

# CUTTING THROUGH EXPECTATIONS: SINGLE INSTITUTIONAL INSIGHTS FROM STUDENTS, RESIDENTS, AND FACULTY ON THE THIRD-YEAR SURGICAL CLERKSHIP

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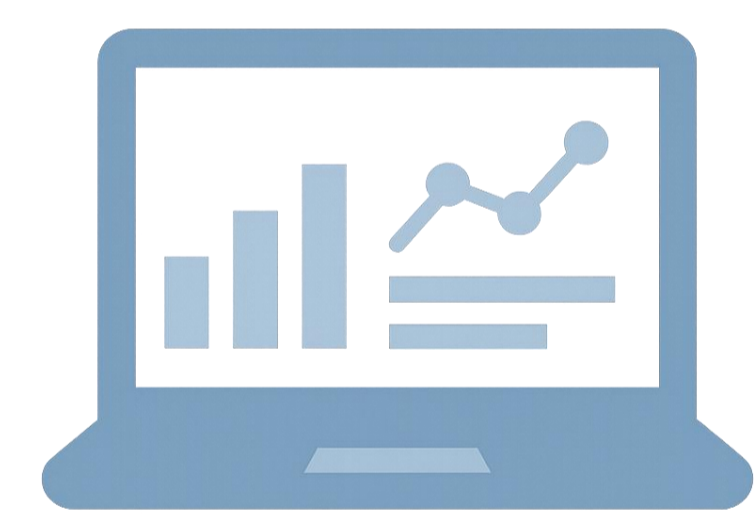
## Background

- Step 1 becoming pass/fail has shifted pressure onto clerkship grades and shelf exams.
- Prior literature shows mismatched expectations between learners and educators, but studies haven't assessed this in the wake of step 1 changes.<sup>1</sup>
- Misalignment may impair satisfaction, mentorship, and professional development.

## Objective

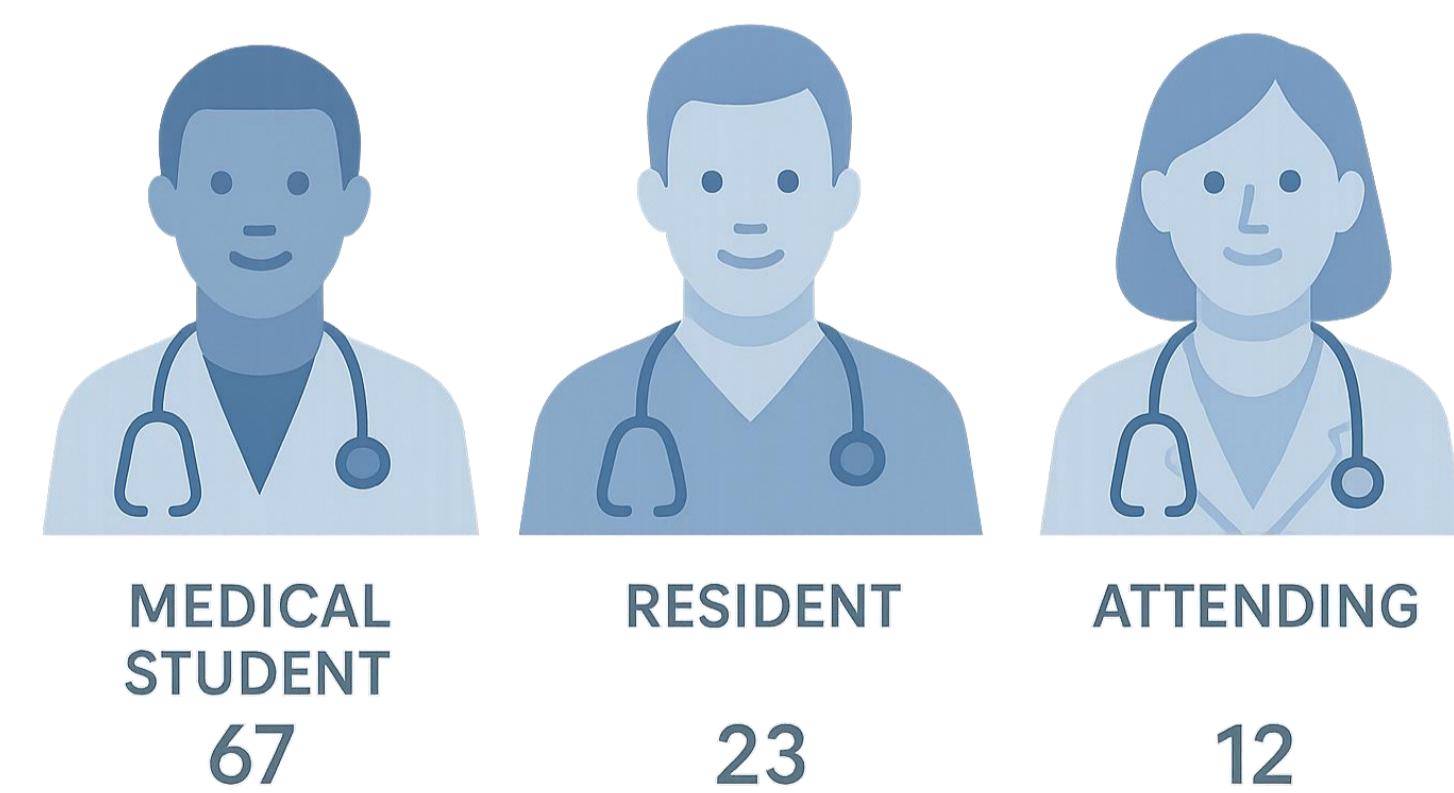
- Conduct a single-center multilevel assessment comparing medical students', residents', and faculty perceptions of the general surgery clerkship

## Methods



REDCap  
ONLINE SURVEY

- Recruitment at institutional meetings




- JMP Pro 18 for descriptive and inferential analysis (ANOVA /  $\chi^2$  / Kruskal-Wallis).
- NVivo 12 reflective thematic analysis; dual-investigator coding.


## Qualitative Themes

Themes	Student	Resident	Attending	
<b>What do you think are the responsibilities of medical students when they are in the clinic</b>	<b>Contributors</b>	<b>38</b>	<b>18</b>	<b>12</b>
Help with workload and be part of the team by doing	50%	33%	0%	
Observe	8%	8%	17%	
Practice history and physical, assessment and plan	68%	94%	75%	
Review patients	8%	17%	17%	
Round and present on patients	45%	50%	50%	
Study Doctoring, and ask questions	21%	22%	8%	
<b>What do you think most medical students need to do more of on their surgical clerkship</b>	<b>Contributors</b>	<b>16</b>	<b>12</b>	
Attitude Improvement		19%	8%	
Basic patient Care-Floor Work		75%	83%	
Be in the Hospital more or Take call		13%	42%	
Have more general initiative		25%	25%	
Misc		19%	0%	
OR Time-Procedural Skills		63%	50%	
Public speaking or Presentations		6%	25%	
<b>What responsibilities and tasks do you think will contribute to actual education in general surgery clerkship</b>	<b>Contributors</b>	<b>49</b>	<b>22</b>	<b>12</b>
Being in and being involved in the OR	69%	50%	83%	
Call	6%	14%	8%	
Education	35%	14%	33%	
Emotional Involvement	4%	9%	8%	
Floor Work	18%	46%	8%	
Misc	2%	5%	17%	
Preparation for OR	29%	27%	8%	
Presentations and Plans	29%	18%	8%	
Rounding and pre-post op patient care	51%	96%	100%	
<b>What responsibilities and tasks do you think WILL NOT contribute to actual education in general surgery clerkship</b>	<b>Contributors</b>	<b>34</b>	<b>16</b>	<b>10</b>
Basic patient care, Floor, or OR Task	18%	13%	20%	
Everything is educational	3%	13%	10%	
Scut,Busy, administrative Work	71%	25%	20%	
Too much time off or not involved in patient care	0%	50%	40%	
Too much time on	18%	13%	0%	
Unproductive learning efforts or aggressive teaching	35%	44%	40%	


## Conclusions




**Busy work and administrative tasks viewed as less educationally valuable by students than residents and attendings**




**Overall consensus on the value of clinical participation**




**Residents and attendings emphasize patient care and pre/post-operative management, while students undervalue these areas**




**All groups identified aggressive teaching as unproductive**



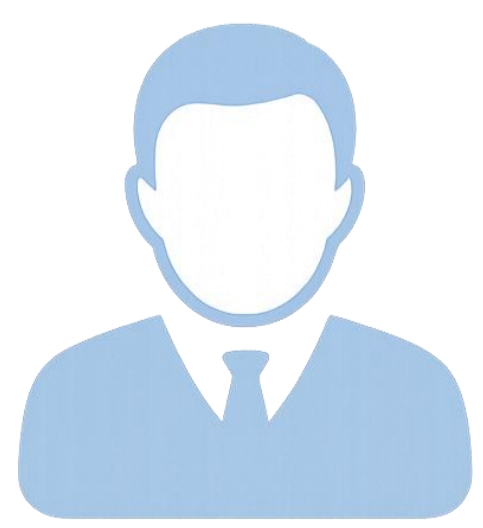
**Residents see call attendance as less impactful on student evaluation**



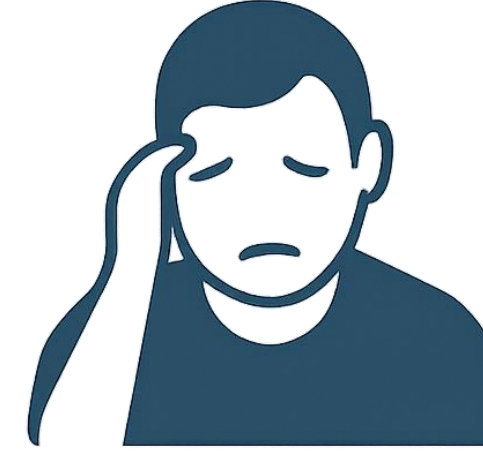
**Higher training levels expect education to come from senior residents and faculty**



**Student Feels imposter syndrome and like an inconvenience**

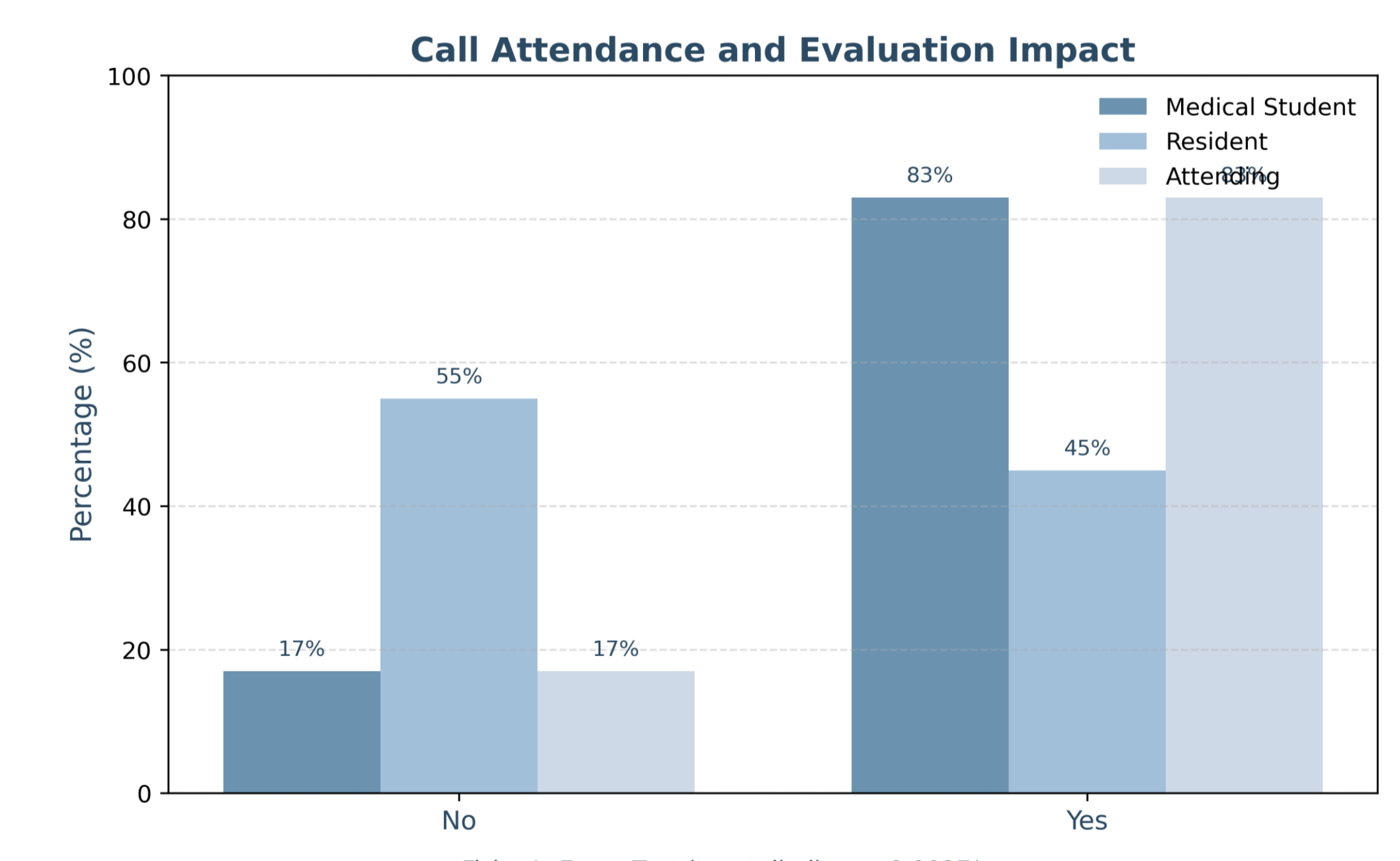
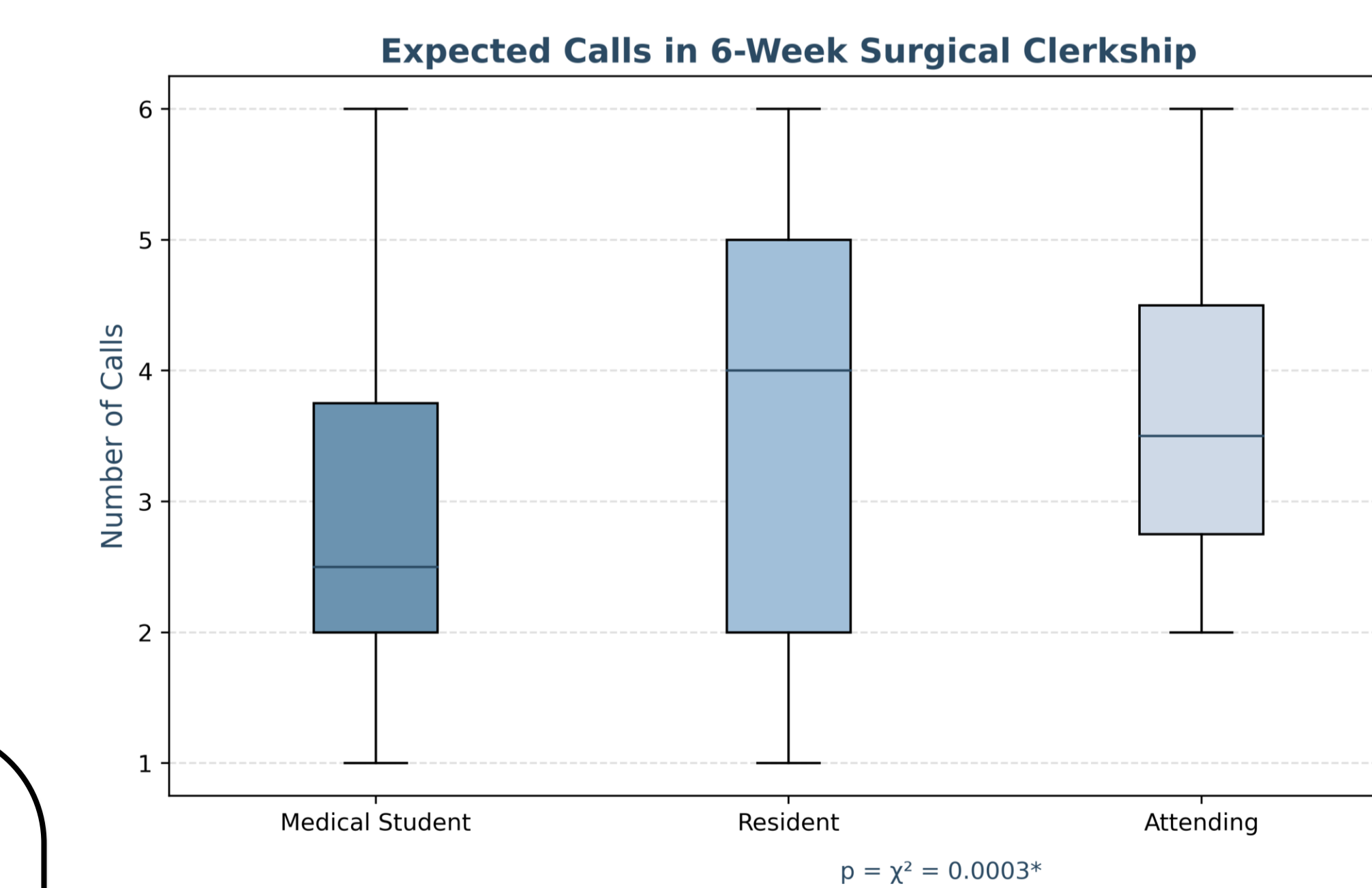
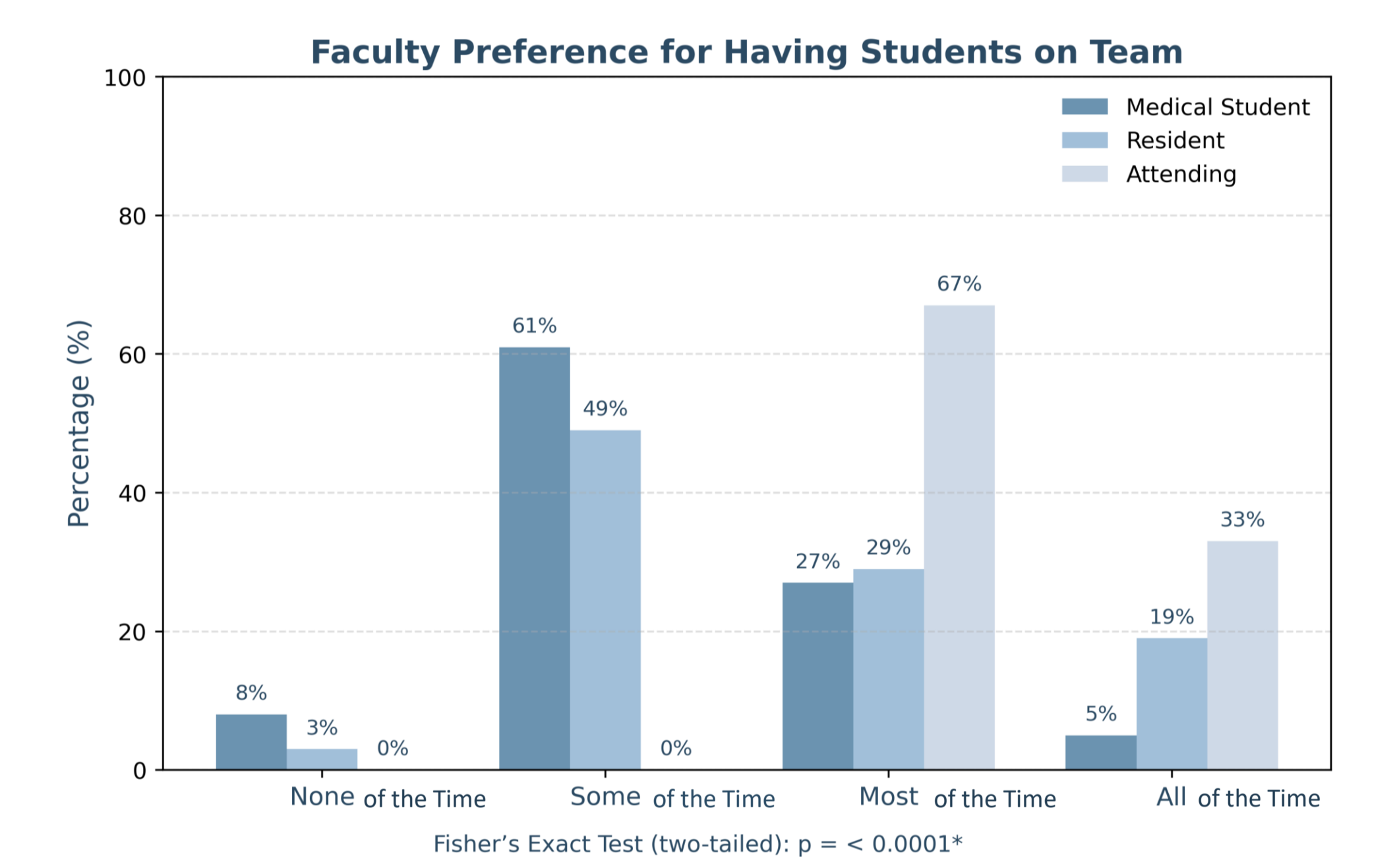
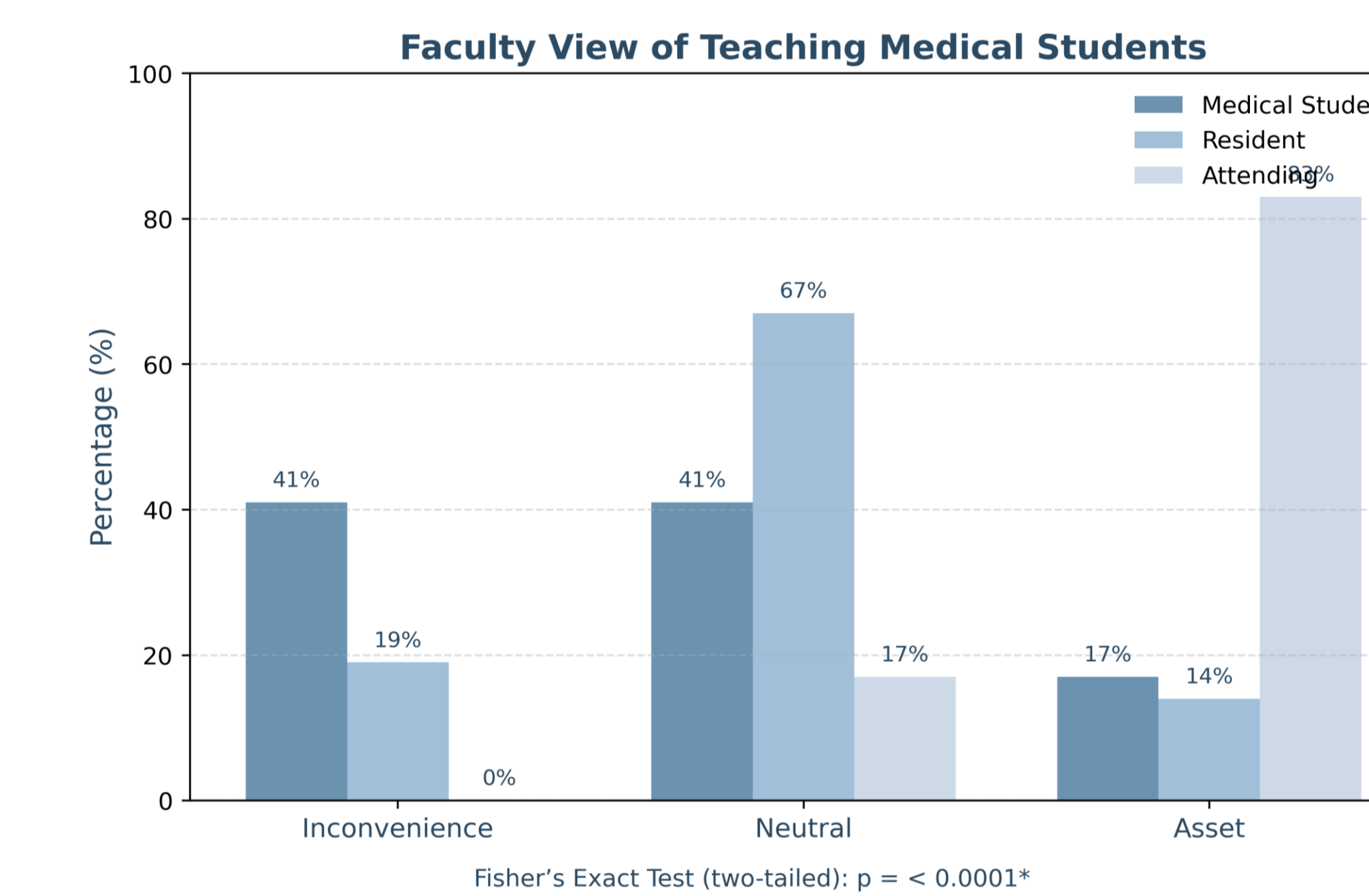
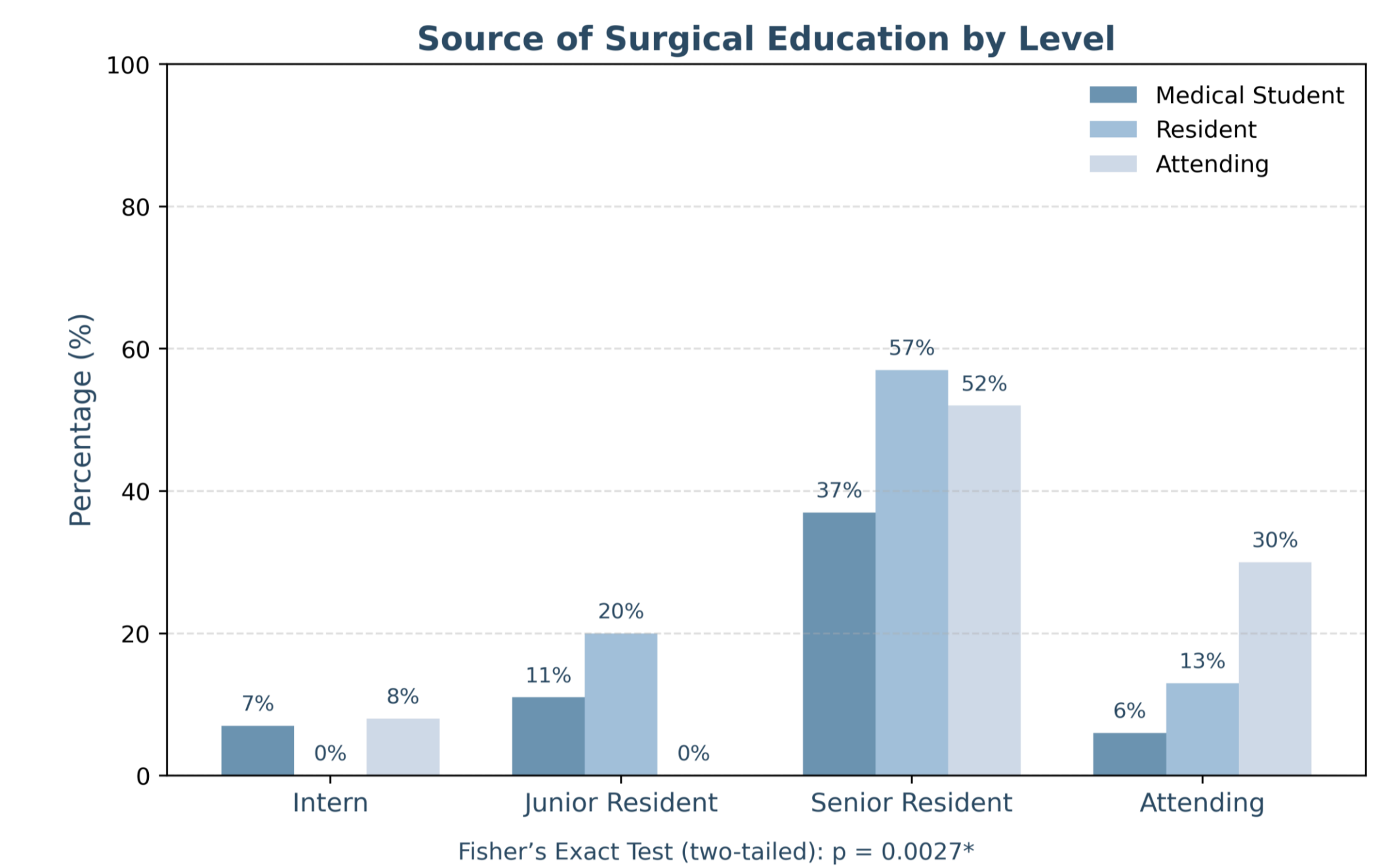
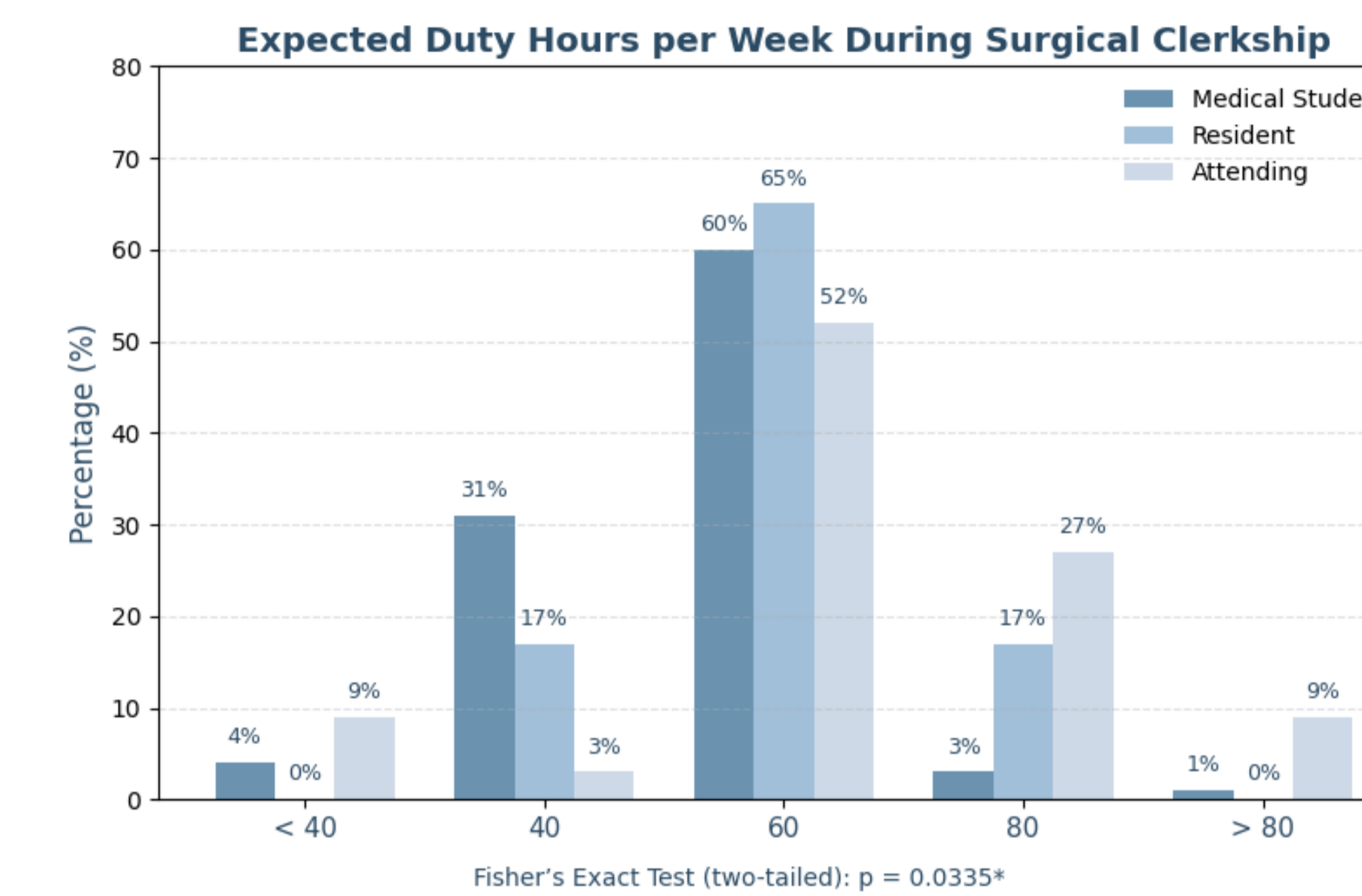


**Attending Sees students as assets**



**Students expected fewer calls and duty hours**

## Quantitative Results



### References

1. De SK, Henke PK, Ailawadi G, Dimick JB, Colletti LM. Attending, house officer, and medical student perceptions about teaching in the third-year medical school general surgery clerkship. *J Am Coll Surg.* 2004;199(6):932-942. doi:10.1016/J.JAMCOLLSURG.2004.08.025