2017

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
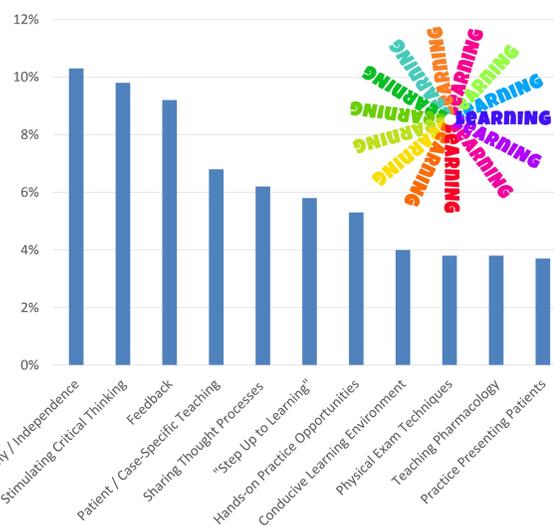
Results

Top Ten Code Names, Definitions and Sample Comments

Code Name	Code Definition	Sample Comments
Autonomy / Independence	• seeing the patient first on his or her own	• 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	• preceptor stimulates student thinking and involvement in the patient case	• 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	• specific feedback to each patient encounter • balance of autonomy and guidance • constructive criticism	• 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	• help the student focus on key learning issues in the patient • leveraging learning at all opportunities	• 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	• walking through the plan; preceptor talking out loud	• 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"	• making student jump in/challenging/ pushing the student; more than just "asking"	• 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	• patient exposure	• 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	• non intimidating /accessible/non threatening	• Providing a safe and friendly environment to learn… • Providing a conductive 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	• actively showing exam techniques to the student in real patient care time	• … 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 there relevance. Teaching proper methods to examine msk joints
Teaching Pharmacology	preceptor explains use of medications	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	• practice skills organizing patient presentations and thinking	• … 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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