning”	<ul style="list-style-type: none"> • making student jump in/challenging/ pushing the student; more than just “asking” 	<ul style="list-style-type: none"> • Encouraging further research into clinical questions • Testing my knowledge, asking me how to treat the patient and what to treat with • Continuously engaging and challenging me, sending me in to work with challenging patients from medical and personality perspective
Hands-on Practice Opportunities	<ul style="list-style-type: none"> • patient exposure 	<ul style="list-style-type: none"> • Providing lots of opportunities for patient interaction, presentations, and note writing • Showing and allowing me to practice special physical exam maneuvers, work within a new EMR system to write notes, participate in lab work, and encouraging hands-on experience • Exposing me to different patient encounters, explaining why we choose certain treatment, explaining what to ask during interviews
Conducive Learning Environment	<ul style="list-style-type: none"> • non intimidating /accessible/non threatening 	<ul style="list-style-type: none"> • Providing a safe and friendly environment to learn... • Providing a conducive learning environment, so that I felt comfortable making educated guesses, introduced as part of the team • Allowing me to set a comfortable pace of patients I see and respecting my H&P
Physical Exam Techniques	<ul style="list-style-type: none"> • actively showing exam techniques to the student in real patient care time 	<ul style="list-style-type: none"> • ... showing aspects of physical exam that could be done in different ways... • Showing me proper techniques for various exams, having me complete physical exams with her • Explaining exams and their relevance. Teaching proper methods to examine msk joints
Teaching Pharmacology	preceptor explains use of medications	<ul style="list-style-type: none"> • Having me look up Rx doses, etc. • Explaining possible complications, going over Rx options • Guiding me along with the correct line of thinking in terms of diagnosis and treatment
Practice Presenting Patients	<ul style="list-style-type: none"> • practice skills organizing patient presentations and thinking 	<ul style="list-style-type: none"> • ... giving feedback on my presenting style... • ... allowing me to practice my presentation skills... • Allowing me to present frequently to improve with repetition

Future Directions for Faculty Development

- “Thinking out loud”- teach preceptors to verbalize how and why they narrowed the differential diagnosis and chose a particular plan.
- Coach preceptor on skillful questioning that promotes higher-order thinking such as clarifying concepts, probing for rational and evidence, exploring implications and consequences.
- Foster the educational alliance/partnership of preceptor and student.
- **Future research: Can preceptors engage the patient while “thinking out loud” through the differential and plan? Can this educational tool become part of good patient-centered care?**

Conclusions

- Students value an engaged preceptor who skillfully questions them to promote learning
- Students want to be challenged, but not threatened or humiliated
- Students especially want AUTONOMY



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