

# Defining Honors in the Surgery Clerkship



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**BACKGROUND:** Although highly influential, no published criteria exist that define who should receive the highest grade in the core surgery clerkship (“honors”). Therefore, significant variability exists in how this evaluation is assigned. Identifying the critical characteristics of the student receiving this grade can improve its usefulness in residency selection, class standing, and direct students’ efforts. The purpose of this study was to attain expert consensus on the characteristics of an honors student in the core surgery clerkship.

**STUDY DESIGN:** A 3-round modified Delphi technique was used in 2 parallel cycles to obtain expert consensus from the major stakeholders—program directors and clerkship directors in surgery. Experts were recruited from across the United States, although not from the same institutions. The 2 consensus lists were evaluated for congruency.

**RESULTS:** All 15 of the invited clerkship directors and 14 of 15 invited program directors participated. A total of 65 unique characteristics were submitted by program directors and consensus was reached on 23. Clerkship directors submitted 62 characteristics and achieved agreement on 22. Ten of the final characteristics were identical between the 2 groups. These were communication skills, “shelf” exam score, synthetic ability (organizing data into meaningful care plans), absence of professionalism issues, outstanding work ethic, taking advantage of learning opportunities, accurate and complete history and physicals, enthusiasm, becoming an essential member of the care team, and outstanding clinical acumen.

**CONCLUSIONS:** Expert consensus on the characteristics of an honors student in the core surgery clerkship was achieved. By using these criteria, the honors grade becomes emblematic of these 10 characteristics. This might reduce grade inflation within and between institutions, provide program directors with a consistent and reliable assessment of excellence, and effectively direct student efforts. (*J Am Coll Surg* 2016;223:665–669. © 2016 by the American College of Surgeons. Published by Elsevier Inc. All rights reserved.)

Grades received in the core medical school clerkships are highly influential in determining competitiveness for residency, class standing, and guiding career planning. Despite this, there is little consistency between medical schools, or even between teaching sites at a single medical school. There are presently no guidelines or published recommendations to provide an objective definition of an honors student during a clinical clerkship. As a result,

there is wide variability among evaluators in assessing this critical area.

This study is designed to establish the most important and reliable characteristics of an honors student in the core surgery clerkship. By identifying these characteristics, a framework can be established to provide a standard meaning behind the honors grade.

There are 3 key stakeholders involved in the clerkship grade—clerkship directors, program directors and students. For clerkship directors, the criteria for honors must be consistent among faculty and resident evaluators, often across multiple clinical sites associated with a single medical school. By necessity, there are subjective and objective components that must be weighed together. The subjective elements, however, should be given the same importance and general structure across all evaluated students. In addition, the measures should be comparable whether a student is on their first clinical rotation or near the end of the academic year when they have amassed

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considerable clinical experience before beginning the clerkship.

For program directors in general surgery, an honors grade should provide a consistent representation of an outstanding performance during the surgery clerkship. The grade should be reliable and reproducible across medical schools. The majority of students who complete the surgery clerkship will not pursue a career in surgery. However, a student who has mastered the clerkship should be desirable to a residency program in surgery.

For students, defining the characteristics of someone who receives an honors grade will necessarily focus their effort. Selected criteria must therefore direct students toward worthwhile endeavors and meet the goals of the other stakeholders.

## METHODS

A modified Delphi method was used to attain expert consensus from program directors and clerkship directors. The Delphi method is a well-described mechanism for identifying the shared views of a group of experts and has been previously used to attain consensus among surgeons.<sup>1,2</sup> This method was applied to the program and clerkship directors in parallel with each group working independently of the other.

*Honors* was defined as an institution's highest grade, understanding that different labels are used at different sites. *Surgery clerkship* was defined as the core, required clerkship in surgery, traditionally offered in the third year of medical school.

A national panel of surgical educators, who are faculty in the Association for Surgical Education's Scholarship in Education Research Fellowship, was queried to identify appropriate participants for the study. Program directors from 15 general surgery residencies, and clerkship directors at 15 medical schools, were identified for inclusion. Invited participants were selected based on their reputation as thought leaders in surgical education, experience with their position, and geographic distribution. Those selected were recruited through an email invitation.

In the first round, participants were asked to provide a list of characteristics they believed were critical for a student to demonstrate to achieve honors in the surgery clerkship. They were advised to include subjective and objective measures and to consider that the characteristics should be reliable and consistent, regardless of a student's earlier clinical experience. They were also reminded that students would likely direct their effort toward the areas identified. The specific grading criteria of participant institutions were not assessed.

In the second round, the list of characteristics generated in the first round was distributed to the participants with the characteristics listed in random order. Participants were asked to select the items from this list that they believed met the study criteria. All responses obtained in the first round were included in the second round. If a characteristic was listed by more than one participant in the first round, it was listed only once in the second round. If items were similar, but not identical, from participants, both items were included in the second round.

In the third round, the list of items identified in the second round was redistributed to the participants. They were instructed to select items for a consensus on the characteristics that they believed were critical for students to demonstrate to achieve a grade of honors. All selected characteristics were included in the final consensus list.

Once consensus was achieved in each of the 2 groups, the final list of characteristics was compared and the matching items were identified as the expert consensus.

Responses were obtained using Qualtrics online survey software. The project was submitted for IRB review and deemed exempt.

## RESULTS

All 15 clerkship directors participated. In the first round, clerkship directors responded with 106 characteristics, of which 62 were unique. Each clerkship director provided a mean of 7.6 items (range 1 to 17). In the second round, participants selected a mean of 23.4 characteristics (range 17 to 54) for inclusion in the third round. Consensus was achieved in the final round on 22 characteristics (Table 1).

Fourteen of the 15 program directors who agreed to participate responded. In the first round, they identified 145 characteristics, of which 65 were unique. Each program director provided a mean of 16 characteristics (range 4 to 22). In the second round, participants selected a mean of 21 characteristics (range 9 to 30) for inclusion in the third round. Consensus was achieved in the final round on 23 characteristics (Table 2).

In the consensus list for each group, 10 common items were identified. These were communication skills, National Board of Medical Examiners shelf exam score, synthetic ability, absence of professionalism issues, outstanding work ethic, self-directed learner, accurate and complete history and physicals, enthusiastic, becomes an essential member of the care team, and outstanding clinical acumen. No specific score on the shelf exam was recommended. These represent the shared expert consensus of clerkship directors and program directors in surgery of the characteristics a student should demonstrate to earn an honors grade (Table 3).

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