

Selected Abstracts From the Proceedings of the 2019 Society of Teachers of Family Medicine Conference on Medical Student Education

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Abstract

From January 31 through February 3, 2019 the Society of Teachers of Family Medicine (STFM) held its 45th annual Conference on Medical Student Education in Jacksonville, Florida. STFM is a collaborative organization composed of members who are dedicated to teaching the discipline to learners of any level. The conference brings together members including physicians, administrators, behavioral scientists, researchers, residents, and students to learn from one another and improve the quality of family medicine education in the United States and Canada. Abstracts for all conference submissions can be found on the STFM website.¹ Plenary speakers addressed topics related to health equity (Joanne Rooney, JD, LLM, EdD); discrimination and bias in the medical workplace (Roberto E. Montenegro, MD, PhD); and mentoring in family medicine (Beat Steiner, MD, MPH, STFM President). The STFM Committee on Medical Student Education reviewed the 14 completed educational research projects and selected six exemplary abstracts as the best of the conference. Criteria for inclusion included relevance to medical student education with a focus on family medicine education, study quality, and meaningful conclusions.

Five of the abstracts appear in this collection. One has been published in the intervening time.²

1. Society of Teachers of Family Medicine. 2019 Conference on Medical Student Education Conference Sessions. <https://www.stfm.org/conferences/generalinformation/msearchives/>. Accessed April 28, 2019.
2. Stumbar SE, Garba NA, Holder C. Let's talk about sex: the social determinants of sexual and reproductive health for second-year medical students. *MedEdPORTAL*. 2018;14;10772. https://doi.org/10.15766/mep_2374-8265.10772

Evaluating Resilience in Fourth-Year Medical Students

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Introduction: Burnout during medical training, especially residency and medical school, has gained attention in recent years. Resiliency may be an important characteristic for residents and medical students to have or obtain as they navigate through the formal medical education process. The aim of this study was to examine the level of resiliency in fourth-year medical students and whether certain characteristics are associated with students who have higher levels of resiliency. Additionally, this study examined whether differences exist in resiliency levels in these students based upon their chosen specialty.

Methods: Fourth-year medical students were asked to complete a survey during a required end-of-year rotation. Subjects were asked demographic information, including age, gender, race, ethnicity, and marital status as well as chosen specialty. They were also asked to complete the Brief Resilience Scale (BRS) and answer questions that assessed personal characteristics.

Results: The response rate was 92.4%. Most respondents had personal time for themselves after school (92.6%), exercised or participated in physical activity for at least 30 minutes most days of the week (67.2%), were able to stop thinking about medical school after leaving for the day (58.2%), and had current financial stress (51.6%). No differences were noted in demographic information among students across specialty categories. A higher BRS score was associated with being male, white, and having the ability to stop thinking about school.

Discussion: BRS scores in medical students are associated with specific demographic characteristics and the ability to stop thinking about school. No differences were found in resiliency levels based upon chosen specialty. Certain traits and activities are associated with higher levels of resiliency in medical students. Addressing the modifiable activities may assist students with increasing their resiliency and potentially decreasing their risk of burnout.

How Does a Required Introductory Integrative Medicine Didactic Influence Medical Students' Knowledge, Attitudes, and Behaviors Toward the Use of Integrative, Complementary, and Alternative Medicine Therapies?

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Background: Despite the widespread use of complementary and alternative medicine (CAM) by the United States' population, medical schools are not required to provide education on CAM or integrative medicine. This represents a discrepancy in training that physicians receive in preparation to address these popular therapies with patients. This study aimed to determine if 60 minutes of interactive instruction on CAM and integrative medicine could significantly impact students' attitudes and behaviors toward these topics.

Methods: The CAM/integrative medicine didactic was incorporated into the family medicine clerkship orientation curriculum. A nine-question survey designed to assess attitudes and behaviors toward CAM and integrative medicine was administered to third- and fourth-year medical students, at 1 week prior to the didactic and 6 weeks later at the conclusion of the family medicine clerkship. Of 81 students who completed the initial survey, 47 completed the follow-up survey over 1 academic year.

Results: Overall, the average Likert-scaled responses increased by 23% towards more favorable attitudes and behaviors toward CAM and integrative medicine. The training improved students' confidence explaining integrative medicine to their patients ($P < .001$) as well as comfort in answering questions about integrative medicine therapies from patients ($P < .001$). Students reported a significant increase in comfort with using evidence-based medicine resources to evaluate CAM therapies ($P < .001$) and reported accessing these resources more frequently postintervention ($P < .001$). Students reported being more likely to recommend CAM therapies to their patients, postintervention ($P = .002$). Students reported an increase in their belief that such education should be a required part of their medical education ($P = .04$).

Conclusions: A brief, interactive didactic on CAM and integrative medicine can be incorporated into medical school curricula with positive outcomes on medical students' attitudes and behaviors toward these topics. Given this subject matter is not reliably taught during the rest of US medical school curricula, this content could be included in the family medicine clerkship to ensure that all medical students receive some basic instruction on this important subject matter.

Implementation and Assessment of a Novel Nutrition and Lifestyle Curriculum Module in the Family Medicine Clerkship

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Introduction: Only 27% of US medical schools meet the National Academy of Sciences minimum requirement for nutrition education,¹ and there is considerable variability in content delivered.² This study examines a case-based approach in a family medicine clerkship to: (1) deliver clinically relevant nutrition education, (2) determine student attitudes about the role of nutrition in patient care, and (3) assess the impact of our curriculum on student attitudes toward clinical nutrition.

Methods: Video conferencing was used to connect students at rural sites in small groups to discuss two case studies related to nutrition in obesity and hypertension, and in type 2 diabetes. Students completed questions regarding their nutrition background at the start of the clerkship and the validated Nutrition In Patient Care Survey (NIPS)³ before and after the clerkship. The NIPS consists of 45 questions categorized into 5 subscales that assesses provider attitudes toward nutrition in clinical practice. Association between the nutrition background survey and scores on the NIPS subscales were compared using ANOVA and independent samples *t*-tests. For each of the NIPS survey questions and average scores of the subscales the pre- and postsurvey results were compared using paired sample *t*-tests.

Results: Fifty-eight of 182 total students completed both pre- and postsurveys. Students with a formal lifestyle or exercise-related counseling experience had lower average scores (2.4 vs 3, $P < .01$) compared to those with no training on the reverse scored "Patient Behavior/Motivation" subscale presurvey. The mean "Physician-Patient Relationship" subscale score increased from 4.29 to 4.37 ($P < .03$) and the mean "Physician Efficacy" subscale score increased from 3.18 to 3.34 ($P < .01$) pre- to postintervention.

Discussion: Incorporating a case-based nutrition curriculum via web conferencing into the family medicine clerkship shows promise for impacting student attitudes toward nutrition in patient care. The results indicate that students with nutrition/exercise education are more likely to believe: (1) patients can make changes prior to negative health outcomes, (2) physicians can elicit change, and (3) patients and physicians can work together to create change. Formal lifestyle or exercise counseling experiences may be an effective tool to enhance physicians' perspectives on their effect on patients' habits.

References

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“Walk With Me”: The Impact of a Patient- and Family-Engaged Course for First-Year Students

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Introduction: Our first-year medical and physician assistant (PA) students desire authentic engagement with patients and families in addition to traditional clinical shadowing experiences. We present an innovative curriculum, first implemented in 2017, that engages these learners in a patient-centered health systems science course focused on the patient, caregiver, and family perspective.

Methods: Patients and caregivers volunteer to partner with students who enroll in the elective, yearlong “Walk With Me” course sequence. In addition to monthly workshops focused on health systems science topics, student-patient dyads explore health and the health care system through patients’ experiences. Students complete monthly reflections culminating in a final artifact representing key learnings from their patient partnership. Course impact is evaluated by analyzing individual session evaluations, drawing prominent qualitative themes from student monthly reflections, and tracking enrollment and patient partner retention across the course’s 2-year implementation.

Results: The course’s success is reflected in the highly-rated postsession evaluations, with an average of 81.6% of students reporting total agreement, 15.5% partial agreement, and 2.9% disagreement that the session’s learning objectives had been achieved. In the 2017-2018 school year, we enrolled 30 first-year (22 MD, 8 PA) students (24% of the class) matched with 30 patient partners (and their families and caregivers). In 2018-2019, the course enrolled 42 first-year (32 MD, 10 PA) students (36% of the class). Finally, student monthly reflections throughout the 2017-2018 year highlight students’ evolving humility and curiosity about patients’ experiences, with reflections centering around (1) themes of patient identity and experience with illness, (2) patient barriers to health care access, (3) patient expectations of an ideal provider and health care system, and (4) a wider range of patient diversity topics such as LGBTQ+, disability, and cultural diversity.

Discussion: The success of this patient- and family-engaged curriculum is reflected in its high course evaluations, patient and family-centered reflections, and increasing enrollment and retention. We endeavor to push toward scalability of this early patient-engaged experience across the school and to collaborate with other institutions to involve patients, caregivers, and families in the design and delivery of medical education.

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