**Impressions of Internal Medicine: Before & After the 3rd year Clerkship**

Cynthia A. Burns, MD, FACP

K. Patrick Ober, MD & Ann Lambros, PhD

Wake Forest School of Medicine

Background:

Students arrive at the start of the third year Internal Medicine clerkship with plenty of impressions – some good, some not so good. They also leave with a set of impressions of Internal Medicine that may or may not have changed over the course of the curriculum. The curriculum and interactions with housestaff and faculty will impact these impressions. [[1]](#footnote-1), [[2]](#footnote-2), [[3]](#footnote-3)

Methods:

I provided each clerkship group in the third year Internal Medicine clerkship with a one page list of 13 adjectives describing their pre-clerkship impressions of Internal Medicine. This list of adjectives included a range of choices, from positive to negative. At the beginning of each clerkship in years 2007-2012, students were asked to choose as many of the adjectives as they felt appropriate. In the last week of the rotation, I distributed the same list, each time with a request for any comments to explain their descriptor choices.

Goals:

My goal is to use student impressions of the 3rd year Internal Medicine clerkship as a vehicle for positive change in curriculum and housestaff/faculty development.[[4]](#footnote-4)

My long term goal is to make my findings available to Year 3 and Year 4 course directors, as well as residency/fellowship program directors, so that they can develop interventions in their own courses/programs in response to common reasons for negative impressions of a course or program, as well as provide data on those common areas of our specialty that drive positive impressions.

Duration of project: 5 years

How project will be evaluated: Analysis of the students’ before and after impressions with regard to percentage of positive, negative or neutral adjectives chosen. Analysis will take into account whether the clerkship was eight (inpatient experience only) or twelve weeks (inpatient and ambulatory experiences combined) in duration and whether the students completed the clerkship early or late in their third years

Projected impact: Internal Medicine house staff and faculty will see the impact that their passion for patient care and love of teaching has on medical students’ impression of our specialty and their choice of our specialty for residency. The project will impact the medical education community by adding to the literature regarding medical student specialty choice.

**Update, February 2016:**

Data entry of student impressions is complete, as is the analysis. The Wake Forest School of Medicine Office of Medical Education graciously offered analysis by their statistical team with funding from their budget, and I awaiting the results of that analysis. I have begun the manuscript and plan to submit it to the *Journal of General Internal Medicine* in the next 8-12 weeks.

**Financial Report**: To date, I have not spent any of the grant money on this project, due to the analysis offered by the Office of Medical Education.

1. Guarino CM, et al. *Impact of instructional practices on student satisfaction with attendings' teaching in the inpatient component of internal medicine clerkships*. J Gen Intern Med. 2006 Jan;21(1):7-12 [↑](#footnote-ref-1)
2. Griffith CH 3rd , et al. *Specialty choices of students who actually have choices: the influence of excellent clinical teachers*. Acad Med. 2000 Mar;75(3):278-82. [↑](#footnote-ref-2)
3. Griffith CH 3rd , et al. *Do students who work with better housestaff in their medicine clerkships learn more?* Acad Med. 1998 Oct;73(10 Suppl):S57-9. [↑](#footnote-ref-3)
4. Schwartz MD, et al. *Medical student interest in internal medicine. Initial report of the Society of General Internal Medicine Interest Group Survey on Factors Influencing Career Choice in Internal Medicine*. Ann Intern Med. 1991 Jan 1;114(1):6-15. [↑](#footnote-ref-4)