

Achieving Meaningful Medical Student Evaluations Through a Clinical Encounter Card

Liborio LaRussa MD

Lehigh Valley Health Network, liborio.larussa@lvhn.org

Kris Rooney MD

Lehigh Valley Health Network, kris.rooney@lvhn.org

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Achieving Meaningful Medical Student Evaluations through a Clinical Encounter Card

Liborio LaRussa, MD; Kris Rooney, MD

Lehigh Valley Health Network, Allentown, PA

Clinical Encounter Cards (CEC) that encourage faculty to provide student feedback have been shown to improve students' perception of quality and quantity of feedback.

Effective and timely feedback is essential to medical student education and can be used in summative evaluations for clinical clerkships. However, it is not clear whether methods, such as CECs, translate into additional and more substantive comments on the submitted formal written evaluation of a student upon completion of the clerkship.

The goal of our study was to determine if the quality of final student evaluations were improved through use of CECs.

While the improved perception of feedback by students is important, quality comments documented on their final rotation evaluation regarding their performance on clinical clerkships are critical to appropriate summation of their rotation, grade assignment, and a meaningful MSPE (Dean's Letter). These can ultimately impact the student's success in securing letters of recommendation and residency positions.

Weekly Assessment and Feedback Log

R.I.M.E. Method

- Reporter - Gathers and reports data from patient, family, medical record, and care team.
- Interpreter - Creates differential and working diagnosis, recognizes normal and abnormal findings.
- Manager - Able to create a treatment or care plan, follows through with patient care.
- Educator - Recognizes own knowledge gaps, teaches self and others including patient, family, and care team.

Competencies

- History and Physical Exam Skills
- Formulation of Differential Diagnosis
- Formulation of Evaluation Plan, Selection, prioritization and interpretation of diagnostic studies
- Development of a management plan
- Responsibility for day to day patient care
- Communication skills
- Professional Attributes

Name _____

Weekly Assessment and Feedback Log

| Week | Continue | Improve | Preceptor Initials |
|--------|--|--|--------------------|
| Week 1 | Continue: Good strength history | Improve: Complete PE and build on history | [Handwritten] |
| Week 2 | Continue: History and questions | Improve: Reasoning & building on previous knowledge base | [Handwritten] |
| Week 3 | Continue: To take good detailed history | Improve: Build on complete differential | [Handwritten] |
| Week 4 | Continue: Excellent skills & reasoning | Improve: continue going forward | [Handwritten] |
| Week 5 | Continue: Excellent skills & reasoning in her presentation & treatment | Improve: Continue to be consistent | [Handwritten] |
| Week 6 | Continue: This is a pleasure having you on our team | Improve: _____ | [Handwritten] |

Figure 1. Clinical Encounter Card given to students.

Methods

We did a retrospective review of formal faculty completed student evaluations before and after the implementation of a CEC. The evaluations spanned 3 academic years. The evaluations from the two groups were compared by quantifying the number of specific and actionable comments documented by faculty on their final submitted student clerkship evaluation form. Statistical significance was determined using a two-tailed t-test.



Results

The number of comments on the final clerkship evaluations between the two groups was not statistically different ($p = 0.13$).

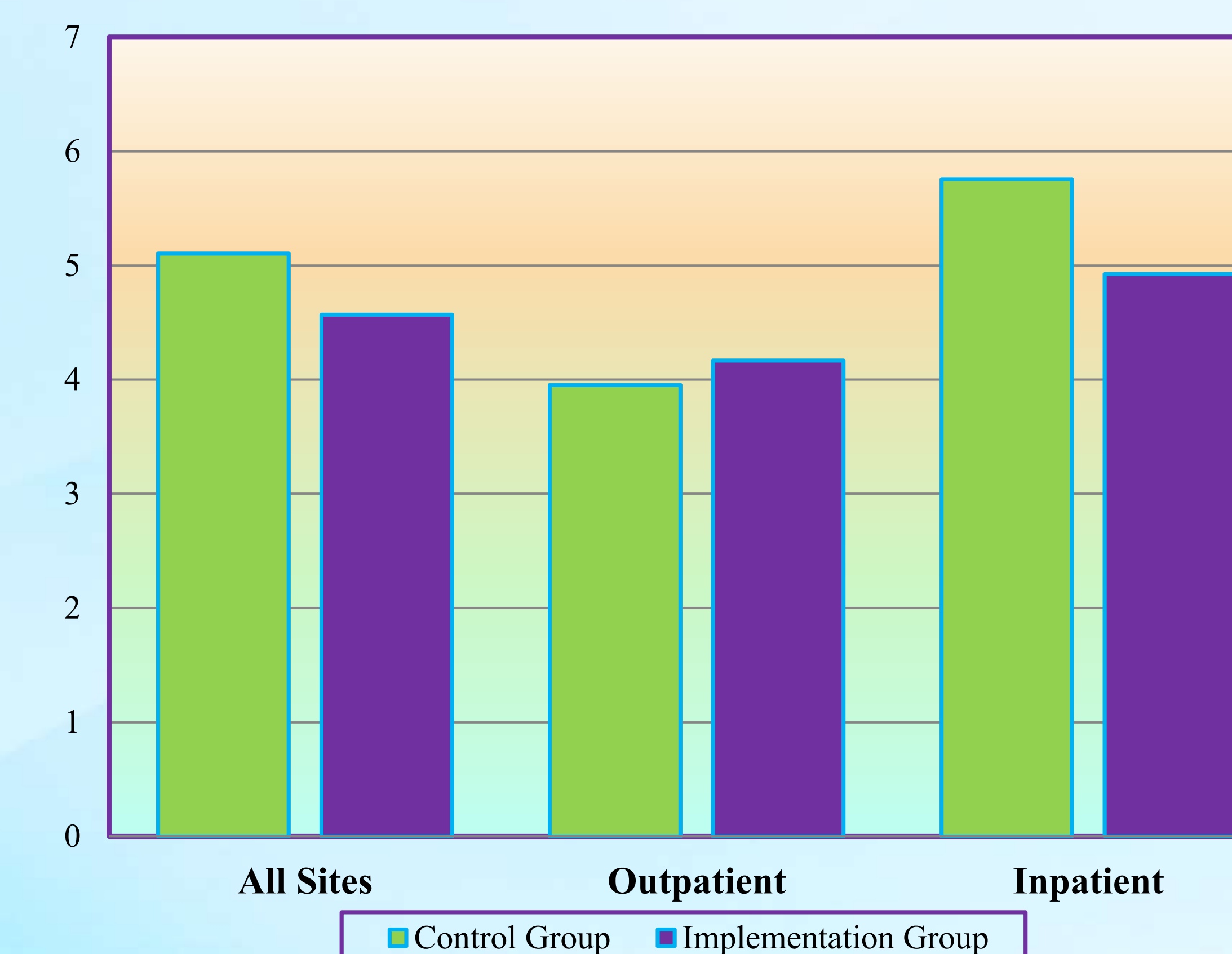


Figure 2. Quantified Evaluation Comments

Conclusion

While a CEC does improve the feedback process for students, it did not add documented information about student performance to the official student record in the form of their clerkship evaluation. The CEC as a stand-alone process was not effective in producing an increased quantity of summative or formative comments on the clerkship evaluation.

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