

## AY 2022-23 Clerkship Annual Report

<b>Clerkship</b>	CORE 3104 Aging
<b>Timeframe under review</b>	AY 2022-2023
<b>Length of clerkship</b>	1 weeks
<b>Clerkship Directors</b>	Kenneth Koncilja, MD - CC Teresa Dolinar, MD - UH/VA Michelle Dietz, MD - MH

Sections highlighted **in blue** require the Clerkship Director to complete related to the relevant site. Sections highlighted **in green** are to be completed working together with CDs from other sites at the Annual Fall Retreat when individual site reports will be combined into a comprehensive report for each discipline.

### Section A: Instructional methodology

Explain where & how learning opportunities, events and teaching resources are created and mapped in the MD curriculum to achieve LOs.

- 1) Please provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. Please also indicate the total number of didactic hours that students are required to attend.

Site	Clinical Experience - Ambulatory (% of Total Clerkship Time)	Clinical Experience -Inpatient (% of Total Clerkship Time)	Student Didactics (Total Hours)
CCF	80%	20% (inpatient consults)	4
MHMC	20%	80%	4
UH/VA	VA- 100% (future- hospice unit 10% inpt)	UH- 100% inpatient consults	1 (Topics in Geri MED)

- 2) Please include a summary of all the Required Clinical Experiences.

Conditions	Site/# of students	% and # of students who completed on patients	% and # of students who completed using alternate methods	% and # of students who did not complete
Geriatric syndromes (Cognitive Impairment, falls, incontinence, polypharmacy)	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0

- 3) Please describe how faculty and Residents/fellows teaching and supervising medical students at each site were prepared for their roles in teaching and assessment. This narrative description may include major activities such as preparation meetings, debriefs, and monthly meetings.

<b>8.7 Comparability of Education/Assessment</b>			
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	Faculty are updated on goals and objectives at one of the weekly staff meetings.  CAS forms and expectations are reviewed annually at staff meeting and one on one with all new hire faculty as part of academic on boarding.		
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Providers get an annual summary of learner evaluations and comments. Negative or formative evaluations are reported to the Geriatrics Section Head and the individual faculty.		
<b>9.1 Preparation of Residents to Teach/Assess Medical Students</b>			
Briefly summarize the program:	Residents are not involved or relied on in the teaching and assessing of medical students on the rotation.  Geriatric Medicine Fellows do receive didactics through the CWRU Citywide Curriculum on: Giving Feedback, Teaching Geriatric principles, Teaching Geriatric Literature		
Is the program optional or mandatory?	Mandatory		
Is it sponsored by the department or institution?	CWRU Citywide Geriatrics		
Who monitors participation?	Fellowship Director		
Please list any additional activities and sessions you led/organized during the last academic year for the preparation of preceptors and residents in the clerkship.			
Site	When/Frequency	Participants	Activity/topic
CCF	2-hour session on Ambulatory Teaching Workflow	LAB Faculty	Faculty Development Session on Ambulatory Learning

<b>MHMC 8.7 Comparability of Education/Assessment</b>	
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	Faculty get updated goals and objectives annually and as needed if anything changes, as well as assessment systems for medical students, residents and fellows.
What methods do you use to ensure that faculty receive information about	Providers get an annual summary of learner evaluations and comments. If any negative evaluations or neglect reported providers are notified immediately.

student performance and satisfaction?	
<b>9.1 Preparation of Residents to Teach/Assess Medical Students</b>	
Briefly summarize the program:	Internal medicine residents participate in a series of sessions in their second year either as a half day workshop or spread over several dates that focus on teaching skills. The topics included are: -How to Deliver and Receive Feedback -Principles of Med Student Assessment -Teaching the Oral Presentation -Teaching On the Fly in the Inpatient Setting
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Internal Medicine Department
Who monitors participation?	Internal Medicine Program Director

<b>UH/VA</b>	<b>8.7 Comparability of Education/Assessment</b>
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	We have UH/VA quarterly faculty meetings to review educational programs and faculty are informed and med student programs discussed
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Email communication, Personal communication, faculty are also instructed how to monitor their individual student evaluations in the CASS system
<b>9.1 Preparation of Residents to Teach/Assess Medical Students</b>	
Briefly summarize the program:	Same as internal medicine
Is the program optional or mandatory?	
Is it sponsored by the department or institution?	Sponsored by the institution
Who monitors participation?	Internal Medicine Program Directors

## Section B: Assessment and Evaluation Methodology

Describe assessment/evaluation tools and indicate how each tool aligns with LOs (if applicable). For each tool, clarify how data were collected and analyzed, and explain how reliability and validity evidence has been sought.

<b>Tool</b>	<b>Description/Mapping</b>	<b>Data collection &amp; analysis</b>	<b>Purpose (S/F)</b>
EOB Clinical Performance Rating	Assessment tool which assesses 8 competencies, comment boxes for each competency, final discipline decision, and the overall content box	Completed by CDs/designated preceptors at the end of the clerkship via CAS	Summative
Case log	A record of patient encounters that include conditions and procedures	Documented by student about the types of patient encounters and what the level of participation was involved with each encounter. OCA keeping track of the completion in CAS	Summative
Formative /Cumulative Assessment	Log-based assessment assessing patient care, knowledge, communication, professionalism, teamwork, SBP, and Reflective practice. The form includes comment boxes for each question as well an overall comment box.	Completed by preceptors during the block via CAS and reviewed by CDs/designated preceptors	Formative
Student Evaluation of Clerkship	An evaluation survey eliciting student feedback on the quality of their experience with a focus on content delivery, required observations, workload, the learning environment, and strengths and areas for improvement	Completed by students at the end of each rotation (delivered in Qualtrics)	Summative
Student Evaluation of Clinical Faculty	An evaluation survey requesting global ratings and comments for improvement for faculty preceptors	Complete by students at the end of each rotation; the number of required faculty evaluations varies by clerkship (student expectation in CAS)	Summative

### Section C: Student Performance

Illustrate data collected clearly & concisely (presentation of data) and include a narrative and table/figure with averages, percentages, and/or inferential statistics as appropriate to the tool.

- 1) Please provide the average and the minimum/maximum number of weeks it took for students to receive final grades in LMS during the timeframe under review for each site.

Site	Minimum	Maximum	Average	EOR posted in LMS within 6 weeks (%)
CCF	4.5	5.5	5.0	100
MHMC	4.5	5.0	4.625	100
UH/VA	4.5	5.0	4.625	100

## Section D: Evaluation Outcomes

Reflect on the aggregated quantitative and qualitative data from the End of Rotation Survey results (Appendix B) during the prior academic year. Quantitative data are provided in the table below. Reflect and summarize student feedback on the strengths and areas of improvement for each clerkship site.

		RR 100%	100%	100%	100%
		Overall	MHMC	UH	VA
The overall quality of their educational experience during this clerkship (good or excellent)		77%	94%	63%	82%
Clerkship orientation prepared me to assume the duties and responsibilities of the clerkship. (Agree or Strongly agree)		79%	91%	65%	79%
I received clear learning objectives.		80%	96%	70%	72%
Faculty provided me with effective teaching. (Agree or Strongly agree)		79%	87%	67%	81%
Residents and fellows provided me with effective teaching. (Agree or Strongly agree)		82%	91%	79%	88%
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:					
CCF	We had no comments on strength of the rotation from students.				
MHMC	The students appreciated the opportunity to experience palliative care and goals of care conversations and working with faculty on our ACE unit (acute care of the elderly). They felt teaching was strong and liked participating in the variety of geriatric care that sometimes included home visits and discharge planning meetings.				
UH/VA	Many students see the benefits of exposure to the interdisciplinary team and other team members (PT, pharmacy) and recognize this as one of the strengths of the clerkship. Many students see the benefits of being exposed to the geriatric approach and learning more about geriatric syndromes. Many see the advantages of direct access (without a lot of residents in between) to a dedicated core small group of clinical attendings at UH/VA who have remained committed to our mission of Geriatric medical student education despite recent challenges in shortened CORE clerkships and balancing faculty shortages and increasing clinical demands.				
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:					
CCF	<p>We had multiple comments regarding the length of the rotation or higher rates of no-shows in the clinic. Part of the setting in the past year included new faculty who were building up their ambulatory practices. Students wanted a variety of geriatric clinical experiences. As a result, we have tried to pair students with multiple preceptors during the block. Some students felt offended to have a Nurse Practitioner as preceptor in the Geriatric ED. We no longer assign students to the Geriatrics ED on days when the provider is not a physician. Regarding the 16 students who did not feel they had either observed history or physical exam, I have asked all preceptors to observe a component of each during the rotation. Students are asked to comment on a CAS log when they asked for observed history and physical elements.</p> <p>We had feedback regarding seeming "unorganized" in regard to staffing of our clinics. We do not assign students to specific faculty at the main campus. We assign the students to the clinic so they can work with whatever patients come. If the show rate in the clinic improved, then it would be easier to assign students to specific preceptors on different days. In 2024 we will try assigning students to individual docs.</p>				

MHMC	Senior Health clinic at times had multiple learners for one provider or very few patients. Some students felt they were shadowing on Palliative Care and would have liked to be more involved, and some students commented that the experience was too short.
UH/VA	<p>The medical school needs to realize that the shortened 10 week Core clerkships have had impact- aging was cut from one week to 3 days to reserve time for internal medicine and family medicine during these blocks, with staggered start days so aging students were constantly starting on different days of the week. The previous creative solution was to put more than one student a week on aging at each site, more on weeks that Medicine could not support nightfloat (eg last week of clerkship) sometimes asking us to take six students/week total at UH/VA which also was not sustainable or ideal or doable plan (usually we take one student a week at each site). Faculty shortages have impact at UH especially but is improved since Dr. Nuamah is a consistent presence on UH geriatric consult service. Lack of outpatient rooms has had impact at VA- each Geriatric attending is only assigned one room during clinic (other primary care attendings during medicine ambulatory block routinely have 2 assigned). This means we spend a lot of time looking for rooms so the students can evaluate the patients independently- this limits the number of patients they can see. Pleas to leadership at VA have not yielded more clinic space- hopefully this will improve with new construction. Supervising medical students in a fully booked VA outpatient attending clinic (7-8 complex geriatric patients in a half day) is challenging. One week (or less) is not ideal for a clerkship even though it is "pass/fail". The aging rotation is unique in that it is direct access to attendings but medical students are used to more of a traditional "ward" type setting where they are mostly supervised by residents and do not have such close interactions with the interdisciplinary team members. Students are not as comfortable in an outpatient setting (VA) or consult service type setting (UH) in their third year- which makes them feel they are not prepared or being adequately supervised at times. Midclerkship feedback is challenging on a 4 day rotation (Fridays are mostly taken up by didactics). Students do not always respond well to constructive feedback of their notes and oral presentations- they are more used to solely positive feedback.</p>

## Section E: Action Plan I – Implementation of Past Improvements

List planned actions from previous cycle, status & outcomes of the implementation

Site	AY2021-22 Planned Change	Accomplished? (Yes/No)	Outcomes or Reason not accomplished
CCF	Training and onboarding of new preceptors	YES	Need more faculty appointments completed
MHMC	We are exploring using other clinic sites to increase capacity for senior health clinic experiences. We are also expanding the information provided during orientation, updating Canvas more frequently, and eliminating the paper packet distributed during orientation that at times causes more confusion for students.	Partly Yes	Unfortunately space is not available in our off site geriatrics clinic to make teaching students in those settings possible (providers often only have 1 exam room). We were able to eliminate the paper packet and update canvas more often.
UHVA	Increased faculty recruitment, potential other sites, continued efforts to get outpatient clinic rooms at the VA.	Partially-UH consult service has recruited Dr. Nuamah as above. Palliative care has recruited 2 MD's at VA and they will offer some palliative care exposure. Outpatient rooms are still a challenge at VA. Enhanced GEROFIT exposure with PT has received positive feedback.	Construction in process at VA which may positively impact geri clinic space. Oak Street (managed care community geriatrics) meeting with their medical director and corporate representatives concluded they are more interested in residents rotating than medical students to fit their care needs efficiently.



## Section F: Action Plan II – Use of Results for Future Program Improvements

Strategies planned for program improvement; actions designed to improve instruction & curriculum; rationale for action is based on data & analysis of results.

Site	Proposed action	Responsible party
CCF	Review Faculty appointment for all new hires	Dr. Koncilja
CCF	Assign students to individual geriatricians at Main Campus	Dr. Koncilja
MHMC	Update instructions for SHOP clinic with number to call for start time and provider scheduled	
MHMC	Update instructions for ACE unit (new hospital)	
MHMC	Review possibilities for more active participation of students on Palliative Care service	
UH/VA	Will make learning objectives more clear at orientation	Dr. Dolinar
UH/VA	Will work on one page SOP for medical students for reference (in addition to geriatrics manual) for guidance on roles/responsibilities on consult service at UH and outpatient clinic at VA	Dr. Dolinar
VA	Palliative care attendings to be involved more in teaching of students	Dr. Pallaki

Appendix B: End of Block Student Evaluation of Clerkship