

Distributed Curriculum Does Not Impact Student Performance on NBME

Background

Over the last 4 years, Queen's University has been increasingly distributing its clinical undergraduate education in the core disciplines (medicine, surgery, psychiatry, pediatrics) to community centers. Faculty members at the mother-institution and students expressed concerns that the distribution of the clinical experience would negatively impact performance on the NBME. We sought to compare for each discipline the end-of-clinical-rotation NBME performance of students trained in the community vs. at the academic institution.

Summary of Work

NBME performances were compared using the Mann-Whitney test. When more than one community offered a clinical experience for the same discipline, all groups were compared using the median method.

Summary of Results

From 2007 to 2009, a total of 176 to 187 students took individual components of the test. 21(12%) of the 176 students who took the Medicine test completed their Medicine rotation in the community; the numbers are 56/178(31%) for Surgery, 81/186(44%) for Psychiatry, and 35/187(19%) for Pediatrics. None of the differences between the means of community-trained and institution-trained students was significant.

Conclusions

Students clinically trained in communities perform as well on the NBME as those trained at the mother-institution.

Take Home Message

A distributed curriculum does not negatively impact student performance on the NBME.