

## AY 2022-23 Clerkship Annual Report

<b>Clerkship</b>	CORE 3402 Emergency Care
<b>Timeframe under review</b>	AY 2022-2023
<b>Length of clerkship</b>	2 weeks
<b>Clerkship Directors</b>	Venkatesh Kambhampati, MD - CC Emilee Ritchie, MD - MH Andrew Golden, MD - UH

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	100%	0	2-3 hours
MHMC	100%	0	4.5
UH	100%	0	11

- 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
Abdominal pain	CCF	100% (80)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Chest pain	CCF	99% (79)	1% (1)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Dyspnea	CCF	100% (80)	0% (0)	0

	MHMC	98% (46)	2% (1)	0
	UH/VA	100% (86)	0% (0)	0
Trauma/Acute musculoskeletal injury	CCF	100% (78)	0% (0)	0
	MHMC	98% (54)	2% (1)	0
	UH/VA	100% (79)	0% (0)	0
Fluid resuscitation/shock	CCF	92% (74)	8% (6)	0
	MHMC	100% (55)	0% (0)	0
	UH/VA	92% (73)	8% (6)	0
Airway management	CCF	99% (77)	1% (1)	0
	MHMC	98% (54)	2% (1)	0
	UH/VA	97% (77)	3% (2)	0
ENT/Eye emergency	CCF	96% (75)	4% (3)	0
	MHMC	93% (51)	7% (4)	0
	UH/VA	89% (70)	11% (9)	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>	
<b>CCF</b>	
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	<p>Usually, I give a yearly presentation about the medical student rotations available and their respective objectives. We also delineate the responsibilities of each level of medical students (M3 vs M4/5 or AI).</p> <p>They fill out evals on CAS. Faculty are used to this system as it has been used for several years.</p>
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	During the meetings we will sometime share metrics of the rotation.
<b>9.1 Preparation of Residents to Teach/Assess Medical Students</b>	
Briefly summarize the program:	The residents are given at introduction/orientation lecture at Metrohealth Medical Center. I believe this is in the form of a lecture. This is performed by the emergency medicine staff/faculty at Metrohealth. Our residency is a combined MetroHealth/CCF residency, with MHMC being their homebase.
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Dept of EM, MetroHealth Medical Center

Who monitors participation?	Residency leadership and faculty at both sites		
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	Annual	Faculty CCF	Overview of Medical education during Department staff meetings and specific instructions about Acting Interns

MHMC		8.7 Comparability of Education/Assessment	
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	An e-mail is sent out at the beginning of each academic year.		
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	I contact faculty individually if any compliments or concerns arise as it pertains to student performance and satisfaction.		
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:	"Residents as Teachers"		
Is the program optional or mandatory?	Mandatory		
Is it sponsored by the department or institution?	Department		
Who monitors participation?	Program director		

UH		8.7 Comparability of Education/Assessment	
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	Historically, this has been accomplished through faculty meeting updates. Moving forward, I hope to create an annual report to faculty that includes the learning objectives, review of the workplace-based assessment tool that is utilized, in addition to other details such as the procedures and clinical experiences that are required as a part of the rotation.		
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Historically, this has been accomplished through faculty meeting updates. Moving forward, I hope to create an annual report to faculty that will highlight student performance metrics in addition to satisfaction data with opportunities for continued improvement of the clerkship experience.		
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:	UH Residents as Teachers curriculum		

Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Institution
Who monitors participation?	Office of GME

## 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.

Tool	Description/Mapping	Data collection & analysis	Purpose (S/F)
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	5.0	4.625	100
MHMC	4.5	5.0	4.75	100
UH	4.5	5.0	4.75	100

## Section D: Evaluation Outcomes

Reflect on the aggregated quantitative and qualitative data from the End of Rotation Survey results (Appendix A) 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%
		Overall	MHMC	UH
The overall quality of their educational experience during this clerkship (good or excellent)		92%	93%	91%
Clerkship orientation prepared me to assume the duties and responsibilities of the clerkship. (Agree or Strongly agree)		86%	89%	84%
I received clear learning objectives.		89%	91%	87%
Faculty provided me with effective teaching. (Agree or Strongly agree)		89%	91%	87%
Residents and fellows provided me with effective teaching. (Agree or Strongly agree)		95%	95%	95%
<b>Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:</b>				
CCF	Based on the accompanying PPT -> 83.64 % rated the experience as "good" or "excellent" Great variability of clinical exposure and cases. A lot of comments on LAB as a whole, which likely translates to the subcomponents but not definitive.			
MHMC	Great exposure to a wide variety of patient presentations. Residents and faculty made teaching a priority and were welcoming to students. Many felt it was valuable to experience both main campus and community sites. Many opportunities to get involved with procedures. Enjoyed the independence of performing histories and physicals on their own without being interrupted while doing so. Many mentioned the teamwork environment and the camaraderie between the residents, faculty, nurses etc.			
UH	<ul style="list-style-type: none"> <li>- Ability to see undifferentiated patients as a unique component of clinical education</li> <li>- Variability in learning environments (trauma, middle acuity, etc.)</li> <li>- Practical orientation and didactic sessions</li> <li>- Supervised autonomy</li> <li>- Ability to integrate as important members of the team</li> <li>- Diversity of pathology</li> </ul>			
<b>Please summarize and discuss the students' narrative comments related to the Areas for Improvement:</b>				
CCF	Consistent feedback for more time in Emergency Department. Also some comments on making it a consecutive week. Some feedback about the ED geriatrics shifts (but this falls under Geriatrics and not under Emergency Medicine). Some comments on variability of resident teaching and how busy a shift was.			
MHMC	While some enjoyed changing resident / attending each day, others felt it would be better to be with the same providers multiple days in a row for more continuity. Several mentioned wanting more opportunities to work directly with attendings. They generally would like to move away from paper evaluations to only online evaluations. Some felt the nurse / medic was too busy to teach them IVs etc. on their designated shifts.			
UH	<ul style="list-style-type: none"> <li>- Short duration of the rotation</li> <li>- Shift with paramedics and nurses (now removed from curriculum)</li> </ul>			

	<ul style="list-style-type: none"><li>- Variability in supervisor teaching and debriefing capabilities</li><li>- Unclear role of the medical student (integrated more explicit instructions into orientation)</li></ul>
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## 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	No specific changes at this time. Some of the comments we receive are based on the culture of the ED which is quite different from the rest of the hospital	YES	
MHMC	I would like to continue to work on transitioning from paper forms to online forms	No	How to implement
UH	Given students love more structured activities, we have introduced a “teaching rounds” component to allow for smaller group interaction and full attention of the faculty.	Yes	Overall, feedback about this experience has been overwhelmingly positive

## 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	Can consider a little more faculty engagement and perhaps faculty development specific to medical students.	Venk Kambhampati
MHMC	Place students on “attending only” shifts more often when able	Clerkship director
MHMC	Continue to work on switching to online forms only	Clerkship director / coordinator
MHMC	Reeducate nurses / medics on the expectations of their shift with medical students	Clerkship director
UH	Identifying out how to balance orientation and didactics within the changing Core curriculum schedule	Clerkship Director, other Core faculty
UH	Resident and faculty development related to bedside teaching skills	Education Division
UH	Remove nurse/medic shift	Done
UH	Integrate more explicit expectations into orientation	Done

Appendix A: End of Block Student Evaluation of Clerkship