Student Experiences with Competency Domains During a Psychiatry Clerkship

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Objectives: The authors reviewed medical student encounters during 3 years of a required psychiatry clerkship that were recorded on a web-based system of six broad competency domains (similar to ACGME-recommended domains). These were used to determine diagnoses of patients seen, clinical skills practiced, and experiences in interpersonal and communications skills, professionalism, practice-based learning and improvement, and system-based practice. The authors aim to understand how students are learning and growing in these domains and to modify the clerkship in an ongoing manner.

Methods: Data were collected from the Dartmouth Medical Encounter Documentation System (DMEDS) for all student encounters in required third-year psychiatry clerkships during academic years 2004–2007, in which students had intensive involvement in patient care.

Results: One hundred seventy three students reported a total of 4,676 patient encounters, averaging 27.2 encounters per student and 1.8 psychiatric diagnoses per patient. Students met “learning targets” for anxiety disorder, bipolar affective disorder, depression, personality disorder (borderline), posttraumatic stress disorder, psychosis, schizophrenia, and substance abuse (alcohol), but not for disorders more likely seen in outpatient settings. For the 10 counseling skills learning targets, students only met those for family issues. In the four “newer” competency domains, students reported struggling with issues in 0.3% to 12.6% of encounters. Students documented being challenged by professionalism issues most often and recorded examples of how these competencies played out for them during the clerkship.

Conclusion: Use of a required web-based medical encounter reporting system for student-patient-faculty encounters during a psychiatry clerkship can be of significant value in assessing what students are seeing, doing, and learning on this required third-year experience. The results provide helpful current information to the clerkship director and data that help the director modify the clerkship on an ongoing basis to better meet students’ educational needs.

In recent years the Liaison Committee on Medical Education (LCME) has required that all medical schools base their curricula on either the six competency domains described and required by the Accreditation Council for Graduate Medical Education (ACGME) or those determined by the individual medical school. The LCME also requires that schools determine specific learning objectives for each clerkship and demonstrate that students are achieving those targets (1). There has been discussion in the literature regarding the use and potential value of competency-based education in medical education (2, 3). Numerous medical schools have attempted to document what students see, do, learn, and experience while on their clerkships using web-based systems (4–6), computerized medical records systems (7), paper and computer combinations (8–10), and paper encounter records (11, 12).

There have been multiple efforts to assess competencies for evaluation purposes in medical schools (13–16) and in residency training programs (17–19), but few to document student experiences with competencies other than knowledge and clinical skills. Data have been reported for clerkships in internal medicine, family medicine, pediatrics (6, 8–12), between sites in a single clerkship (20), and for the entire clinical curriculum (4). In one comprehensive effort, students on a psychiatry clerkship documented encounters and were given symptom targets to meet (21). We report what three classes of medical students experienced during their psychiatry clerkships, in all six competency domains, and how this information helped modify and improve our clerkship.
Methods

Dartmouth Medical Encounter Documentation System (DMEDS)

In 2003, Dartmouth Medical School adopted the six competency domains recommended by the ACGME. Dartmouth had previously developed a card-based and a PDA-based system to enable students to document their learning experiences during outpatient primary care clerkships (10). More recently a web-based system was developed for students to document their experiences across all required clerkships in all six competency domains. Details of this system, the Dartmouth Medical Encounter Documentation System (DMEDS), are described elsewhere (22).

The DMEDS requires students to report types and numbers of patients seen by diagnosis or clinical condition. Students record specific clinical skills they are performing and their degree of independence in performing those skills. Finally, they record their activities in the “newer” four competencies. The DMEDS became the required documentation system for all students in clerkships in July 2004. We report data for the psychiatry clerkship using DMEDS for the academic years 2004–2007.

Clerkship Description

The third-year psychiatry clerkship lasts 7 weeks. For the major portion of their rotation, students are assigned to a service at Dartmouth-Hitchcock Medical Center; the Veterans Administration Medical Center (VAMC) in White River Junction, Vt.; or the New Hampshire State Hospital in Concord.

Dartmouth-Hitchcock Medical Center students are assigned to either the inpatient service for 6 weeks and the consultation service for 1 week or to the inpatient service for 2 weeks and the consultation service for 5 weeks. A few students are assigned to the consultation service for half the rotation and spend the other half at the Children’s Psychiatric Unit at New Hampshire State Hospital. Students at the VAMC spend 5 weeks on the inpatient service and 2 weeks on the consultation service. Full-time New Hampshire State Hospital students are assigned exclusively to an inpatient unit.

All students receive experience in an outpatient setting, two substance abuse treatment settings, a day at the Children’s Psychiatric Unit at New Hampshire State Hospital, and at least one ECT session. Didactic sessions occur one afternoon a week.

DMEDS Reporting Process

Each clerkship director sets criteria for which patients the students are to record. Initially, students were required to document only patients for whom they cared directly. More recently, students have been instructed to document patients if the student sees the patient intensively and participates in discussions regarding the patient’s care.

The goal is that each student documents encounters with at least 25 discrete patients. A primary diagnosis and other data are required. A secondary or tertiary diagnosis may be entered, if it represents an active problem for the patient.

DMEDS Learning Targets

The clerkship director selects specific disorders and clinical skills as “learning targets”—the number of patients with a disorder a student is expected to see to develop a basic level of competency in diagnosing and treating that condition. At the end of the year, if students are consistently seeing fewer than the targeted number for a specific disorder, the director either adjusts the learning target or modifies the clerkship experience, so that most students can meet the target. Similar targets are set for clinical and counseling skills. Students are to report their experiences with the four other competency domains when they experience unusual challenges or learning opportunities, but no specific learning targets are set.

Results

We examined parameters that provided some sense of how well the clerkship was taught. We analyzed the students’ documentation of their learning experiences in each competency domain: knowledge, assessed by the diagnoses and conditions of patients that were documented; clinical skills, with an emphasis on types of patient counseling; advanced communications skills; professionalism; personal and continuous learning; and practicing in a complex health care system.

General Clerkship Parameters

For the reporting period, all 173 students on the psychiatry clerkship reported a total of 4,676 patient encounters (Table 1). The average number of patients seen was 27.2 per student. Instruction by faculty or residents occurred with 82% of encounters. Students reported receiving feedback during 70% of encounters. Patients declined contact with the student in only 0.5% of instances. Average patient encounters per student increased from 21.2 to