

AY 2022-23 Clerkship Annual Report

Clerkship	CORE 3203 Pediatrics
Timeframe under review	AY 2022-2023
Length of clerkship	6 weeks
Clerkship Directors	Sangeeta Krishna, MD - CD Tracy Lim, MD-ACD Melissa Morse, MD – ACD Parevi Majmudar, DO- ACD Biju Thomas, MD - MH Marcus Germany, MD – MH Kathryn Miller, 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	30%	70%	10 hours inpatient (virtual, asynchronous) 7 hours outpatient (virtual, synchronous) 17 hours total
MH	50%	50%	30
UH/VA	16 – 33%	66 – 83%	20

- 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

Behavioral (Abnormality/Concern)	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	99% (83)	1% (1)	0
Cardiovascular system	CCF	99% (78)	1% (1)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	96% (81)	4% (3)	0
Central Nervous System	CCF	96% (76)	4% (3)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	98% (82)	2% (2)	0
Child Maltreatment Syndrome	CCF	84% (66)	16% (13)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	75% (63)	25% (21)	0
Emergent Clinical Problem	CCF	100% (79)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	99% (83)	1% (1)	0
Fluid and electrolyte problem/management	CCF	97% (77)	3% (2)	0
	MHMC	98% (46)	2% (1)	0
	UH/VA	99% (83)	1% (1)	0
Chronic Medical Problem	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Gastrointestinal Tract	CCF	100% (79)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	99% (83)	1% (1)	0
Hematologic abnormality/concern	CCF	100% (79)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	94% (79)	6% (5)	0
Jaundice (Pediatrics)	CCF	97% (77)	3% (2)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	98% (82)	2% (2)	0
Lower Respiratory Tract	CCF	99% (78)	1% (1)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	96% (81)	4% (3)	0
Musculoskeletal Complaint	CCF	97% (76)	3% (2)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	94% (79)	6% (5)	0
Nutrition (Abnormality/Concern)	CCF	100% (78)	0% (0)	0
	MHMC	98% (46)	2% (1)	0
	UH/VA	100% (84)	0% (0)	0
Upper Respiratory Tract	CCF	99% (77)	1% (1)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Well Child Care (adolescent)	CCF	96% (75)	4% (3)	0

	MHMC	100% (47)	0% (0)	0
	UH/VA	98% (82)	2% (2)	0
Well Child Care (infant 1-12 mon)	CCF	97% (76)	3% (2)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	99% (83)	1% (1)	0
Well Child Care (newborn – 1 mon)	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	99% (83)	1% (1)	0
Well Child Care (school age)	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Well Child Care (toddler 12-60 mon)	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Fever	CCF	97% (77)	3% (2)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Growth (Abnormality/Concern)	CCF	97% (76)	3% (2)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (84)	0% (0)	0
Dermatologic System	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	99% (83)	1% (1)	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.	Learning objectives, required encounters and information about CAS are disseminated via email and discussed at departmental meetings. The clerkship directors are also available for individual clarifications as needed.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Discussions at departmental meetings, communication to department chairs as well as personal communication as needed.
9.1 Preparation of Residents to Teach/Assess Medical Students	
Briefly summarize the program:	Chief resident lecture in the beginning of the year for all residents that includes information on teaching techniques, role of students on teams and feedback, verbal and written. The Pediatric Resident Education series includes several topics related to teaching and assessment, are mandatory and delivered throughout the year.

Is the program optional or mandatory?	Mandatory		
Is it sponsored by the department or institution?	Pediatric Chief Residents		
Who monitors participation?	Pediatric 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
CCF	Annually	Pediatric Hospital Medicine	Lecture on giving specific verbal and written feedback, navigating CAS, and open forum for questions related to medical student education and role on teams
CCF	Annually	Pediatric intermediate care staff	Same as above
CCF	Biannually	Pediatric Primary care staff	Presentations to the Primary Care Pediatric faculty on Useful/Actionable Feedback and Navigating the CAS system.

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 informed through regular written correspondence, updated at faculty meetings, updated through direct interactions with students and CD		
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Tracking student evaluations and clinical encounters Tracking student evaluations Faculty feedback at least once yearly		
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:	Residents prepared to interact, teach, and evaluate at yearly resident orientation		
Is the program optional or mandatory?	Mandatory		
Is it sponsored by the department or institution?	Department		
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
MHMC	N/A		

UH		8.7 Comparability of Education/Assessment	
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	<ul style="list-style-type: none"> At the start of each academic year, all faculty receive the learning objectives and core clinical conditions. New faculty are trained on how to evaluate students, CAS, and that they will be emailed for feedback as a back-up 		

	<p>mechanism. I have community sites that will not use CAS. I inform students of this and then garner feedback via email. All such feedback is included in the student's EOR.</p> <ul style="list-style-type: none"> • The two observations are a newborn exam and developmental assessment. The newborn nursery faculty lead is aware of the exam requirement during the students' newborn week. Outpatient sites are made aware/reminded of the developmental assessment requirement.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	<ul style="list-style-type: none"> • The VP of Education (Mike Dell) educates faculty on accessing their CAS evals for feedback. • I provide feedback to individual sites based on verbal feedback received from students. • The clerkship coordinator sends out rotation evaluation "praise" feedback to the folks named. • Each July, I orient new interns about the clerkship. During this orientation, we discuss strengths and areas of improvement. A series of follow-up development lectures around feedback and evaluation also address strengths and areas of improvement.

9.1 Preparation of Residents to Teach/Assess Medical Students

Briefly summarize the program:	July lecture series geared toward interns. 45-minute introduction about teaching responsibilities, expectations of feedback and evaluations.		
Is the program optional or mandatory?	Mandatory.		
Is it sponsored by the department or institution?	Dept of Pediatrics		
Who monitors participation?	Pediatric residency		
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	7/27/22	Pediatric interns and residents	"Intro to Med Students"
UH/VA	1/23/23	Pediatric interns and residents	Improving Feedback Lecture

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	Formative
Newborn Assessment	Required observation during clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=284	Formative
Assessment of Child Dev'l	Required observation during ambulatory part of clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=285	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 or Associate Clerkship Directors	Video conference/Teams or in person
MHMC	100%	Clerkship Director	In person
UH	100%	Clerkship Director	In person primarily; video conference as needed

- 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	4.875	100
MHMC	4.5	5.0	4.625	100
UH	4.5	5.0	4.625	100

Section D: Evaluation Outcomes

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

		RR 100%	100%	100%	100%
		Overall	CCF	MHMC	UH
The overall quality of their educational experience during this clerkship (good or excellent)		91%	90%	89%	96%
Clerkship orientation prepared me to assume the duties and responsibilities of the clerkship. (Agree or Strongly agree)		91%	91%	83%	96%
I received clear learning objectives.		94%	94%	89%	98%
Faculty provided me with effective teaching. (Agree or Strongly agree)		90%	86%	94%	92%
Residents and fellows provided me with effective teaching. (Agree or Strongly agree)		96%	95%	98%	95%
Being observed doing the relevant portions of a history (Yes)		96%	96%	94%	98%
Being observed doing the relevant portions of a physical or mental status exam (Yes)		99%	99%	98%	100%
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:					
CCF	<p>Students highlighted the varied clinical experience including general inpatient teams, subspecialty teams, nursery/delivery experience and emergency room experience which allowed exposure to a wide range of pathology. They felt well prepared with a clear orientation that defined roles and logistics well, and they relied on printed versions of the orientation materials. There was an overall positive experience to the recorded didactics and being present on the wards on Fridays. Students lauded the amount of teaching and named multiple strong trainees and staff by name. Students overall felt welcomed, well supported and well integrated into the team.</p> <p>In the Outpatient portion of the clerkship, students appreciated the continuity of working with one preceptor. Students named multiple staff as exemplary teachers.</p>				
MHMC	Faculty teach and prepare students well; residents provided effective teaching; students observed doing clinical exams				
UH/VA	<ul style="list-style-type: none"> Teaching from residents and faculty was among the most common comment. Many appreciated the emphasis and dedication to teaching. Students specifically singled out teaching from their assigned teaching residents and teaching attendings as well as their investment in feedback. The variety of experiences and breadth of patient experiences was the second most common theme among strengths. Students discussed variety and breadth of both patients and clinical conditions. Many students commented that they felt part of the team, that they were given responsibility/had autonomy, and that they were encouraged to engage in decision-making like patient plans. Students appreciated clear expectations and the overall organization of the clerkship. Of note, 5 students commented on the value of continuity with their inpatient team, of remaining with the same team all inpatient weeks. 				
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:					

CCF	Students rotating through the IMC experienced difficulties related to disorganization, number of learners, and appropriate patients (repetitive patients on high flow versus patients that were too complex for them to understand). At Fairview, there was a theme of attendings being busy with deliveries, nursery and the floor and the student getting less attention. In the ED, there was some concern about working with APPs rather than staff (though this has already been partially mitigated). Students wish they could choose which teams/sites they rotate through based on their preferences. Some students asked for dedicated time for didactic viewing and study. Finally, students would like to ensure they get experience in outpatient pediatrics before taking the pediatrics shelf.
MHMC	Significant opportunity for orientation improvement including reviewing objectives and responsibilities
UH/VA	<p>Overall, there were fewer overall themes among areas of improvement.</p> <ul style="list-style-type: none"> • Didactics received many comments. Most commonly, students do not appreciate/cannot engage in/learn from the 4:30 – 6:30 PM weekly didactic. “Too many didactics” was very common as well. • Among comments about the outpatient experience, several students commented on wanting a clearer role. This included community sites and the Rainbow clinic. • 4 students commented on being able to rotate on multiple teams. This is in contrast to the 5 that valued the continuity of being on the same team.

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	<p>1. Recording didactics</p> <p>2. Adding a pediatrics boot camp to address areas that students identify as challenging in the clerkship</p>	<p>1. Yes</p> <p>2. Yes</p>	<p>1. Students overall liked the recorded didactics. They enjoyed the extra continuity by being present with their patients on the wards on Friday mornings. Having weekends reserved for studying and self care was a well received wellness win. Attendance is tracked on Moodle and discussed at the mid block meetings.</p> <p>2. Boot Camp has also been very well received as noted by formal and informal feedback. Students have learned a lot and gained some hands-on skills, making them more prepared to start their rotation with confidence. It has also provided excellent teaching opportunities for residents, fellows and staff.</p>
MHMC	We will work to allocate more time for student to spend on the inpatient setting	Yes	
UH	<p># As noted above, I will continue to maximize the quality of learning provided by all didactics and keep only high-value lectures in place. I will continue to maximize the value of the resident-led case discussions and protect students from low/no-value resident didactics.</p> <p># I will continue to define and, as needed, clarify expectations for patient care in outpatient clinics.</p> <p># I will continue to listen the same team/different team opinions of students. This will be practically limited by half the rotations being shortened.</p>	<p>Didactics: Yes</p> <p>~</p> <p>Outpatient expectations: Yes</p> <p>~</p> <p>Teams: Yes</p>	<p>I did receive student comments on didactic value, particularly the student-specific cases.</p> <p>~</p> <p>Students commented on the value of the outpatient experience.</p> <p>~</p> <p>During the shortened clerkship, I did have students spend time on both a subspecialty team and then either the general pediatric team, time with ID, or time on nights. All three of these expanded their patient exposure and breadth of exposure was among the most common mentioned strengths.</p>

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	Provide a reading half day on Friday mornings during the nursery week.	Clerkship leadership
CCF	Continued education for PHM group on teaching and targeted topics like “Teaching Learners in a Time Limited Setting”	Clerkship Leadership
CCF	ED teams for patient care with a staff member and resident	Erika Fraundorf
MHMC	Improve orientation, including reviewing objectives	CD
ALL	To address the many suggestions around limiting didactics, particularly ineffective didactics, peds will eliminate the 4:30 – 6:30 didactics with the move to citywide didactics. A series of core topics will be presented by video for the students to review on their own time. We will have a couple formative questions after each video; these will be used to verify that the students watched each required video. We will create a series of PBL-like case discussions based on Aquifer Pediatrics cases. We will select these cases based on areas of weakness on the Shelf exam and on topics that students may not experience while on peds, e.g. child maltreatment syndrome. Each site will be responsible for providing these common case discussions.	City-wide clerkship directors
UH/VA	As my site is limited in its outpatient preceptors and cannot guarantee that all students will have 2 weeks of inpatient, I will adjust in ways that meet students’ feedback. Schedules will be set based on individual student preferences. Students with an interest in outpatient will be given 2 weeks. Students who are ambivalent or not interested in outpatient will have 1 extra inpatient week, 4 weeks instead of 3. These 4 weeks will be divided between 2 teams: a subspecialty team and general pediatrics.	UH/VA clerkship director
UH/VA	I will continue to work on maximizing the student role in outpatient clinic. This includes continued faculty development and, for the Rainbow clinic, continuing to maximize students rotating with attendings rather than residents. I am often limited by the number of students and available attendings, but I will minimize resident clinic as often as possible.	UH/VA clerkship director

Appendix A: NBME Subject Exam Year-End Report

Appendix B: End of Block Student Evaluation of Clerkship