



INTRODUCTION

- Traditional block scheduling of medical student clerkships has been associated with heightened student anxiety regarding rotation sequence and with differences in student performance depending on the timing and sequencing of rotations.
- Students often seek specific sequences of rotations based on their residency interests and competition for sequence paths can result in anxiety and dissatisfaction.
- Much of this is based on studies that have shown students perform better in rotations later in the year and in certain sequences.
- Early in the year students have limited clinical experience and performance evaluations at this stage and may affect residency aspirations.
- Summative evaluations are completed prior to students gaining a broad perspective regarding patient presentations.

PRIMARY OBJECTIVES

- Decrease anxiety associated with clerkship rotation scheduling
- Remove the performance effect based on rotation order
- Better reflect overall student clinical skills during the clerkship period

KEY POINTS

Traditional clerkship rotation scheduling can lead to:

- Increased student anxiety regarding selection process
- Frustration re: outcome of lottery-based systems
- Lower rotation evaluations early in the year due to inexperience
- Reduced residency competitiveness based on clerkship performance

The Dual-Pass Clerkship (DPC) rotation schedule addresses these concerns by:

- Providing all students experience in multiple areas with formative evaluations
- Restricting summative rotation evaluations until after students have broad, multidiscipline-based experience

PROGRAM OVERVIEW

- The clerkship program at CUSM has been developed in two halves. The 8 required clerkships are subdivided into dual-pass (DPC) and single-pass (SPC) clerkships. The 6 DPCs (IM, Surg, FM, OB-GYN, Peds and Psyc) are split into 2 segments with the first segments of each clerkship completed in the first half of the year (*formative* semester) along with one of the SPCs (EM or Neuro).
- Assessment of each of these initial segments consists of:
 - Preceptor evaluations
 - NBME clinical subject examination, and
 - Multi-station OSCEs provided at the mid-point of the year
- This rotation sequence is repeated in the second half of the year with the second segment of each DPCs along with the remaining SPC.
- The same assessment methods are repeated, including a second OSCE.
- All evaluations in the first half of the year are formative, while those in the second half are summative.

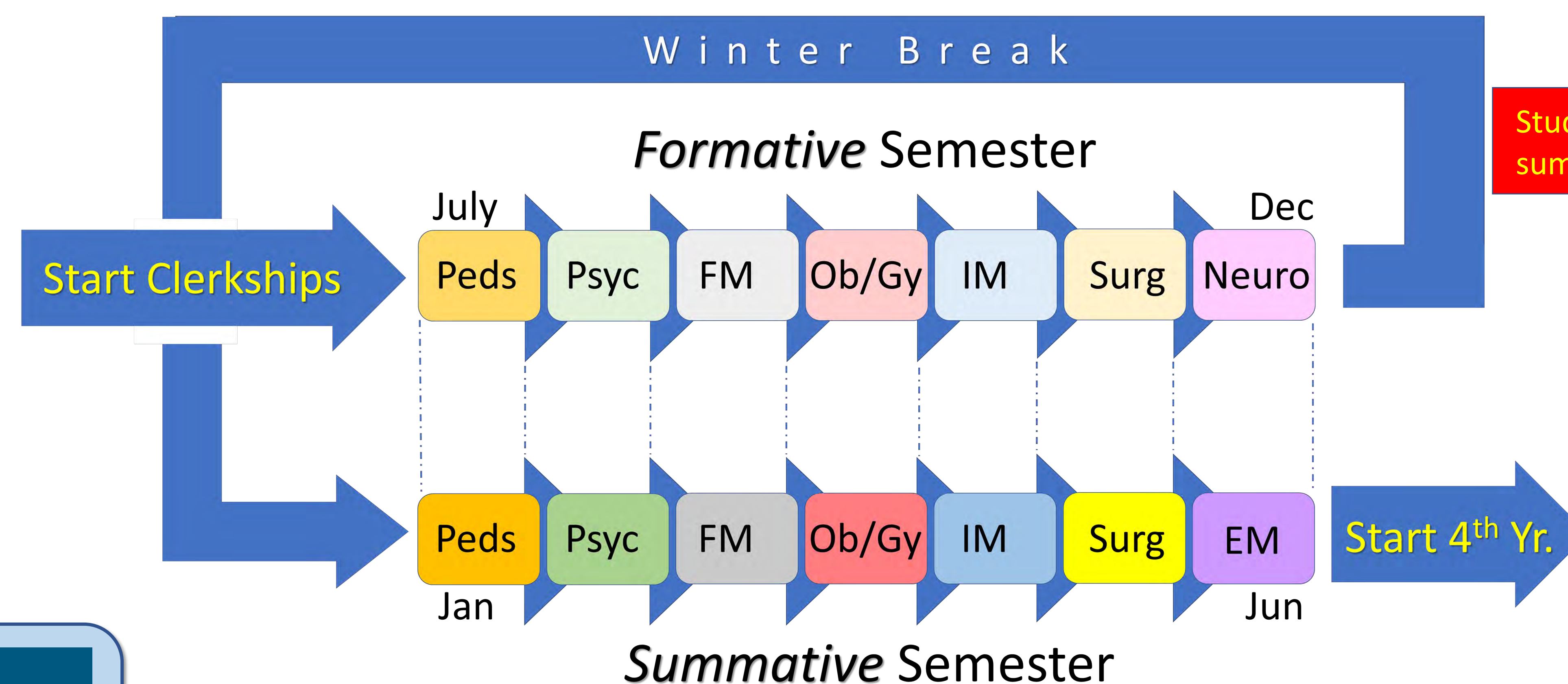


Figure 1: Dual-Pass Clerkship depicting 1 of 8 tracks differing based on the starting rotation

LESSONS LEARNED

- Faculty development is required to ensure that preceptors who are used to the traditional single block sequencing of rotations can adjust to the DCE method of scheduling.
- As students spend more time in the orientation and novice phases of rotations in the first half of the year than they would in a traditional block schedule, greater support for their transitions is required. The advantage is that the time spent in the novice phase during the summative segments of their rotations is lessened allowing them to more clearly demonstrate their knowledge and skills accumulated through participation in multiple different disciplines.

SIGNIFICANCE

How does this work contribute to what is already known in the medical education literature? What implications do the lessons learned hold for others, now or in the future?

- This innovative clerkship model addresses many of the challenges of the traditional block scheduling method by providing students with a breadth of experience from a variety of specialty areas prior to returning to demonstrate knowledge and skills in a summative context.
- This lessens student anxiety over assigned pathways and provides preceptors from all specialties with a more accurate demonstration of students' abilities through the clerkship year.

- ✓ Clinical experience in:
 - All Dual-Pass Clerkships rotations (6)
 - One Single-Pass Clerkship rotation
- ✓ Multi-faceted assessment (all *formative*)
 - Preceptor evaluation
 - NBME Clinical Subject Exam
 - Multi-station OSCE

FUTURE DIRECTIONS

- Expand student numbers
- Monitor the student and faculty experience
- Analyze differences in formative and summative evaluations (preceptor evaluations, NBME and OSCE exam performance) and compare based on DPC schedules
- Track NRMP matching with the DPC student schedules to determine if schedules affect matching

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