2014 TCOM Educational Conclave

1. TOPIC: THE “MODERNIZED” TCOM CURRICULUM: IMPLICATIONS FOR
THE CLINICAL CLERKSHIPS

2. OBJECTIVES:
   a. Contextualize the clinical clerkships in the 4 year TCOM curriculum
   b. Review the “revised clerkship syllabi”
   c. Continue to appropriately integrate Core Clinical Competencies into the Clerkships with emphasis on the Entrustable Professional Activities

3. TCOM CURRICULUM is a 4 year curriculum

4. TCOM Clinical Clerkships
   a. Are not “Educational Campgrounds”
   b. Are Integral components of the TCOM curriculum
   c. Curriculum Designers and faculty (AME and Clerkship faculty) have 4 year curricular
      i. Opportunity
      ii. Responsibility
   d. Focus on Competency acquisition beyond medical knowledge and patient care (accessing community resources, practice-based improvement, Interprofessional collaboration, wellness counseling, etc.)
   e. Need to incorporate milestone evaluation of the Entrustable Professional Activities (Published by the AAMC May, 2014)
   f. Revised TCOM Clinical Clerkship Syllabi

5. Documents which will be made available on CANVAS for those wishing to review them include:
   a. The COCA standards 6.8-6.13
   b. The TCOM Clinical Clerkship Syllabus Template
   c. The AAMC “Entrustable Professional Activities” Document

6. Anyone wishing to communicate with me personally about the clinical clerkships or this presentation may contact me at William.mcintosh@unthsc.edu
The AOA Commission on Osteopathic College Accreditation (COCA) serves the public by establishing, maintaining, and applying accreditation standards and procedures to ensure that academic quality and continuous quality improvement delivered by the colleges of osteopathic medicine (COMs) reflect the evolving practice of osteopathic medicine. The scope of the COCA encompasses the accreditation of the COMs.

The following information is from the COCA Standards for Accreditation: Standard 6 Curriculum. It is essential that all TCOM Clinical Clerkship activities comply with these standards and guidelines. It seems to be a logical starting place in the process of evaluating the TCOM Clinical Clerkship Program.

Clerkship Training

6.8 A COM may offer a portion of its curricula at affiliated or educational clinical sites not owned or operated by the COM. Written affiliation or educational agreements with core rotation sites, which clearly define the rights and responsibilities of both parties, must be obtained between the COM and each clinical clerkship teaching facility not owned or operated by the COM, or in the case where an institutional agreement is not applicable, between the COM and the individual preceptor.

6.8.1 The COM must provide an annual prospective and retrospective assessment of the adequacy of affiliations for predoctoral clinical education.

Guideline: The COM’s annual assessment should provide evidence of having secured the necessary affiliations for all students’ required core clinical rotations and retrospectively assess the availability of “elective” clinical rotations.

6.8.2 The COM must conduct an annual assessment of the numbers of students and areas of instruction that are to take place at each of its affiliated clinical education sites.

6.9 The COM must develop and implement its clinical clerkship training curricula to achieve the COM’s mission and objectives.

6.9.1 The COM must utilize the clinical education capabilities of its Osteopathic Postdoctoral Training Institution (OPTI) partners to offer predoctoral clinical education clerkships to its students.

Guideline: The COM may also offer clinical rotations at affiliated sites that are outside of its OPTI partners.

All instruction at the affiliated or educational sites must be conducted under the supervision of COM academically credentialed or approved faculty.

Guideline: The Dean or the Dean’s designate is responsible for ensuring that meaningful educational experiences should be conducted at affiliated clinical sites including credit-based international sites.
It is the responsibility of the COM administration to review the credentials of all academically credentialed or approved faculty to determine that they are qualified, or to have an affiliation agreement with such clinical sites which recognizes and approves the processes by which faculty at those sites are credentialed and approved (that are consistent with the credentialing policies of the COM). The training environment at affiliated educational sites should also be reviewed to guarantee that they provide students, at a minimum, an appropriate number of clinical presentations, appropriate supervision, and opportunities to interact with other healthcare professionals. The individuals supervising students’ clinical experiences should be the same as those who were appointed or credentialed by the COM, or approved or credentialed by the affiliate as provided for in the affiliation agreements.

6.11 Planning and implementation of instruction at affiliated or educational sites must be a cooperative activity between COM academically credentialed or approved faculty at those sites and the administration and faculty at the COM.

6.12 The COM must develop and implement an assessment process that reviews student achievement in the clinical education program at its affiliated or educational sites to ensure that these programs meet the COM’s mission and objectives.

6.13 The COM must develop a process that evaluates the clerkship in regards to meeting the COM’s mission and objectives.

Guideline: The COM should hold the affiliated or educational site to its established goals and objectives, and conduct routine, periodic visits to ensure the goals and objectives are being met. The COM may also wish to utilize the OPTI to ensure the COM’s OPTI’s goals and objectives of the clerkships are being met.
Neurology Clerkship Syllabus

Clerkship Director: William E. McIntosh, D.O.
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Purpose of the Clinical Clerkship

The clinical clerkships affiliated with the Texas College of Osteopathic Medicine serve to provide supervised, high quality opportunities for third and fourth year medical students to apply and transform the declarative medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of health care teams. The clinical clerkships promote and support TCOM students in developing clinical competence with emphasis on the core competencies beyond medical knowledge alone. Clerkships are encouraged to seek opportunities for students to provide Health and Wellness Counseling, develop improved interpersonal and communication skills, professionalism, as well as practice-based learning and improvement.

(If there is additional Clerkship-specific Purpose information that the department chairmen or clerkship directors want included it should be included here.)
Clerkship Goals

The GOALS of the Clinical Clerkships are to enable TCOM students to achieve competence as graduate osteopathic medical students. As such, the goals of the clerkship curriculum are represented by the AACOM Osteopathic Core Competencies for Medical Students.

For the purposes of the TCOM Clinical Clerkship Competencies, the AACOM 14 Competencies have been condensed into the following 8:

1. Osteopathic Principles and Practices
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice
8. Health Promotion/Disease Prevention
This is where the clerkship Goals should be listed. The following is template information to assist in creating effective clerkship objectives:

(If needed, read the attached article on creating Instructional Objectives, or re-read the section in Gagne’s textbook on learning objectives. Learning Objectives should unambiguously state what the learner should be able to do to demonstrate competence. Ideally the “perfect learning objective” should consist of 5 components.

1. A situation (the context in which the learned capability will be determined)
2. A Learned Capability Verb (identify, discriminate, classify, etc.)
3. Object (or content of the performance)
4. Action verb (observable part of the behavior) diagram, list, draw, label, select, perform)
5. Constraints, tools or special conditions, which make the behavior acceptable (within certain time limits, without falling down, etc.)

It is not always necessary to include all 5 components in every learning objective. When the situation is consistent, when the tools or constraints are consistent or the action to be taken is consistent, they need not be stated to be effective. Remember the purpose of clinical clerkships is largely to transform declarative knowledge into procedural skill. Almost every existing syllabus includes objectives such as “know”, or “understand”. These are unacceptable capability verbs. Attempts at converting these ambiguous verbs into acceptable capability verbs by using terms like “demonstrate understanding” or “show comprehension” are also unacceptable. Other verbs to avoid include “grasp the significance of”, “learn”, “realize”, and “appreciate”. Verbs that demonstrate procedural capability learning include “apply, demonstrate, utilize, perform, examine, restate, etc.

Remember that the purpose of Objectives is to guide instruction as well as evaluation. What is the point of listing an objective for which there is no intention or method of instructing or evaluating?

The following are examples of appropriate learning objectives for a clinical clerkship. Note that they do not all include all 5 of the “ideal objective components”.

1. Students should be able to satisfactorily insert a nasogastric tube in a simulated patient in the “sim-lab”.
2. Students should demonstrate professionalism, compassion and empathy in obtaining a geriatric history in an observed setting.
3. Students should be able to demonstrate physical exam proficiency by performing an observed, focused 20-minute neurological examination on a clinic patient.
4. Students should be able to demonstrate proficiency in the four basic skin suture
techniques taught during the rotation. Students will use a standard suture kit and perform the procedure on a pigskin practice surface.

5. Students should be able to perform a complete “sports-injury” related physical examination of the knee on a simulated patient in a clinic setting.

6. Students should demonstrate the ability to utilize appropriate electronic health science resources, by searching the answer to a question posed by a simulated patient in a clinic setting (i.e. what are the contraindications to drug X, or what are the drug interactions between drugs A and B, or what proof exists that this recommended shoulder injection has proven efficacy?)

All of these examples ask students to do something. They clearly state what is expected, and how the performance is likely to be evaluated. Make the objectives realistic. Make them unambiguous. Give learning objectives that you intend to evaluate. Giving a list of medical topics and saying; “the learning objectives are to know these topics”, is inappropriate.

It is preferable to have 10 well thought out, well constructed learning objectives for a one month rotation than a list of 50 diseases “to know”.