SCHOOL OF MEDICINE
CASE WESTERN RESERVE UNIVERSITY

AY 2022-23 Clerkship Annual Report

Clerkship	CORE 3102 Internal Medicine
Timeframe under review	AY 2022-2023
Length of clerkship	8 weeks or 6 weeks inpatient Internal Medicine (CCF 1/2-day clinic/week for 12 weeks outpatient Internal Medicine)
Clerkship Directors	David Gugliotti, MD – CC (Clerkship Director) Elise Kwizera, MD – CC (Associate Clerkship Director) Giselle Velez, MD – CC (Associate Clerkship Director) Calen Frolkis, MD - MHMC Alex Sapick, MD -MHMC Melissa Jenkins, MD - MHMC (former CD for AY 2022-23) Debra Leizman, MD - UH Aaron Kistemaker, MD - UH Clifford Packer, MD - VA Ronda Mourad, MD - VA

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	25%	75%		8.5 (LAB) 9 (TBC-1)
MHMC	0%	100%		44 hours (for all of Core 1, including FM didactics)
UH	1 Week – 12.5% (36 Hours)	7 Weeks – 87.5% (280 Hours)		87 Hours
VA	13%	87%		30

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
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

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.

CCF	**8.7 Comparability of Education/Assessment**
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	• Faculty are sent the goals and objectives and description of their roles at the beginning of each inpatient rotation and at the beginning of working with a student in the outpatient clinic for the 12 week LAB portion of the rotation • Email communications are sent to faculty about student requirements for formative and summative assessments for the inpatient rotations and the outpatient rotations. • Reminders about student logs and assessment are sent to faculty precepting students if assessments have not been filled out or if more information about a student is needed during the rotation or afterwards. • During faculty development sessions or Department meetings addressing education of medical students, the expectations for preceptors in teaching medical students are a point for discussion. • Email communication outlines expectations for the number of patients a student is expected to see in the outpatient clinic or follow on the inpatient rotation
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	• General themes of student feedback and performance on the IM rotation are shared with faculty preceptors. • Feedback from students about the rotation are shared with faculty preceptors as part of the Annual Professional Review process. • Comments from students are available to faculty through CAS in the areas of communications/teaching skills, feedback, supervision, and professionalism. • Student performance is monitored by the Clerkship Director or Associate Clerkship Director both in the inpatient and outpatient setting; if there is concern about a student's performance, the CD or ACD contacts the preceptor with information about the concern and what the preceptor's role can be in improving this student's performance
9.1 Preparation of Residents to Teach/Assess Medical Students	
Briefly summarize the program:	• The Clerkship Director provides information at Intern orientation about working with medical students. This includes the approach to effective teaching interactions with students, understanding and setting expectations, assessment, and feedback.

	• The residents receive the medical student objectives card at orientation which gives some framework for planning their interactions with students. • Email is sent to residents detailing the requirement that students are expected to meet during the rotation and their role in helping students to grow on the rotation. • Residents have a resident as teacher program through the Internal Medicine Residency Program—this is a session where volunteer students and faculty work with residents simulating a patient-based teaching encounter—observation and feedback about the encounter is provided to each resident to improve their skills. • Role modeling and direct teaching from attending physicians about resident roles in education is a key component of resident education about teaching medical students. • Some residents take advantage of online resources and seminars to work on improvement in teaching skills (not required) • The Clinical Educator Track within the IMRP interfaces with residents about improving teaching for residents, and the CET residents in particular are involved in learning about education and teaching medical students. • Topics related to education are part of resident conferences throughout the academic year
Is the program optional or mandatory?	There is a mix of mandatory and optional
Is it sponsored by the department or institution?	Department
Who monitors participation?	The Internal Medicine Residency Program

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	June 21, 2023	Internal Medicine incoming Interns	Teaching medical students on hospital services.

MHMC	8.7 Comparability of Education/Assessment
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	Faculty are given an orientation email the week before their students start their rotation on the wards with the medical student handbook, basics about the CAS system and some pointers about setting expectations etc. The faculty also receive an orientation handbook at the beginning of the academic year. Grading rubrics and CAS information are also sent out with reminders to complete evaluations. We also send a one-page sheet about avoiding bias in assessment when we send out evaluation reminders.

What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Faculty are able to see their student teaching evaluations in CAS.

9.1 Preparation of Residents to Teach/Assess Medical Students	
Briefly summarize the program:	There is a online learning module designed by the medical school that is assigned by the GME office at the beginning of each academic year. The clerkship directors do a presentation during intern orientation about logistics of the clerkship as well as how to be a teacher. Throughout the year, the GME program incorporates "Resident as Teacher" sessions into the curriculum. Last academic year, there was a workshop on using assessment tools to evaluate clinical reasoning of learners.
Is the program optional or mandatory?	Currently it is mandatory.
Is it sponsored by the department or institution?	The online module is sponsored by the institution, and the Resident as Teacher sessions and other workshops are sponsored by the department.
Who monitors participation?	Online module courses are monitored by the institution. Other training sessions are not monitored for participation, but attendance is expected and tracked by the chief residents.

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**
MCMH	7/2023	New interns	Intern orientation session re medical students, the CAS system (need to register; difference between formative/cumulative assessments), clinical reasoning and some pointers re resident as teacher.
MCMH	11/2022	All IM interns and resident including prelims	2-hour workshop on Assessment of Clinical Reasoning for IM Residents
MCMH	Monthly throughout AY	Faculty of the DOM	Medical Education Journal Club – review of pertinent med ed literature as selected by faculty

8.7 Comparability of Education/Assessment	
Summarize how faculty at your site are informed about learning objectives,	4) A form sent out via email with each new clerkship of students, reminding them about learning objectives, assessments, grades, etc. 5) Email reminders as we approach mid/final evaluations.

assessment system, and required clinical encounters.	6) Trying to establish regular meetings with new faculty shortly after joining the department.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	• Links to evaluations in CAS and multiple email reminders.
9.1 Preparation of Residents to Teach/Assess Medical Students	
Briefly summarize the program:	7) A presentation at orientation and at each level rising resident meeting annually in the spring. 8) We have a Leadership in Med Ed track for our residents and there is a strong culture of teaching and support of academics for residents 9) Senior resident teaching assistants help with clinical reasoning and improve in feedback
Is the program optional or mandatory?	• The annual orientations and rising resident reminders are mandatory and the other teaching opportunities are for select residents
Is it sponsored by the department or institution?	• Department
Who monitors participation?	• Clerkship 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
UH	Yearly	Residents	Universal Onboarding

VA	**8.7 Comparability of Education/Assessment**
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	Most of this is contained in CAS.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Annual reports on student performance and satisfaction are sent to department chief for dissemination to faculty.
9.1 Preparation of Residents to Teach/Assess Medical Students	
Briefly summarize the program:	UH/VA residents are prepared for teaching/assessing medical students at the time of their orientations at the start of the academic year.
Is the program optional or mandatory?	Mandatory.
Is it sponsored by the department or institution?	Yes.

Who monitors participation?	Program 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**
VA			

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)
NBME Subject	Standardized, externally validated MCQ tests developed by NBME content experts to assess medical knowledge and patient care	NBME provided year-end reports, score reports, and content area IA/summary report if there are 6 or more test takers	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	Formative and Summative
Formative/ cumulative Assessment	Log-based assessment assessing patient care (3Qs), knowledge (1Q), communication (2Qs), professionalism (2Qs), teamwork (1Q), SBP (1Q), and Reflective practice (1Q). 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	Optional for students during the block	Formative
Oral Presentation	Required direct observation assessment to be sent during IM clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=262	Formative
Patient-centered Interview	Required direct observation assessment to be sent during IM clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=261	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) 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	98.8%	Clerkship Director or Associate Clerkship Director	In person, video conference, or by telephone.
MHMC	98%	Clerkship coordinator schedules students with either CD or assistant CD for in-person mid-rotation evaluation.	In person with CD or ACD
UH/VA	100%	Clerkship Director	In-Person
UH/VA	10%	Clerkship director	In person

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	5.5	4.90	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%	100%
	Overall	**CCF**	**MHMC**	**UH**	**VA**
The overall quality of their educational experience during this clerkship (good or excellent)	96%	96%	96%	98%	96%
Clerkship orientation prepared me to assume the duties and responsibilities of the clerkship. (Agree or Strongly agree)	89%	94%	88%	91%	80%
I received clear learning objectives.	94%	95%	94%	93%	91%
Faculty provided me with effective teaching. (Agree or Strongly agree)	91%	90%	92%	88%	96%
Residents and fellows provided me with effective teaching. (Agree or Strongly agree)	96%	98%	94%	95%	96%
Being observed doing the relevant portions of a history (Yes)	98%	100%	92%	100%	98%
Being observed doing the relevant portions of a physical or mental status exam (Yes)	97%	98%	92%	100%	98%

Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:	
CCF	**TBC-1 Internal Medicine:** Learning opportunities; good variety of patients in the inpatient setting—there is quite a variety of clinical conditions seen on the services and opportunities to gain knowledge and experience in a lot of areas. Work with a variety of preceptors—this can be helpful for students to see different styles and focus but can be an impediment sometimes if there are too many switches in teams. Autonomy to take care of patients and manage their care; writing notes, placing orders, and communicating with patients were examples given—we emphasize this on the rotation and this has become part of the culture for residents to give autonomy. This can be variable by attending and by resident and we should continue to encourage this. Development of presentation skills and clinical reasoning skills—this is emphasized by most of the preceptors. There are key points of focus on the IM rotation. Students felt like they are members of the team and valued for their input and work—this is great to hear. Students are given important roles in care and their ownership of patient care is an important part of their growth. Residents were dedicated and engaged in teaching students—We have many excellent residents who very much enjoy teaching and interacting with students. This is a focus in our internal medicine residency program and we are glad that students recognize this.

	Expectations for students—students mentioned that residents, and attendings set expectations that challenged them and helped them to grow—this can be variable and need to work towards making sure there is consistency. It is nice to see that some students felt that their expectations are clear. Cardiology/subspecialty experience was valuable—students have enjoyed working on the Cardiology and Nephrology services. We are looking to expand to other services if possible because students have expressed interest in other areas as well. **LAB Internal Medicine:** Longitudinal experience—allowed students to see the results of their interventions and see patients back. Relationships with preceptors was enhanced as well. --this is one of the key goals of LAB, so this was great to see these comments --there are accolades given to several of the LAB IM preceptors which is great! One on one teaching and learning —this is a goal of the LAB rotation, and it is good to hear comments about this Flex days for studying were helpful; reasonable clinical hours that supports learning. Broad experiences in outpatient medicine --Variety and number of patients, and diversity of clinical settings helps to enhance education --every student schedule is a little different; can see if there are particular experiences that seem to enhance the experience of students the most.
MHMC	Students report accessible faculty, good learning and active participation in the care team around patient care and active learning.
UH	• Overall students seemed to think the quality of the IM UH/VA clerkship was positive and helped to further prepare them in their medical education journey. • They felt that the residents provided effective teaching and 100% of our students were observed completing a patient history and portions of the physical/mental exam. • Our new Clinical Reasoning session was commented upon many times as being the most valuable source of learning. • As far as strengths go, many students commented on the organization of the clerkship, the face-time with the director and coordinator of the clerkship, the autonomy and ability to have ownership over their patients, and the support they felt from the many people involved in the clerkship.
VA	Good continuity, liked spending 5-6 weeks with same team. Good exposure to common IM conditions. Well-organized. Very strong attendings. Excellent teaching by residents and faculty. Very clear roles and expectations. PE rounds with observation of exam at bedside. Helpful didactics. Good preparation for all aspects of IM.

	Good mix of autonomy with appropriate supervision. Culture was inclusive of medical students. Teaching attending sessions were helpful. Clerkship director was responsive and available.
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:	
CCF	**TBC-1 Internal Medicine:** Weekend Rounding—students expressed that weekend rounding is "not helpful" or had "no additional benefit beyond usual work". Their main concerns are about lack of time to study for the NBME shelf examination. --Weekend rounding maintains an importance for this rotation to keep students connected with their teams and their patients. With the students not on the service on Fridays, there would be 3 days without clinical contact and this is not congruent with the goals of the rotation. --Pediatrics has moved to having weekends off, but having the students stay on the clinical rotation on Fridays—this change may be something worth considering for IM—this change also has led, I believe, students on IM to assume that this a good model to help them, but remains problematic for the reasons above. Lack of time to study for NBME examination—this is a legitimate concern for students. The NBME examination is high stakes for them in order to get honors on rotation. --because TBC-1 combines IM and Surgery, this makes this rotation particularly challenging because the students need to take 2 high stakes NBME examinations in these broad fields --Consideration should be given to splitting these rotations to help address this issue (this is actively being discussed at CC by the Clinical Education Committee). Evening Calls—students are concerned about the number of calls during the week mainly related to lack of time for studying for NBME examinations, but other issues include variable educational experience as well as sometimes not getting an admission, which is one of the main reasons to take call. --one student suggested 2-3 for general medicine and 1-2 for cardiology; this may be too little for general medicine, but will consider some adjustment to the call plan in the next AY --we have made some advancement in getting students patients to see in the evenings—the hospital is busy and the medicine QB (triage doctor who assign admissions) have been more proactive in assigning when students are on call—need to make sure that this continues --Consider having an on call activity for students to address—this could be something like identifying a systems issue encountered by a patient, a patient safety concern, or something related to communications between caregivers. Something like this could provide an educational focus for the students taking call and we can arrange a time for students to share their experiences. Cardiology Rotation number of learners—this concern comes up intermittently for students on this rotation. There can be as many as 2-3 additional learners on the clinical cardiology service. --met with cardiology education director; we have agreed that there should be a maximum of 1 additional learner (most often from Cardiology Elective) on the clinical cardiology service. --will need to monitor to make sure that this recommendation is followed.

	Storage Space—There is not adequate space for student's belongings when they are on the rotation. This is a school-wide concern that is getting some attention. --will continue to monitor this situation to hopefully come up with some plans to improve this for students Additional Clinical Experiences—students express interest in other subspecialty experiences like Oncology, Pulmonary, or Gastroenterology. --this is something to consider and some of the other services as interested --need to get a handle on the number of learners on the services as several of these services also offer electives -in the next year will address possible rotations on solid tumor oncology and hepatology Expectations for students—there were a couple of concerns for students trying to understand more details about expectations. --continue to modify orientation documents and presentation to make sure to address the expectations --more frequent communications with students should be helpful as well --consider arranging a mid-rotation meeting of students with the CD to address any concerns and discuss ways to succeed on the rotation. Schedule and assessments—there are concerns about residents and attendings switching often. This can be the case depending on how the weeks shape up. --if a student works with an attending for 1 week, they feel pressure to send 2 formative assessments to generate a summative assessment --too many assessments sent may be a concerning problem in some situations; it can be perceived as overly burdensome to the student as well as the attending or senior resident. --can address this to some degree with sending summative assessments directly to attendings and senior residents who the student worked with. --other sites currently allow students to send summative assessments directly; try to get some more information about this --can consider a pilot or study to see if the having students send these directly helps, hurts, or keeps the same the number of formative assessments. Formative assessments have high value and we get excellent comments. **LAB Internal Medicine:** <u>Storage space</u> —about 15% reported Dissatisfied or Very Dissatisfied with this issue; this is complex with the number of different sites and people involved, but does remain a goal for the rotation to work on this concern for students. <u>Friday didactics</u> "Repetitive; excessive and redundant". --There are several Departments involved in didactics, but there is an overall plan for LAB <u>Sites of clinical experiences</u> Driving to different sites is challenging for students because there is pressure to be ontime and there is concern that this is burdensome for them

	--consolidating clinics is a goal that is actively pursued, but clinics do need to be spaced out to allow continuity <u>Variability of expectations from preceptors</u> --some students expressed concern that this can be a challenge --there are some standard expectations that students and preceptors are given, but perhaps these can be enhanced <u>LAB rotation duration</u> --Some students felt that LAB too long; "maximized learning at about 8 weeks" --several mentioned 8 weeks would be optimal --considering length of LAB can be part of a bigger change for the curriculum <u>Organizing the parts of the rotation into blocks (IM, FM, Ped)</u> --this would not be consistent with the goals of LAB to gain continuity; concerns are noted and perhaps there are some potential ways to improve this a little bit
MHMC	There was one outlier around blatant bias/mistreatment. It was anonymous and there was no way to follow up on this. Comments that student rounds are maybe not as useful. We will continue to weight pros and cons because it is a rare opportunity for direct observation. H&Ps and clinical vignettes felt not to be helpful - 'could have used the time for studying'—the goal is to have objective data to support final grades.
UH	• Based on the quantitative data above, we can work to improve upon the clerkship orientation. We have a core orientation at the beginning and then repeat orientations at the beginning of the inpatient and family med experience. It is not clear which orientation is referenced here and suspect the overview of the 12 weeks is not specific as we feel better to do this closer to the time when the students actually do their orientation. Perhaps be more specific with the question. • As far as areas for improvement go, students commented on needing clearer expectations within the clerkship and from the faculty, learning objectives from the didactic sessions (with the possibility of having fewer sessions), and having more built in time for studying.
VA	Too many didactics in the afternoon. Took too long to get PIV card. Long hours. Not everyone had opportunity to do procedures. Would like some time on IM consult services. Night float was not optimal – not enough to do, hard to shift schedule for one week.

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	# Call experience—send more consistent reminders to residents on night float, senior residents on inpatient services, and triage attending to try to make sure to get students a patient to admit on call # Work with IMRP and Hospital Medicine to align schedules a little better if possible (this is not an easy thing to fix) # Consider more detailed survey of students about experiences on LAB and suggestions for improvement; also meet with LAB leadership to discuss the student concerns and see if there are ways that the rotation structure can be improved to address some of the student concerns	#Call Experience—Partially Accomplished #Align IMRP and student schedules—Not Accomplished # LAB experiences:	#Call Experience—more reminders sent out this past AY. In general, student get to admit patients on call. Number of call taken/scheduled is not tracked. Satisfaction with calls is not high however, much of which is due to concern about time for studying. #Align IMRP and student schedules—this is complex. At this time with the changing medical school schedule and resident schedules in 5 week cycles may not be able to be accomplished until there is more stability.
MHMC	This year, students will get the opportunity to experience 2 2-week selectives, rather than 4 weeks on either telemetry or stepdown. In addition, there will be a third choice, "Team 7" which is a non-resident service where students work one-on-one with an academic hospitalist. This will give them the chance to experience more different patient types. On Team 7, they will have the opportunity to be more autonomous and involved in all aspects of patient care. Given the shortened duration of rotations 3 and 4 this year, we have refrained from making any other major curricular shifts. Other minor enhancements in communication and transparency are planned as mentioned above.	Yes	
UH/VA	# We have parking in a closer lot # Hoping the CAS assessment committee will continue to allow Likert scale with one evaluation		1. parking improved 2. CAS challenges continue and prefer Likert with single evaluation

	# Will need to have two shortened clerkship cycles over the next two years as we change the calendar so will continue to manage less time for clinical activity and for studying # Would love to entertain future option of doing didactics all together for maybe a week at the beginning of a core rotation or at the end with study time.		3. Challenge with 10 week rotation but we did our best 4. Still working on didactic options.

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 LAB-IM and TBC-1 IM didactics to look for redundancy and ways to maximize learning experience. -- Review asynchronous learning / online learning options for LAB-IM and TBC-IM—what makes most sense for didactics and covering material --consider podcasts, Aquifer, and other options	David Gugliotti and IM team
CCF	Subspecialty experiences—consider options for subspecialty rotations in Solid Tumor Oncology and Hepatology	David Gugliotti and IM team
CCF	TBC-IM: Consider change to weekend rounding student responsibilities. --discuss with ACD's, clinical Dean, and other stakeholders, but for reasons expressed above not inclined to make changes	David Gugliotti and IM team
CCF	Review the number, goals, and experience of evening calls for students on TBC-1 IM --goal to maximize learning experience and give exposure to the field	David Gugliotti and IM team
CCF	Review materials given to students and preceptors about expectations in LAB and TBC parts of the rotation	David Gugliotti, Craig Nielsen, and IM team
MCMH	Embed a clinical reasoning curriculum in place of four didactics ***	CD, ACD, LMEP?
MCMH	Physical exam review and practice in place of 4 student rounds ***	CD, ACD and other faculty

UH	• Improve strategy for students to record when they achieve learning objectives and clarifying that achieving these objections are the base of our expectations not the top of our expectations.
	  • Making adjustments to clerkship calendar and how the students are receiving their information about what is required of them.
	  • Highlight learning objectives for faculty and residents regarding the clerkship and didactics
		Clerkship Coordinator

UH	• Streamline/increase the number of CAS evaluations and feedback for students with oral input and in person contacts.
	  • Biweekly resident check-ins via Morning Report
	  • Stop-in to team rooms
	Incentivizing evaluations
		Clerkship Coordinator

VA	Reduce teaching attending sessions to one per week to increase time with team for students	C. Packer
VA	Improve efficiency of student access to EMR (PIV cards)	C. Packer, C. Cross
VA	Arrange for a faculty orientation session on CAS, student learning objectives, grading, etc.	C. Packer

Appendix A: NBME Subject Exam Year-End Report
Appendix B: End of Block Student Evaluation of Clerkship