

AY 2022-23 Clerkship Annual Report

Clerkship	CORE 3202 Obstetrics & Gynecology Clerkship
Timeframe under review	AY 2022-2023
Length of clerkship	4-6 weeks
Clerkship Directors	Diane Young, MD – CC Stacie Jhaveri, MD - CC Barbara Rhoads, MD – MH Daisy Hassani, MD – UH Corinna Bazella, 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	25%	75%	16-20 hrs
MHMC	26.6%	63.3%	24
UH	50%	50%	22

- 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
Contraception/Family planning	CCF	100% (79)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Interpersonal Violence	CCF	51% (40)	49% (39)	0

	MHMC	96% (45)	4% (2)	0
	UH/VA	80% (67)	20% (17)	0
Labor (normal)	CCF	100% (79)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Menstrual problem/Abnormal Bleeding	CCF	97% (77)	3% (2)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Pelvic Mass	CCF	99% (78)	1% (1)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Pelvic Pain (acute/chronic)	CCF	100% (79)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	99% (83)	1% (1)	0
Pregnancy (complicated/high risk)	CCF	100% (79)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Pregnancy (normal)	CCF	100% (79)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Vaginal Discharge/STIs	CCF	99% (78)	1% (1)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Women's Health (osteoporosis and menopause)	CCF	99% (78)	1% (1)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	98% (82)	2% (2)	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.	New faculty are informed of clerkship expectations and the assessment process with examples and tips for success during the on-boarding meeting. Throughout the academic year, the coordinator sends the outpatient teachers/preceptors an email with the student's schedules, expectations, and required procedures for students working in the outpatient clinics.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	The clerkship directors meet with the residents and faculty biannually to provide an update on the clerkship and discuss important metrics including the clerkship rating, teaching scores, feedback and issues with mistreatment or neglect. Any egregious feedback is discussed with the Chairs or Program Directors and concerns discussed with teachers to make changes in behavior.

9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:		Upon matriculation, the resident are given an introduction to the medical school, including expectations, discussion of formal and summative feedback with examples, initiation to complete CAS evaluations and given educational resources to teach on day one. The CDs meet with the residents biannually to debrief and discuss ways to improve.	
Is the program optional or mandatory?		Mandatory	
Is it sponsored by the department or institution?		Yes, by the OB/Gyn Institute at Cleveland Clinic	
Who monitors participation?		The Clerkship 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	Four times/year	Residents/Senior Medical Students	Written information is provided to provide teaching tools to teach in the simulation workshop including information of contraception, breast examination, pelvic examination, labor management and delivery of a baby
CCF	For times/year	Residents	The CD observes residents present formal didactics on pelvic mass and pelvic malignancy to the clerkship students

MHMC		8.7 Comparability of Education/Assessment	
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.		<p>New residents received 2 hours of didactics on how to teach medical students which reviews clerkship objectives, teaching methods while on the wards along with how to complete evaluations and a handout showing our grading rubric.</p> <p>In July there is a grand rounds focused on some aspects of student education. During this grand rounds the student objectives, requirements, and grading rubric are reviews. Prior to each new 12 week block providers are reminded of objectives, requirements, and the grading rubric.</p>	
What methods do you use to ensure that faculty receive information about student performance and satisfaction?		Direct feedback is provided when available. If concerns arise from a student, every attempt is made to resolve issues quickly and contact the providers involved. Feedback is provided at group department meetings regarding our performance with medical students.	
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:		Interns receive 2 hours of didactics on how to teach medical students which reviews clerkship objectives, teaching methods while on the wards along with how to complete evaluations and a handout shoring our grading rubric. Every 6 weeks residents have a 1 hour review of the previous clerkship and provide feedback. This is also an opportunity to review objectives, requirements and how to create effective evaluations.	

Is the program optional or mandatory?	Mandatory		
Is it sponsored by the department or institution?	Yes		
Who monitors participation?	Barbara Rhoads, MD. Meeting with residents every 6 weeks to review current clerkship group. Individual follow up based on evaluations.		
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	Aug 22, 2023	Residents, fellows, and attending were invited	Community of Practice Seminars focused on Teaching Strategies that promote active learning
MHMC	Sept 12, 2023	Residents, fellows, and attending were invited	Community of Practice Seminars focused on Teaching Strategies that promote active learning
MHMC	Oct 3, 2023	Residents, fellows, and attending were invited	Community of Practice Seminars focused on Teaching Strategies that promote active learning

UH 8.7 Comparability of Education/Assessment	
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	The grading system and rubric for medical student evaluations is shared with faculty regularly during monthly faculty meetings.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	We report at the Department Faculty meeting the results of our yearly review with the medical school and areas that we aim to focus on each year.
9.1 Preparation of Residents to Teach/Assess Medical Students	
Briefly summarize the program:	We have a "Residents as Teachers" curriculum which is a quarterly resident didactics series. These didactics sessions are held by the Clerkship Director and Vice Chair of Education of the Ob/Gyn department. Topics have included and/or will include: giving effective feedback, strategies for "teaching on the fly" and a goal-setting session to ensure residents are aware of medical student requirements/expectations during their clerkship time.
Is the program optional or mandatory?	Resident didactics are protected educational time and are considered mandatory by the residency leadership. Therefore, these sessions are required.
Is it sponsored by the department or institution?	Sponsored by the Department of Obstetrics and Gynecology
Who monitors participation?	As above, attendance at didactics sessions is considered mandatory and residency leadership monitors participation in these sessions.

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	Summer 2023	Faculty	Review of strategies for giving effective feedback for Ob/Gyn faculty during monthly faculty meeting
UH	Summer 2023	Faculty	Psychological safety review for faculty during faculty meeting

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	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
Pelvic Exam	Required observation during clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=255	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	100%	Clerkship Director	Virtual via email and CAS
MHMC	100%	Barbara Rhoads, CD or Sally MacPhedran, assistant clerkship director	Video conferment through July and in person since Aug 2023
UH	95.5%	Clerkship Director or Assistant Clerkship Director (divided equally)	Phone call

- 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	4.625	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 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	CCF	MHMC	UH
The overall quality of their educational experience during this clerkship (good or excellent)		87%	90%	77%	90%
Clerkship orientation prepared me to assume the duties and responsibilities of the clerkship. (Agree or Strongly agree)		93%	95%	82%	98%
I received clear learning objectives.		91%	94%	78%	98%
Faculty provided me with effective teaching. (Agree or Strongly agree)		80%	77%	80%	83%
Residents and fellows provided me with effective teaching. (Agree or Strongly agree)		81%	81%	77%	83%
Being observed doing the relevant portions of a history (Yes)		92%	94%	82%	95%
Being observed doing the relevant portions of a physical or mental status exam (Yes)		97%	99%	92%	98%
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:					
CCF	Our strengths include strong leadership who are dedicated for the students to learn women's health, effective hands-on simulation workshop, organized helpful hint guides and resources on the CC Portal to help prepare the students day-to-day, the best Friday didactics of all disciplines, excellent resident teaching, residents who set expectations for labor and delivery as well as the surgical schedule, a large volume of patients, a good mix of outpatient and inpatient experiences, and many opportunities to be involved in patient care.				
MHMC	Students felt the rotation was well organized and well rounded. They enjoyed the "hands-on" nature of the rotation and the ability to work with the same inpatient team and outpatient preceptor on multiple occasions which they felt allowed for progressive knowledge improvement. Students appreciated the degree of involvement they were allowed on labor and delivery, in the operating room and one-on-one in the clinic with an attending. They felt that faculty and residents were dedicated to student education, improvement, and professional development.				
UH	<ul style="list-style-type: none"> •Students reported receiving hands-on instruction, enjoyed the diversity of experiences and patients that they clinical saw, and felt well-integrated into their teams. Students found opportunities to contribute directly to patient care in all learning venues. •Orientation was organized and prepared them for the learning environment of Ob/Gyn. •Our clerkship coordinator, Kink Brauer, is a standout in organization, communication, and compassion. •The students also commented that they appreciated the teaching efforts of the residents. 				
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:					
CCF	We can improve in the areas of neglect to make sure that students are acknowledged and feel a part of team. This topic has been discussed throughout the year with faculty and resident and our scores at Cleveland Clinic are improving.				

	<p>This is the first time we are reviewing areas of improvement related to our self-learning modules where the students desired the answers and resources to save them time. Students are instructed to complete their self-learning modules during the outpatient week when they have more time for study. Historically, the students found the two self-learning modules on Intimate Partner Violence and LGBTQ, helpful to their learning where they learned tools to screen for sexual assault and learned resources to refer patients for help. The short answer responses on the LGBTQ module helped students learn LGBTQ terminology and standard medical care of same sex couples and transgender patients. The students who complained about the amount of time required for the modules waited until the end of the clerkship and this created challenges for the students. Students will do better with the module work-time commitment if completed during the outpatient week. We will continue to monitor if the students find the self-study learning modules helpful to their learning.</p> <p>There was another area of improvement related to the maternal fetal medicine outpatient clinic. Our students are paired up with a MFM specialist for one day to get an exposure to high risk-pregnancy care and fetal anatomy ultrasound. A student reported the experience was not effective if they only viewed ultrasound, and we are working to schedule students to get a mix of clinical and ultrasound experience.</p>
MHMC	<p>The students on this rotation felt it was difficult to get formal (CAS) feedback during the rotation. In general, they desired more specific feedback during the rotation that they could act upon. They felt their learning experiences were diminished when there were 2 or more students on L&D or in the operative room. Students wished there were more opportunities for teaching, especially on L&D. Several felt that the chaotic nature of L&D was distracting. One felt that dividing L&D into triage, laborist and surgical assistant on different days could have alleviated some of this and provided a more clear role for the medical students. The students wished they had early on education for things such as suturing, reading a fetal heart rate tracing, well women care.</p>
UH	<p>Students commented that the teaching on labor and delivery was suboptimal. A request for clearer expectation on labor and delivery was a general theme of student comments.</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	<ul style="list-style-type: none"> We will look at the feedback regarding the newly designed clerkship and make improvements/changes as needed We will utilize input from our Chair and Education Deans to improve clerkship 	Yes.	<p>The restructure of the Ob/Gyn clerkship to combine the outpatient and inpatient experiences into a 4-week clerkship has been successful and our clerkship rating of very good/excellent has improved significantly.</p> <p>Our residency program underwent a reconsolidation July 2023, in which the residents are only covering one hospital for labor and delivery, and this impacted the distribution of the students at the teaching hospital where majority of students are scheduled at the hospital with Ob/Gyn residents and a few students are scheduled at the hospital with teaching faculty and a second-year Ob/Gyn resident from Cleveland Clinic Akron General Hospital. Students are reporting a positive learning experience at the various Cleveland Clinic Hospitals.</p>
MHMC	<ul style="list-style-type: none"> More consistent leadership. Orienting students to a new hospital. Word documents and an orientation PowerPoint that is always available for reference on Canvas for reference regarding expectations. A formal problem-based learning assignment and presentation. An orientation contract so there is no question of who to contact during the rotations or when absent, and what attendance is required. 	All accomplished	
UH	There will be one big change which will be a new clerkship director who will be able to see our challenges and areas for improvement with new eyes and experience at other institutions. The addition of faculty members will have a dramatic difference to	Yes	The new clerkship director took over on Jan 1, 2023 and several new junior faculty started in the 2022-2023 academic year. These faculty members have brought enthusiasm and dedication to teaching of medical students and have expanded preceptorship opportunities for clerkship students.

the morale of the entire department which will help our learning environment		
--	--	--

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	CCLCM leadership has agreed to purchase a new vaginal delivery model to help students learn the steps involved in a vaginal birth	CCLCM
CCF	We are working with the residents to identify formal teachers for didactics and simulation workshops.	CD
CCF	We continue to ask the students to vote for their top resident teacher and we recognize the top resident teacher or teachers after each clerkship in addition to awarding the top resident teacher and fellow teacher during graduation ceremony. This award process allows the opportunity to recognize, applaud and award our resident teachers	CD
MHMC	Incorporated Community of Practice Teaching strategies into Grand rounds or other more regularly attended didactic sessions for residents/fellow.	Barbar Rhoads and Anna Brandt (SIM Center Instructor)
MHMC	Collaborate on didactic session across the 3 clinical sites to provide more streamlined educational topics on a regular bases. At this time our site can only accomplish the presentation of didactic topics every 12 weeks. Student miss some topics while on Pediatrics for example.	Barbar Rhoads and other clinical clerkship directors
MHMC	Incorporate survey results of provides interests in different aspects of education whether it be didactic, clinic, surgical or simulation teaching to better align providers with their educational interests.	Barbar Rhoads and other clinical clerkship director
UH	Hiring of assistant clerkship director: Dr. Bazella has been filling this role for the past year while Dr. Hassani transitions to being the new CD. Now that we are approximately 1 year into the transition, we are moving forward with hiring a new assistant CD to support Dr. Hassani in her role. This will free up Dr. Bazella to pursue other educational support roles in the department and bring in new perspectives on how to improve the clerkship for students and faculty/residents.	UH CD/interim assistant CD and department chair
UH	Implementation of standardized faculty development strategy to communicate feedback/evaluations from medical students. We hope to come up with a standardized process for this for individual faculty members in addition to the aggregate data faculty are presented with each year regarding medical student feedback on the rotation.	Dr. Bazella/Dr. Hassani
UH	The “Residents as teachers” curriculum will aim to set standardized expectations for medical students on each service in order to improve the medical student learning experience and to empower residents to develop their teaching skills. In particular, expectations on labor and delivery will be a focus of this effort.	Dr. Hassani

All sites	The biggest change this year will be the change in core structure and accompanying shift toward city-wide didactics. This will require significant coordinated effort across clerkship leaders. We will have to come up with a unified didactics curriculum, determine the best format for didactics, and how to divide up responsibilities between faculty.	CDs (UH/Metro/CCF)
All sites	Standardization of assessment. This report indicates there is inconsistency across clinical sites regarding percentage of students who receive honors/CCD/commendable, etc. In order for students to have a fair and consistent experience across clinical sites we should work as a group to determine what the standard is for an honors/commendable, etc performance. We have a unified grading rubric but perhaps that either needs some adjustment or we need more unified language for what an honors performance involves.	CDs (UH/Metro/CCF)

Appendix A: NBME Subject Exam Year-End Report

Appendix B: End of Block Student Evaluation of Clerkship