

AY 2022-23 Clerkship Annual Report

Clerkship	CORE 3101 Family Medicine
Timeframe under review	AY 2022-2023
Length of clerkship	3 weeks
Clerkship Directors	Robert Cain, MD - CC Samina Yunus, MD - CC Jason Chao, MD - UH/VA Rebecca Schroeder, 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)
CC	100%	0	48 hours shared with internal medicine & aging
UH/	98-100%	0-2% (one site includes some inpt work)	48 hours shared with internal medicine & aging
MHMC	100	0	48 shared with internal medicine & aging

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

Conditions	Site/# of students	% and # of students who	% and # of students who completed	% and # of students who
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		completed on patients	using alternate methods	did not complete
Abdominal pain	CCF	100% (80)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Advanced care planning/End-of-life/Palliative care	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Altered Mental Status/Delirium	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Atherosclerosis (CAD, PVD, cerebrovascular disease, acute coronary syndrome)	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
COPD/Asthma	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Cough/URI/Viral syndromes/Pneumonia	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Depression	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Diabetes	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Dyslipidemia	CCF	100% (78)	0% (0)	0
	MHMC	98% (46)	2% (1)	0
	UH/VA	100% (86)	0% (0)	0
Dysuria/Hematuria/Stones/UTI	CCF	99% (77)	1% (1)	0
	MHMC	98% (46)	2% (1)	0
	UH/VA	100% (86)	0% (0)	0
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
Hypertension	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Musculoskeletal pain (back, shoulder, knee, hip)	CCF	100% (78)	0% (0)	0

	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Obesity	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Preventive Care/Health Promotion	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Skin Problem (cellulitis, rash)	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Smoking cessation/Tobacco Use/Substance Use Disorder	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Thyroid disease	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Unintended Weight Loss	CCF	99% (77)	1% (1)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Anemia	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
CHF	CCF	100% (80)	0% (0)	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
Nausea, Vomiting, Gastroenteritis, Diarrhea	CCF	100% (80)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Renal failure/acid-base disorder/electrolyte disorder	CCF	100% (80)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Transitions of care	CCF	100% (80)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Venous Thromboembolism	CCF	95% (76)	5% (4)	0

	MHMC	100% (47)	0% (0)	0
	UH/VA	98% (84)	2% (2)	0
Fever	CCF	97% (77)	3% (2)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0

4) 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.

CCF		8.7 Comparability of Education/Assessment	
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.		We send a welcome email to each preceptor in advance of their upcoming student's start date to review these topics. This is done for each block. Voluntary Clinician as educator ongoing series.	
What methods do you use to ensure that faculty receive information about student performance and satisfaction?		Faculty receive their student evaluations at their APR, and any individual concerns are addressed with the faculty by the discipline leaders during or after the rotation. Annual faculty development conference for updates. In the event of an unsatisfactory feedback, especially neglect or abuse, the department Chair is made aware & we no longer assign students to that Attending.	
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:		Residents as teacher training is part of the residency didactic program. Utilize annual AAFP & CWRU-SOM residents as teachers module.	
Is the program optional or mandatory?		Mandatory	
Is it sponsored by the department or institution?		Sponsored by the family medicine residency	
Who monitors participation?		Residency Program Directors	

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	9/12/23	Preceptors of Year 3 CCLCM/Case students	Annual conference: Enhancing clinical teaching and feedback skills through the institution

MHMC		8.7 Comparability of Education/Assessment	
Summarize how faculty at your site are informed about learning objectives,		I personally orient each individual Attending when they begin precepting medical students. I provide/review a copy of the CORE goals & objectives & discuss the grading rubric & orient re: CAS evaluations.	

assessment system, and required clinical encounters.	E-mail and periodic site visits are used to communicate with community faculty.		
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Faculty review the personal feedback during the annual review with our Department chair. In the event of an unsatisfactory feedback, especially neglect or abuse, the department Chair is made aware. The one faculty member, who received bad feedback in the past year is no longer assigned students.		
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:	The Residency coordinator reviews the AAFP Residents as Teachers module during the second year		
Is the program optional or mandatory?	Mandatory		
Is it sponsored by the department or institution?	Sponsored by Family Medicine Residency within the department		
Who monitors participation?	Family Medicine Residency directory		
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
MHMC	2nd year/once a year	2nd year residents	AAFP & CWRU-SOM module on Residents as teachers (RAFT)

UH	8.7 Comparability of Education/Assessment		
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	Learning objectives, assessment systems and required clinical encounters are reviewed when new faculty are recruited. New community faculty recruits are given an orientation that includes roles in office teaching and assessment. E-mail and periodic site visits are used to communicate with community faculty.		
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	E-mail and periodic site visits to community offices are used to inform faculty of student performance and satisfaction.		
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:	UH provides some basic resident as teacher education. We provide additional orientation to new interns and upper-level residents.		
Is the program optional or mandatory?	Mandatory		
Is it sponsored by the department or institution?	Both		

Who monitors participation?	Program Director and Clerkship Director
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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
UH/VA	2 times	Potential preceptor	Site visit for preceptor recruitment

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)
Aquifer	Standardized, externally validated MCQ tests developed by content experts to assess medical knowledge and patient care	Annual results compiled and analyzed by the Office of Assessment	Summative
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
Self Assessment	Four personal reflective questions regarding meeting requirements, strengths, areas for improvement, and additional comments.	Completed by students at the middle of the clerkship via CAS and reviewed by CDs/designated preceptors	Formative
Mid-clerkship Assessment	Three major questions including summary, satisfactory/unsatisfactory, and comments as well as students' self assessment	Completed by CDs at the middle of the clerkship via CAS	Formative
Online modules	Online Aquifer modules completion	Completed by students during the block and monitored by CDs	Formative
Preventive Care Counseling	Required observation during ambulatory part of clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=263	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,	Completed by students at the end of each rotation (delivered in Qualtrics)	Summative

	workload, the learning environment, and strengths and areas for improvement		
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) Regarding student mid-clerkship feedback, please indicate who is responsible and the method used to meet with students from each site during the rotation.

Site	% of completion (from CAS)	Person/title who communicated with students (e.g., clerkship director, designate preceptors, etc.)	Approach that communication was completed (e.g., in person, phone, video conference)
CCF	NA	LAB Advisors	In-person, phone, and video are used
MHMC	98%	Clerkship director	Email to announce schedule & request CAS form filled, then teleconference if not enough written information in CAS.
UH/VA	100%	Clerkship director	Response via CAS

- 2) 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	5.625	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 98%	100%	100%	100%
		Overall	MHMC	UH	VA
The overall quality of their educational experience during this clerkship (good or excellent)		83%	78%	87%	100%
Clerkship orientation prepared me to assume the duties and responsibilities of the clerkship. (Agree or Strongly agree)		78%	71%	81%	100%
I received clear learning objectives.		86%	84%	87%	100%
Faculty provided me with effective teaching. (Agree or Strongly agree)		85%	82%	86%	100%
Residents and fellows provided me with effective teaching. (Agree or Strongly agree)		87%	93%	91%	100%
Being observed doing the relevant portions of a history (Yes)		92%	87%	94%	100%
Being observed doing the relevant portions of a physical or mental status exam (Yes)		92%	87%	95%	100%
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:					
CCF	Students appreciated the breadth and diversity of patient experiences in Family Medicine during LAB. Many commented on the longitudinal relationships with patients and faculty that was not as easily attained in other rotations outside LAB. Many instructors were lauded for their excellent teaching and mentoring. Students also appreciated flex time in their schedules. For the year, 87% of students rated their experience in family medicine as good or excellent.				
MHMC	The faculty preceptors were well received and comments were favorable, even those located in Medina 44 minutes away from Samson Pavilion.				
UH/VA	Many appreciated the wide range of patient conditions seen and high volume in clinic. Students are given ownership of their patients and opportunity to reason through the care plan. Chances to practice providing patient education / counseling. Good teaching by residents and faculty. Those in community sites working one on one with a faculty appreciated the continuity. Those in the residency practice working with multiple residents and faculty liked the variety of perspectives with different doctors. Orientation and didactics were good.				
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:					
CCF	Some students felt the 12 weeks was too long and wanted time for electives or shadowing instead. This was not a frequent concern but was mentioned by multiple students. Other students suggested that the disciplines be broken in the schedule to allow consecutive days for a few weeks rather than one day per week (or less). Conversely, some students enjoyed the current format for this. A few students felt that the amount of time in didactics was excessive and would prefer more clinical time. This has been addressed previously and I feel Family Medicine has already been trimmed to a bare minimum of clinical days. A few students expressed a desire for preceptors to establish clear expectations at the onset. This is encouraged in the information sent to preceptors prior to the rotation.				

	<p>One student complained that their FM rotation was “90% Medicare wellness exam”. I suspect this is an exaggeration as most preceptors tend to avoid assigning such patients to students. One student was concerned that they worked with NPs during their rotation. This is discouraged and should only be done when no other preceptor can be arranged by the assigned site.</p>
MHMC	<p>During the last quarter, which was shortened due to a scheduling change & had more students than usual, the students complained about not enough continuity among the faculty preceptors & driving between multiple sites. A letter was written and a conference by all vested interests was held to discuss an interest in more diverse experiences. In response to the students requests, a preference list was drafted & students are now able to decide among a variety of specialty clinics including the homeless van/shelter/clinic, DAWN van for needle exchange & HIV/hepC screening, HIV clinic, PRIDE clinic, school health, urban experience with nursing home visits, WIC, food as medicine. Then once they are assigned to work with a provider in one of the specialty clinics, they have continuity by working with the same Attending in outpatient clinic.</p>
UH/VA	<p>Preparing for the final FM exam was problematic for some. This is moot now since we have changed to the NBME FM subject exam.</p> <p>Resident clinic can be chaotic with high patient no-show rate.</p> <p>Travel time for those in more distant clinic sites. There is a lack of local sites despite efforts to recruit additional sites.</p> <p>More faculty development with residents and attendings to standardize expectations.</p> <p>Unexpected changes to the schedule occurred. We are working to minimize schedule changes.</p> <p>Didactics could be more interactive.</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	The SOM continues to review scheduling options for students to permit adequate elective opportunities. I hope that faculty teaching students can have some of their flex time reinstated to accommodate the time for teaching. Driving time will remain an issue for some students. There is simply no way to condense their experience geographically while covering multiple disciplines that are primarily community-based in a several county area at our family health centers.	Yes	Some preceptors have reinstated their teaching flex time in their schedules. NBME FM exam implemented for final exam starting this academic year.
MHMC	We will work with the stability of clinical clerkship coordinator. Orient new providers & Also, We will continue to respond to the adjustments to the clerkship schedule. During shortened blocks, theMHMC CORE-1 team plans to continue with 4 weeks on IM & 4 weeks on FM/aging with one IM night float week. With the addition of Fridays in clinical in lieu of SAMI, the students should continue to have the same number of FM clinics experienced in a normal quarte	Yes	NBME FM exam implemented for final exam starting this academic year.
UH	Continue to try to work on site recruitment and faculty development. Revise orientation materials. We are just starting to pilot test Aquifer Calibrate Testing for formative feedback for students. If successful, there should be a decrease in the number of students failing the final exam, and students should be more confident in their knowledge base. A replacement final exam will need to be identified and implemented.	Mostly	One new site recruited. Orientation materials updated. Pilot testing of Aquifer Calibrate exam had mixed reviews by students. No failures of final exam. NBME FM exam implemented for final exam starting this academic year.

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 negative feedback on specific preceptors to see if discussion with them and/or recommendation for additional preceptor training would be appropriate. With regards to preceptors, who manifest with a report of explicit bias, mistreatment or neglect will go through remediation. Repeated, egregious behavior will be removed from the pool of preceptors.	Discipline Leaders
CCF	Review positive feedback on individual preceptors. Send encouragement to these fine teachers and share the positive feedback with our Department Chairman to be included in APRs.	Discipline Leaders
CCF	Changed end of rotation exam to NBME shelf exam instead of Aquifer Review didactic curriculum for areas of change and improvement aligned among our sites.	Implemented this AY
MHMC	Use preference list including specialty clinics including the homeless van/shelter/clinic, DAWN van for needle exchange & HIV/hepC screening, HIV clinic, PRIDE clinic, school health, urban experience with nursing home visits, WIC, food as medicine in scheduling students	Implemented this AY CD
MHMC	Schedule with a focus on continuity of Attendings & sites	Implemented this AY CD
MHMC	Schedule with a focus on language preference with assigning Cantonese & Spanish speakers to the appropriate clinic Review didactic curriculum for areas of change and improvement aligned among our sites.	Implemented this AY CD
UH/VA	Continue to evaluate usefulness of Calibrate formative exams. Format of exam is fixed, but result reporting has been improved based on pilot data.	Clerkship director
UH/VA	Continue site recruitment efforts and faculty development.	Clerkship director
UH/VA	Review didactic curriculum for areas of change and improvement aligned among our sites	Clerkship director

Appendix B: End of Block Student Evaluation of Clerkship