



## *Evaluation*

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The evaluation of Project Cork was designed to consider the effect of the model curriculum upon the students' alcohol-related knowledge, attitudes and clinical skills, and the impact of the Project on the curriculum. The major instruments are described below.

### *Global Survey*

This paper and pencil self-administered test assessed knowledge, skills, and attitudes. It was administered to both "cases" and "controls" at three points: upon entrance to medical school, at the completion of the pre-clinical training, and at graduation. The two later administration of the Global Survey also included a 20 item rating scale of "Comfort in Performing Alcohol-related Clinical Tasks", demographic information related to anticipated practice specialty, and questions about the presence of alcohol or drug problems among family, friends or peers.

### *Patient Management Problems (PMPs)*

As a part of the assessment of clinical skills, a set of five PMPs were developed to examine students' decision making abilities to manage persons with alcoholism or alcohol problems. The PMP is a paper and pencil examination of clinical skills similar to part III of the National Boards. The student is asked to make diagnostic, therapeutic, and management decision. There were administered at the conclusion of clinical training.

### *Detection Study*

The Detection Study was conducted in 1980 to assess the ability of medical students to detect alcoholism among patients seen during their medical clerkship. The study was conducted with 404 inpatients at two teaching hospitals affiliated with Dartmouth Medical School. Patients were asked to complete a questionnaire which included the Short MAST. Charts were later reviewed to extract diagnoses and to record signs and symptoms of alcoholism using the NCA criteria.

The design of the study is described in the protocol included in this section. Also included is a copy of the health habits questionnaire in which the Short MAST was embedded, and the form used to conduct the chart review.



## *Detection Study Protocol*

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[As distributed]

The Detection Study will be conducted during the last part of the Cork evaluation activities, in Phase III, during the Medicine and Primary Care Clerkships. The broad questions to be considered are:

- Does Phase III of Dartmouth Medical School made a significant difference to the ability of students to detect and diagnose alcoholism and alcoholism complications?
- Will the Dartmouth Medical School graduates exposed to the Cork curriculum have a higher level of skill in detecting alcohol and alcoholism complications at the end of Phase III than do the members of the preceding year's pre-Cork graduates?

In addition to these questions, other areas of investigation include: the base-rates of alcoholism in the Medicine and Primary Care Clerkships and determination if there is a significant difference between those rates; the percent of alcoholics diagnosed as such in the two clerkships; and evidence of significant changes in the detection rate of alcoholism within a given clerkship as Cork Phase III efforts were established.

Each student's ability to detect alcoholism and its complications will be assessed. A validated diagnostic instrument (Short MAST) will be administered to a sample of patients seen by the students to determine which of these patients have some alcohol problem detected. The screening test was embedded in a Health Habits Survey. Chart reviews are to be conducted for explicit alcoholism diagnosis as well as the presence of signs and symptoms set forth in the N.C.A. criteria. The criterion for detection is some alcohol-related content in the patient's problem list or the encounter write-up. These two measurements together yield a "detection rate," the percent of the patients at different screening scores having alcoholism mentioned in their charts. The Health Habits Survey and chart reviews will be conducted by a research assistant.

Three different sets of observations are to be used to generate class-wide changes in ability.

These are the three groups for which detection rates were secured —

1. pre-Cork group at the end of their clinical training.
2. post-Cork group at the beginning of their clinical training
3. post-Cork group at the end of their clinical training

The influence of the clinical training is determined by comparing the pre-tests and post-tests on the same group; a within subjects longitudinal design, (numbers 2 and 3 above.) The difference in abilities that occurs as the result of a changes made in the clinical training, can be ascertained by comparing the group exposed to the pre-Cork clinical training and the Cork-exposed clinical training group, a between subjects design. (comparing above groups 1 and 3).

## Sampling

Medicine and Primary Care are the only two clerkships in which the students see a number of patients sufficient to obtain a reliable idea of their alcohol detection skills. During the Medicine Clerkships, a student will write up about 28-35 patients, and in Primary Care the number of patients is between 80-100.

Patients are assigned to students in Medicine as they enter the wards, on a first-come first-serve basis, so the sample of patients is almost assuredly random. There is no patient selection. Every patient written up by a student will have to be approached to participate in the study. This entails administering the instrument to approximately 65 patients per week.

There may be greater patients selection in the Primary Care clerkship. Some sites work on a first-come first serve basis, while in others the preceptor may scan the list of appointments and tell the students which patients he or she will see that day. There are six sites to cover, with a maximum of two students per site. To obtain a sample of 25 patients per student, the test technician must cover a given site at least six days, approaching every patient a student sees on those days. (Given two students per site, 45 patients per week would be screened.)

[As drafted and distributed, February 25, 1980]

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## INFORMED CONSENT — HEALTH HABITS SURVEY

Exercise, diet, drinking, and smoking can have a large impact on many different medical problems, and it is gradually coming to be recognized that clinicians should ask about health habits when assessing the medical problems of a new patient. The Dartmouth Medical School is studying the extent to which clinical clerks (student doctors) ask questions about such health habits in their discussions with patients. I understand that in order to do this, I am being asked to fill out a questionnaire about my exercise, diet, drinking and smoking habits. In addition, I am asked to allow the release of the following information — and only the following information  — from my medical record: (1) my medical problem list and diagnosis, (2) the write-up made by the clinical clerk after seeing me, and (3) the results of blood and liver tests that may be taken when I was admitted. The information from my records will be compared against my answers in the questionnaire to see how well the student doctor has assessed my health habits.

I understand that the questionnaire and record search are confidential and will be not be signed or have my name on them. I understand that none of the information gathered will be released in any way which could identify me and cannot be released to my doctor or to anyone else without my written permission.

There are no known risks to this study. I understand that the information gathered will be used to improve the clinical teaching at Dartmouth Medical School and other medical schools as well. I understand that the study is entirely voluntary, that I can withdrawn at any time, and that I can refuse to participate without affecting my eligibility for any service within this medical center.

I agree of my own free will to participate in this study and to the allow the record search specified above.

Name: \_\_\_\_\_ Technician: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Dr. John Doe at 888-8888 if you have any questions about this study.

## HEALTH HABITS SURVEY

Please answer the questions by writing in the blank or by putting an "X" on the appropriate line. If you don't know or are not sure of the answer, leave it blank or mark the appropriate box.

Your age: \_\_\_\_\_ years

Your sex: \_\_\_\_\_ male \_\_\_\_\_ female

Your marital status:

- \_\_\_\_\_ never married  
 \_\_\_\_\_ widowed  
 \_\_\_\_\_ separated or divorces  
 \_\_\_\_\_ married

Your weight \_\_\_\_\_ pounds

Your height \_\_\_\_\_ feet \_\_\_\_\_ inches

I. What are the physical conditions, illnesses, or health problems that bother you now:

List one, two, or three problems.

Problem #1 \_\_\_\_\_

Problem #2 \_\_\_\_\_

Problem #3 \_\_\_\_\_

How long has **Problem # 1** bothered you?

- \_\_\_\_\_ Six months or less  
 \_\_\_\_\_ Seven to eleven months  
 \_\_\_\_\_ One to two years  
 \_\_\_\_\_ Three to five years  
 \_\_\_\_\_ More than five years

How long has **Problem # 2** bothered you? (Skip this if you listed only one problem)

- \_\_\_\_\_ Six months or less  
 \_\_\_\_\_ Seven to eleven months  
 \_\_\_\_\_ One to two years  
 \_\_\_\_\_ Three to five years  
 \_\_\_\_\_ More than five years

How long has **Problem # 3** bothered you? (Skip this if you listed only one problem)

- \_\_\_\_\_ Six months or less  
 \_\_\_\_\_ Seven to eleven months  
 \_\_\_\_\_ One to two years  
 \_\_\_\_\_ Three to five years  
 \_\_\_\_\_ More than five years

## II. Which of the following activities are you able to do without help?

Heavy work around the house like shoveling snow or washing walls?

Yes  No  Don't know/not sure

Walk half a mile (about 8 ordinary blocks)?

Yes  No  Don't know/not sure

Go out to a movie, to church, to a meeting, or to visit friends?

Yes  No  Don't know/not sure

Walk up and down the stairs to the second floor?

Yes  No  Don't know/not sure

Which of the following three statements fits you best?

I cannot work/keep house at all now because of my health.

I have to limit some of the work or other things I do.

I am not limited in any of my activities.

Did you exercise regularly before you entered the hospital?

Yes  No  Don't know/not sure

Would you say you were getting enough exercise before you entered the hospital?

Yes  No  Don't know/not sure

Please answer the next six questions for the period **before** you came into the hospital.

Do you use as little salt on your food as possible?

Yes  No  Don't know/not sure

Do you eat three meals a day?

Yes  No  Don't know/not sure

Do you eat something from each of the major food groups every day?

Yes  No  Don't know/not sure

Do you think you would be healthier if you ate more of some foods and less of others?

Yes  No  Don't know/not sure

Do you try to avoid eating fatty meats and other saturated fats?

Yes  No  Don't know/not sure

Do you try to avoid eating sweet snacks?

Yes  No  Don't know/not sure

Have you been on a diet in the past month?"  
 Yes  No  Don't know/not sure

Have you ever been on a diet?  
 Yes  No  Don't know/not sure

Do you feel you are a normal drinker?  
 Yes  No  Don't know/not sure

Does your wife or husband, a parent, or other near relative ever worry or complain about your drinking?  
 Yes  No  Don't know/not sure

Do you ever feel guilty about your drinking?  
 Yes  No  Don't know/not sure

Do friends or relatives think you are a normal drinker?  
 Yes  No  Don't know/not sure

Are you able to stop drinking when you want to?  
 Yes  No  Don't know/not sure

Have you ever attended a meeting of Alcoholics Anonymous?  
 Yes  No  Don't know/not sure

Has drinking ever created problems between you and your wife or husband, a parent, or other near relative?  
 Yes  No  Don't know/not sure?

Have you ever gotten into trouble at work because of drinking?  
 Yes  No  Don't know/not sure

Have you ever neglected your obligations, your family, or your work for two or more days because you were drinking?  
 Yes  No  Don't know/not sure

Have you ever gone to anyone for help about your drinking?  
 Yes  No  Don't know/not sure

Have you ever been in a hospital because of your drinking?  
 Yes  No  Don't know/not sure

Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?  
 Yes  No  Don't know/not sure

Have you ever been arrested, even for a few hours, because of drunken behavior?  
 Yes  No  Don't know/not sure

Do you smoke cigarettes, cigars, or a pipe?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (skip next 3 questions)

On average how much tobacco do you smoke?  
\_\_\_\_\_ Cigarettes per day  
\_\_\_\_\_ Cigars per day  
\_\_\_\_\_ Pipe tobacco pouches per day

How many years have you smoked?  
\_\_\_\_\_ Years

Have you ever tried to quit smoking?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

How many cups of coffee, tea, or dark cola do you usually drink per day?  
\_\_\_\_\_ Cups

Would you say you generally get . . .  
\_\_\_\_\_ Less sleep than you need?  
\_\_\_\_\_ More sleep than you need?  
\_\_\_\_\_ Just about the right amount?  
\_\_\_\_\_ Don't know/not sure

During the last four weeks, how many days did you stay in bed all day or most of the day because you weren't feeling well?  
\_\_\_\_\_ Days

During the last four weeks, how many days did you cut down on the things you usually do because you did not feel well? (not including the days in bed)  
\_\_\_\_\_ Days

All in all, how would you rate your health at this present time?"  
\_\_\_\_\_ Excellent  
\_\_\_\_\_ Good  
\_\_\_\_\_ Fair  
\_\_\_\_\_ Poor  
\_\_\_\_\_ Don't know/not sure?

Thank you very much for answering these questions!

*Study Worksheet*

ID No. \_\_\_\_\_

\_\_\_\_\_ Date of chart review

\_\_\_\_\_ Site

\_\_\_\_\_ Ward no. or name

\_\_\_\_\_ First Admission?

\_\_\_\_\_ MCV

\_\_\_\_\_ Serum Uric Acid

\_\_\_\_\_ SGOT

\_\_\_\_\_ GGTP

\_\_\_\_\_ SGPT

\_\_\_\_\_ Alcohol Problem? Code LIT

\_\_\_\_\_ Date noted

\_\_\_\_\_ Primary Admit Dx

\_\_\_\_\_ Alcohol Admit Dx — Code LIT

\_\_\_\_\_ Alcohol related diagnosis or problems — code CUE or names

\_\_\_\_\_ Write up date      \_\_\_\_\_ write up Alcohol Dx Code LIT      \_\_\_\_\_ Write up Alcohol problem Code LIT

\_\_\_\_\_ Interviews cues — code INT or names

\_\_\_\_\_ related physical cues — code CUE or names

Alcohol

\_\_\_\_\_ Continued

ID NO. \_\_\_\_\_

### *Summaries*

Did the patient complete the questionnaire himself/herself?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Don't know/not sure

How well did the respondent understand the questions?

- \_\_\_\_\_ No trouble.        Understood without asking for definitions or explanations.
- \_\_\_\_\_ A little trouble.    Asked for some definitions or explanations, but then understood.
- \_\_\_\_\_ Moderate trouble.    Did not understand some questions, even after explanation.
- \_\_\_\_\_ Quite a bit of trouble.    Did not understand many questions.
- \_\_\_\_\_ A lot of trouble.        Had difficulty understanding most of the questions.
- \_\_\_\_\_ Don't know.

What was the respondent's attitude to the questions?

- \_\_\_\_\_ Very uncooperative or hostile. Refused to complete questionnaire.
- \_\_\_\_\_ Uncooperative/hostile. Refused to answer some questions, some hostility.
- \_\_\_\_\_ Neutral. Neither uncooperative nor cooperative.
- \_\_\_\_\_ Cooperative/friendly. Answered all questions, friendly attitude.
- \_\_\_\_\_ Very cooperative/friendly. Answered everything, volunteered information, very friendly.

After chart review. Summary impressions

- \_\_\_\_\_ Literal cues and literal diagnosis of problem mentioned
- \_\_\_\_\_ Some literal cues and direct suspicion of alcohol problem stated.
- \_\_\_\_\_ Some literal cues giving strong indication of alcoholism
- \_\_\_\_\_ Some weak literal cues
- \_\_\_\_\_ No mention of alcohol
- \_\_\_\_\_ Don't know