



**DALHOUSIE
UNIVERSITY**

FACULTY OF MEDICINE

Undergraduate Medical Education

Clerkship Director Guide



"I desire no other epitaph... than the statement that I taught medical students in the wards, as I regard this as by far the most useful and important work I have been called upon to do." - Sir William Osler, from *The Fixed Period*, in *Aequanimitas*

Welcome to your role as Clerkship Director!

Each of the core clinical clerkships (Medicine, Surgery, Obstetrics/Gynecology, Pediatrics, Family Medicine, Psychiatry and Emergency Medicine) has a faculty member responsible for supervising the overall clinical experience within that Clerkship, regardless of at which specific site the rotation occurs. This guide is intended to assist you in your role as a Clerkship Director. It includes information about Dalhousie's program, as well as Faculty Development Resources that may be helpful to you and the other clinical teachers and educators in your department.

Dalhousie Clerkship Overview

Clinical Clerks (medical students in their 3rd and 4th years of study) are required to complete core rotations in each of the disciplines as follows:

- Medicine (including mandatory Geriatric Medicine) – 12 weeks
- Surgery – 9 weeks
- Obstetrics/Gynecology – 6 weeks
- Pediatrics – 6 weeks
- Family Medicine – 6 weeks
- Psychiatry – 6 weeks
- Emergency Medicine – 3 weeks

Many of the rotations include blocks in various sub-specialties, which students may select from a list prior to starting the rotation.

Clerkship Directors may also be responsible for supervision of non-core rotations in their Departments, such as elective students (who may be from Dalhousie, other Canadian universities or medical schools from other countries). These experiences are planned, implemented and evaluated according to the specific needs of the student and their institution.

Longitudinal Integrated Clerkship (LIC)

Dalhousie participates in a Longitudinal Integrated Clerkship (LIC), during which a limited number of students are placed in a community for their entire clerkship experience, and are exposed to clinical disciplines throughout the year, rather than in the traditional, specialty-based block model. Students are taught using the same objectives, and are required to pass the same written examinations and OSCEs as the clerks in the block clerkship model. Clerkship Directors are responsible for the overall clerkship experience for students within their discipline, although the major responsibility falls to the local LIC site director.

Responsibilities of Clerkship Directors

Clerkship Directors retain control over all aspects of clinical education within their discipline, regardless of site. Students at certain sites, including community hospitals, family medicine clinics, rural locations and Dalhousie Medicine New Brunswick (DMNB) fall under Site Directors, who would in turn communicate with the individual Clerkship Directors regarding any potential issues. Sites are located throughout the provinces of Nova Scotia, New Brunswick and Prince Edward Island, and all preceptors who evaluate students are required to hold faculty appointments from Dalhousie University.

There is an expectation that Clerkship Directors remain in regular contact with faculty and students at all sites, and are encouraged to visit the various sites to familiarize themselves with the facilities and people present.

Clerkship Directors have a major role in making recommendations to the Curriculum Committee regarding the content and form of the clerkship, including the objectives and clinical expectations for clerks. The Clerkship Director is responsible for developing and reviewing the Objectives for their specific rotation, which are then submitted to UMECC (Undergraduate Medical Education Curriculum Committee) for approval.

Each Clerkship Director works closely with an Administrator in his or her department, who oversees the non-clinical aspects of the individual clerkship program. These include scheduling, collection of feedback and ITERs, recruitment of examiners for OSCEs, and other tasks. The Undergraduate Medical Education (UGME) Office provides oversight for the entire program, and deals centrally with issues related to students, such as examination results, disciplinary matters and requests for leaves of absence.

Clerkship Directors function as conduits of information between the Medical School (and in particular UGME) and the clinical Departments. It is expected that they attend regular departmental meetings and keep faculty members apprised of new developments and programs as they arise. They are a valuable source of information for UGME and are expected to be actively involved in the ongoing development of the undergraduate curriculum. Clerkship Directors liaise with the Dalhousie CPD Office of Faculty Development, as well as resource people within their specialty organizations and departments, to support faculty in acquiring the knowledge and skills needed to effectively serve as clinical supervisors for clerks. While feedback on faculty members is given to Department Heads and feedback on residents is given to individual Program Directors, these individuals may involve Clerkship Directors in providing feedback, ongoing training, and development of teaching resources as required.

Evaluation of Clerks

Clerkship Directors have oversight for the feedback given to students during the rotations, which is done via ITERs (In-Training Evaluation Reports). Formative ITERs are completed by individual preceptors and reviewed by the Clerkship Director, following which a Summary ITER is completed (by the Clerkship Director) to determine a Pass/Fail standing. Clerkship Directors and UGME work collaboratively to determine appropriate steps required for any concerns raised on any ITERs, whether formative or summative. The ITERs are collected and reviewed to ensure that students are meeting objectives and complying with the requirements for completing the rotation. Students demonstrating signs of difficulty, whether academic or non-clinical, are offered remediation appropriate to their specific needs.

Each rotation includes a formal evaluation of core knowledge, usually in the form of a Multiple Choice Question (MCQ) Examination. The Clerkship Director is responsible for selecting questions – either from an existing databank or by writing or approving new questions – and developing an appropriate test for the students to complete. MCQs are submitted to the Undergraduate Medical Education (UGME) Office for exam compilation and a well-established process is in place for this. Results are subsequently reviewed with the assistance of the Exam Review Committee. Any student who either fails or receives a borderline pass result is required to meet with the Clerkship Director or designate to discuss their results. Students may require development of specific remediation plan to assist with particular areas of academic need.

Clerkship Directors, with the assistance of the Learning Resource Centre, are involved in the development of the OSCEs (Objective Structured Clinical Examination), which occur in each year of study. Cases may be drawn from a databank of existing questions, or newly created as needed. OSCE examinations are reviewed by the Chief Examiner along with Clerkship Directors and optimized to ensure that they examine the skills that students are expected to demonstrate in a simulated environment. These are often multi-faceted and may involve inter-disciplinary collaboration. CD's are responsible for orienting the faculty examiners from their department to the OSCE process and the specific cases with which they will be involved.

Reporting Structure

Clerkship Directors are all members of the Med 3&4 Committee, which is chaired by the Assistant Dean for Clerkship. Clerkship Directors are expected to attend monthly meetings, at which items of relevance to the clinical years of medical training are discussed. Departmental Administrators are also invited to attend this meeting. Finalized items are taken to the Undergraduate Medical Education Curriculum Committee (UMECC) for approval or implementation as needed.

UMECC has overall responsibility for the Curriculum. Decisions made at Med 3&4 are taken to UMECC as recommendations before they can be introduced into the Curriculum.

Clerkship Directors may be asked to take part in initiatives that support the clerkship, such as ad hoc committees, development of policies or creation and review of new curriculum.

Dalhousie Faculty Development and Division of Medical Education Resources:

The Faculty Development Program, situated within the Continuing Professional Development Office of the Dalhousie Faculty of Medicine, collaborates with UGME to host twice yearly Clerkship Directors' Workshops. These workshops focus on topics that will help you develop the necessary skills and relationships to better fulfill the required duties and expectations of Clerkship Directors. Faculty Development also offer a series of online programs, workshops, seminars (VC, webinar and grand rounds presentations) and web-based resources to assist you in your role as Clerkship Director. Information about their programs can be found on line at <http://facdev.medicine.dal.ca/>. Please contact facdev@dal.ca if you would like more information. You can also contact Dr. Lara Hazelton (Lara.Hazelton@Dal.ca) directly to discuss what can be offered to faculty in your department.

The Division of Medical Education is a specialized resource for clinician educators, faculty and learners interested in medical education and research. DME provides expertise in various aspects of curriculum design, implementation, learner assessment and program evaluation, with a particular focus on promoting scholarly work and research in medical education. Please visit the website for more information, <http://dme.medicine.dal.ca/>, or contact the DME Head, Dr. Joan Sargeant (joan.sargeant@dal.ca).

Resources are also available through the Dalhousie Centre for Learning and Teaching. <http://www.dal.ca/dept/clt.html>.

Other useful websites:

The Royal College of Physicians and Surgeons sponsors the International Clinician Educator Network (ICENet). Information and resources can be found at: <http://www.royalcollege.ca/portal/page/portal/rc/resources/ice>

The CMPA has a number of resources useful for teaching learners about patient safety, communication, and professionalism. <http://www.cmpa-acpm.ca/cmpapd04/docs/ela/goodpracticesguide/pages/index/index-e.html>

CDHA Leadership Development website has useful information on communication skills, difficult conversations etc. <http://www.cdha.nshealth.ca/leader-development/education>

Journals of Medical Education (all available through the Dalhousie library):

Academic Medicine
Medical Teacher
Teaching and Learning in Medicine

Selected Books and Resources on Medical Education:

Cooke M, Irby, D, O'Brien B. Educating Physicians: A Call for Reform of Medical School and Residency. San Francisco CA. Jossey-Bass-Carnegie Foundation for the Advancement of Teaching. 2010.

(This is an influential report on the current state of medical education in North America written on the 100th Anniversary of the Flexner Report. Not a 'teaching tips' kind of book, but useful for understanding the major trends and philosophies in medical education including competency based education and professional identity formation.)

Dent John A., Harden Ronald M. A practical guide for Medical Teachers. 2nd edition. London: Elsevier, 2005.

(This book provides a practical overview of curriculum development, teaching/ learning strategies, assessment and other topics.)

Learning Objectives:

<http://www.youtube.com/watch?v=WWCaNzgwn9k>

(This youtube video might be helpful for people who have no experience in objective writing.)

Assessment:

Bandiera, G., Sherbino, J., & Frank, J. (2006). The CanMEDS Assessment Tool Handbook: An introductory guide to assessment methods for the CanMEDS Competencies. Ottawa: The Royal College of Physicians and Surgeons of Canada. *(While this book is intended for use in Postgraduate Medical Education, it provides an overview of many assessment methods that are also used in Undergraduate Medical Education.)*

NBME Item Writing Red Book: <http://www.nbme.org/publications/item-writing-manual-download.html> *(This is a guide to writing MCQ's.)*

Holmboe, E.S. and Hawkins, R.E. (2008) *Practical Guide to the Evaluation of Clinical Competence*. Philadelphia, PA: Mosby/Elsevier
(An overview of methods to assess clinical competence, with an instructional DVD.)

Other:

Cruess, R.L, Cruess, S.R., & Steinart, Y. (Eds.). (2009). Teaching Medical Professionalism. Cambridge: Cambridge University Press.

(An excellent book for those interested in understanding more about teaching and learning professionalism in medicine.)

Canadian Association for Medical Education (CAME), Advancement of Education Scholarship Working Group, 2012. "Toward a Common Understanding": Advancing Education Scholarship for Clinical Faculty in Canadian Medical Schools.

http://www.came-acem.ca/pubs_position_papers_en.php.

(A Canadian collaborative position paper describing scholarship in medical education and its recognition for promotion and tenure.)