Assessing Clinical Reasoning in the Internal Medicine Clerkship Using a Clinical Pathological Conference

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Problem Identification

- Internal medicine clerkship directors seek additional methods for assessment of students in the clerkship
- Assessing clinical reasoning in a systematic fashion can be particularly challenging due to lack of uniform clinical experiences (variability in patients, clinical sites, and supervising faculty)

Description of Innovation

- A Clinical Pathological Conference (CPC) is held during each internal medicine clerkship cycle
- The CPC requires students to think about a real-life, complex case, and describe their clinical reasoning, including differential diagnoses, arguments for and against these diagnoses, and a plan for further diagnostic workup
- See Figure 1 for timeline
- Student submission evaluated by faculty
  - Degree of clinical reasoning
  - Exploration of differential diagnosis
  - Next steps

Results

- After 3 quarters (n=82 students), the average score on the CPC was 8.1, with a standard deviation of 1.5
- Inter-rater reliability using the Intra-class correlation coefficient (ICC) was 0.71
- Correlation of CPC scores with the shelf exam, objective structured clinical exam (OSCE), clinical evaluations, and a submitted history & physical write up each had an ICC of 0.67 (Table 1 and Figure 2)

Discussion

- Incorporating a CPC submission into clerkship grading is feasible and has face validity
- Inter-rater reliability for scoring the CPC was good, and likely could be improved with specific faculty development
- The CPC correlated well with other standard assessments of learners
- Further areas of study include an exploration of the breadth of diagnoses considered; correlation of students’ with faculty discussants’ diagnoses; and correlation with confirmed pathological diagnoses