



2019 Clerkship Directors Workshop: Practical Issues, Opposing Approaches

Faculty:

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Jeff Kraakevik, MD, Oregon Health & Science University

Rachel Salas, MD, Johns Hopkins University

Course Description:

The 2019 Clerkship Directors workshop had a point/counterpoint format. Two workshop faculty members presented strong opposing positions on a “controversial” aspect of clerkship structure, at which point the workshop participants discussed the topic in small groups (each facilitated by one of the workshop faculty members). After 15 minutes, the small groups reported their conclusions to all the workshop participants, and there was additional discussion among the large group. This format was then repeated for two additional “controversial” topics.

Learning Objectives:

By the conclusion of the workshop, the participants will be able to:

- (1) Discuss the arguments for and against structuring the neurology clerkship as a longitudinal experience stretched out over a period of at least 6 months.
- (2) Discuss the arguments for and against structuring the neurology clerkship so that it includes components explicitly intended to teach or reinforce “basic science” concepts.
- (3) Discuss the arguments for and against expecting students to learn only a screening neurologic examination (as opposed to a comprehensive neurologic examination) during the neurology clerkship.

Summary:

Dr. Korb presented arguments in favor of a longitudinal neurology clerkship, and Dr. Gelb presented arguments against it. The general consensus after small and large group discussion was that there are sound educational arguments in favor of a longitudinal neurology clerkship, but at many medical schools, the logistical obstacles would be difficult (if not impossible) to overcome. Nonetheless, this appears to be a growing trend across medical schools, and neurology clerkship directors may be compelled to develop longitudinal experiences for some or all of their students.

Dr. Korb presented arguments in favor of explicit coverage of basic science concepts in the neurology clerkship, and Dr. Kraakevik presented opposing arguments. One of the major motivating factors for this discussion was the trend in many medical schools to shorten the pre-clinical curriculum, in part based on the principle that medical students will learn material better when they can put it into a clinical context. The general consensus after small and large group discussion was that basic science concepts are (and should be) included in the discussions of patient diagnosis and management, but a formal basic science curriculum during the neurology clerkship would detract from students’ ability to function as members of the patient care team. Several models

of encouraging basic science integration were discussed, but no model received universal support from the workshop participants.

Dr. Salas presented arguments in favor of emphasizing a screening neurologic examination during the clerkship, and Dr. Kraakevik presented arguments in favor of teaching a comprehensive neurologic examination. The general consensus after small and large group discussion was that it is difficult to define what is meant by a screening neurologic examination. Instead, students should learn all standard components of the neurologic examination, with the understanding that only a subset of those components should be tested in any given patient. The goal should be to emphasize which components of the neurologic examination are most important in which circumstances, and the indications for specialized techniques.

Evaluations:

Course evaluations were submitted by 20 participants. One was a department Chair, and one was an educator who hasn't been a clerkship director. The other 18 were clerkship directors with a mean of 5.6 years in that position (range: 1-14; only four had been clerkship director for longer than 6 years).

With respect to the small group discussions, 85% of respondents endorsed "Strongly Agree" for all three items on the evaluation ("was presented effectively," "is relevant to the challenges that I face," and "is likely to enable me to solve some of the challenges that I face"). For all three items, the remaining 15% of respondents endorsed either "Agree" or "N/A."

With respect to the large group discussions, 80% of respondents endorsed "Strongly Agree" for the first two items on the evaluation ("was presented effectively" and "is relevant to the challenges that I face") and 70% endorsed "Strongly Agree" for the third item ("is likely to enable me to solve some of the challenges that I face"). For all three items, the remaining respondents endorsed either "Agree" or "N/A."