

## BACKGROUND

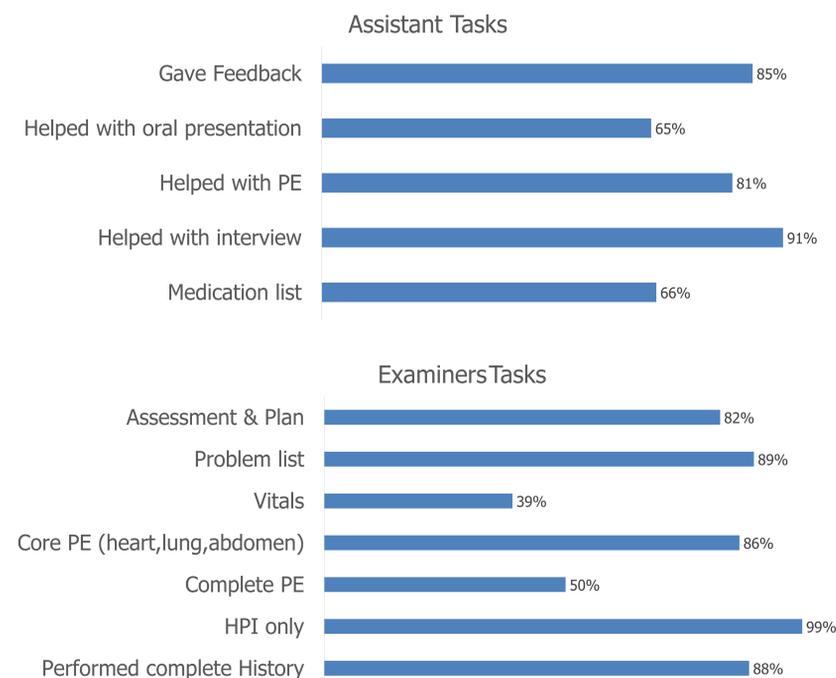
The University of Massachusetts Medical School (UMMS) has a fully integrated learning community consisting of 24 faculty mentors from many different specialties. These mentors follow a group of 6-7 students from matriculation to graduation. Their responsibilities include advising, teaching, and mentoring. Some of the teaching responsibilities include physical diagnosis clinical skills courses in years 1 and 2 (PD and hospital sessions). At UMMS these courses run from November through March. PD is taught weekly by a mentor with their own group of 1st year mentees in a simulation center. Hospital sessions in year 2 is also taught by a mentor with their own group of 2nd year mentees in the hospital setting allowing for continuity with the same students from the year 1 course. This course is taught in pairs of 2 students with one being main interviewer and the 2<sup>nd</sup> student working as an "assistant". Most all sessions for both course are co-facilitated by a 4<sup>th</sup> year student doing a 4 week teaching elective.

## MECHANISMS FOR COURSE FEEDBACK AND EVALUATION

- Faculty development pre-course reviewing PE maneuvers, sharing mentor "best practice", and reviewing goals of course with the overall goal to have consistency with teaching amongst mentor groups.
- Faculty development post-course with mentor feedback on how their sessions worked.
- Faculty development from educational specialist on how to recognize problems early and reviewing resources available for problem learners.
- Mentor focus groups for course review such as PE checklist revisions.
- Course evaluations are completed by students yearly including: course overall, 4<sup>th</sup> year teachers, and mentor specific. The mentor specific feedback is discussed at their annual reviews.
- Mid-course student evaluations for PD year 1 course allowing for "real-time" changes.
- Hospital session checklists detailing tasks each pair of students accomplished during that session. Data shared with mentors.

## COURSE EVOLUTION

- Development of a formal 4<sup>th</sup> year teaching elective with faculty development for students directed by LC mentor course directors
- Review of hospital session checklist data allowing for tracking of PE skills and targeted faculty development
- Evolution of hospital sessions over the past 5 years, from complete H&P to focused history, targeted PE and clinical problem solving.
- Development of the role of student observer/assistant with specific tasks including EHR/chart review, medication lists, and assessment of non-verbal cues in the hospital setting.
- Peer to peer feedback from observer to examiner on interview and clinical problem solving.
- Six hours of faculty development sessions for mentors focusing on course prep and review.
- Review of specific course components, such as PE checklists, by faculty focus groups.



## SUMMARY

**The iterative process of teaching clinical skills at UMMS, in which students work with LC mentors over the course of two years and how the mentors and the curriculum are evaluated and re-shaped, provides a robust approach to teaching these skills that is adaptable to other LC environments.**

## STRENGTHS

- All components of the longitudinal clinical skills curriculum are taught/directed by LC mentors allowing for curriculum consistency.
- Mentor faculty development with UMMS educational specialists helps mentors identify learning issues, allowing for early intervention.
- Faculty works with their own students over time and develop an acute understanding of each students' skills and deficits and can target teaching to needs of individual students.
- Mentor faculty development provides structure for consistency of teaching over both courses.
- Courses and mentor specific feedback from students allows for continuous course improvement as well as individual mentor improvement.
- The 4<sup>th</sup> year teaching elective provides vertical integration from students who can provide perspective on the importance of learning these clinical skills early, while also serving as a resource for other issues.
- Students gain early exposure to the importance of working in teams and providing substantive peer to peer feedback.

## CHALLENGES

- Maintaining consistency in teaching with 24 mentors
- Patient recruitment for hospital sessions
- Determining the appropriate number of learning tasks for hospital sessions
- On-boarding of new mentors
- Managing class expansion at UMMS

## NEXT STEPS

- More robust evaluation of course outcomes
- Meet with clerkship directors to seek their feedback related to student preparedness related to clinical skills needed for 3<sup>rd</sup> year rotations
- Review evaluations from portions of required End-of-third-year OSCE that relate to clinical skills
- Utilize OCSE data from both clerkships and the End-of-third-year OSCE to target mentor faculty development

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