



JABSOM's Post-Graduate Evaluation: The Intern and Residency Program Director

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Background

The University of Hawaii John A. Burns School of Medicine (JABSOM) launched the first phase of a comprehensive new program evaluation system in 2001.¹ A key component of the system is a series of surveys administered to students at the end of each course and clerkship during their four years of medical school. In 2002, the school added two new surveys to the series, the Intern Survey, which is sent to graduates near the end of their intern year, and the Residency Program Director Survey, sent simultaneously to directors of residency programs in which JABSOM graduates are completing their internships. JABSOM also sends surveys to alumni six years after graduation, at which time most are expected to have completed their post-graduate training. The surveys provide valuable feedback that helps guide ongoing curricular decisions.

Intern and Residency Program Director Surveys

In the two years that the surveys have been administered, the return rate has been 67% for interns and 83% for residency program directors.²⁻⁵ Approximately half of the graduates who replied to the Intern Survey in 2002 and 2003 are in Hawaii residency programs and half in mainland programs. Currently, JABSOM graduates are located across the U.S., some in highly competitive residency programs including Stanford, UCLA, Northwestern, Mayo Graduate School of Medicine, University of Chicago, Harvard, Yale, Georgetown, and Columbia Presbyterian.

Graduates are asked to take a moment to reflect on their intern year and then rate their medical school preparation for internship on 22 items, using a four-point Likert Scale. The items tap specific skills that fall into four broad categories (1) life-long learning, (2) patient management, (3) oral and written communication, and (4) professional and ethical behavior. A few examples of survey items that address each of the categories follow. Items that focus on life-long learning include (a) appraising medical literature and applying it to the care of patients, (b) evaluating own knowledge, skills and performance, and (c) conducting independent, self-directed study.

Examples of patient management items include (a) formulating problem lists and differential diagnoses, (b) developing and carrying out comprehensive management plans, (c) applying clinical reasoning and problem-solving, and (d) understanding important advances in the clinical and biological sciences. Examples of oral and written communication skills include (a) communicating effectively with colleagues and other health professionals, (b) teaching medical students and other healthcare providers, and (c) teaching patients and their families. Examples of professional and ethical behavior include (a) communicating compassionately with patients and families, and (b) considering the effects of health care costs on patients and providers.

In addition to completing the ratings, graduates are asked to provide narrative feedback to a set of questions addressing what they most and least valued about their JABSOM learning experiences and what topics they wish had been more and less emphasized in medical school. Their written responses add detail and richness to the quantitative data.

The Intern Survey

The findings of the intern survey have been favorable, with ratings, averaged over the two years, ranging from 3.0, "adequately prepared," to 3.8, just slightly below the 4.0 rating of "well prepared" on all but one item. Graduates gave the lowest rating (2.6) to the item that addressed preparation to consider the effects of health care costs on patients and providers.

In response to the question, "What do you most value about your JABSOM learning experience," the resounding response was "problem-based learning." Many graduates also added "early exposure to patients." Sample responses in the graduates' own words are:^{2,3}

"My JABSOM learning experiences were great. I learned how to analyze information critically and the curriculum gave me the tools to be a life-long learner."

"PBL and self-directed learning...Exposure to patients from the beginning of medical school...Teamwork, camaraderie, and an environment that is conducive to learning."

"Whole person thinking and evaluation of patients and illnesses; putting all pieces together in a big picture."

"1. Flexibility. 2. Compassionate care. 3. Taught me to approach patient problem from a multi-dimensional approach."

"How to attack problems systematically. Open atmosphere to discuss problems. How to be a good teacher."

"Independent learning and dissecting HCP cases...getting to see patients and MDs in 1st and 2nd years, too."

"I've realized that at JABSOM we had a lot more opportunity for hands on learning than I see the students here getting."

"The confidence we gain from patient contact for four years."

"I feel that I got an excellent education @ JABSOM. I feel well, or even better, prepared for clinical medicine as compared to my

mainland trained colleagues @ my level of training.”

“...Now after 12 months, I feel very strongly that I was well prepared, and problem based learning was the best tool to do that both clinically and academically.”

“...At first I was skeptical about PBL. Now I realize that it works and I am having fun in my internship year. I've worked with residents from such programs as Yale, Harvard and Boston – I am adequately prepared (if not more) as compared to my counterparts.”

“I didn't realize how much problem-based learning helped with being a good intern. I knew that I would be bringing something different to my program but didn't feel confident in my knowledge, thinking I had a lot of gaps in my knowledge. It's amazing what I was able to pull out of my head. As I am completing my internship year, I cannot believe how much of a heads up JABSOM gave me. Things that I did at the beginning of the year, my classmates are just starting to do. For example, citing the literature and teaching our students to break down a case and ask 'What are the learning issues involved?' It's difficult for me to think I'm setting the standard for people in my internship class because I was just an average student at JABSOM...Even when taking Step 3, I kept all my JABSOM materials, the PBL cases! I read over the learning issues we had made for each other to study! I had very little time to study but passed by flipping through year 1 and year 2 materials. Thank you.”

“PBL – self-directed, lifelong learning, which is exactly what physicians do everyday.”

“That it was stressed not to memorize but to think through situations. The practice of looking up literature to help care for my patients. The practice of teaching others/communicating what I learned. All of these things got me named intern of the year in my program.”

As effective as JABSOM graduates believe their school was in preparing them for residency, their feedback suggested two additions to the curriculum, one of which was to provide more basic science lectures and the other to better prepare students to consider the effects of health care costs on both patients and providers.

The Residency Program Director Survey

Items on the Residency Program Director Survey are essentially the same as those on the Intern Survey, but written from a teacher's perspective. Using a five – point Likert Scale, program directors are asked to evaluate the performance of JABSOM graduates in comparison to others in their intern class. Directors also are asked to comment on graduates' strengths and weaknesses.

The Residency Program Director Survey findings also have been favorable. Averaged over two years, directors' ratings of JABSOM graduates at the end of their intern year ranged from 3.8 to 4.3. A rating of 4.0 on the five – point scale = “above average.”⁴⁻⁵

In response to the question, “What do you believe are this intern's strengths,” residency program directors most frequently described JABSOM graduates as hardworking, intelligent, knowledgeable, competent, collegial, committed, compassionate, caring, enthusiastic learners, and professional team players. Also noted were their interpersonal skills and patient rapport.

In response to the question, “What do you believe are this intern's weaknesses,” many directors said they saw no weaknesses in JABSOM graduates. Those who did see weaknesses most often described them as (a) a lack of confidence or (b) a lack of “basic knowledge.”

Acting on the survey feedback

Although the preponderance of feedback given to us by interns and their residency program directors has been positive, the JABSOM Curriculum Committee has chosen to act upon the two most prominent suggestions offered by graduates: to increase instruction in the basic sciences and health care costs. A Basic Science Foundations series was implemented in the fall of 2003 in years 1 and 2 of the curriculum and the Unit Chairs Committee is currently developing a plan to place discussion of health care costs in appropriate courses.

Conclusion

The survey results suggest that JABSOM students are well prepared for postgraduate residency training. The school values the feedback of its graduates and those who oversee their postgraduate residency training, and uses this information to monitor, reaffirm, and improve the quality of the educational experience it provides.

References

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