

AY 2022-23 Clerkship Annual Report

Clerkship	CORE 3302 Psychiatry
Timeframe under review	AY 2022-2023
Length of clerkship	4 weeks
Clerkship Directors	Adele Viguera, MD – CC Travis Krew, MD - CC Lendita Haxhiu-Erhardt, MD - MH Sara Goldman, MD - UH Archana Brojmohun, 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	3%	97%	10
MHMC	0	100%	20fa
UH	0	80%	20%
VA	0	100%	18nhys

- 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
Depression	CCF	100% (78)	0% (0)	0
	MHMC	100% (47)	0% (0)	0
	UH/VA	100% (86)	0% (0)	0
Anxiety	CCF	100% (78)	0% (0)	0

	MHMC	100% (46)	0% (0)	0
	UH/VA	98% (87)	2% (2)	0
Bipolar disorder	CCF	100% (78)	0% (0)	0
	MHMC	98% (45)	2% (1)	0
	UH/VA	99% (88)	1% (1)	0
Delirium/Encephalopathy	CCF	100% (78)	0% (0)	0
	MHMC	100% (46)	0% (0)	0
	UH/VA	98% (87)	2% (2)	0
Depression	CCF	100% (78)	0% (0)	0
	MHMC	100% (46)	0% (0)	0
	UH/VA	100% (89)	0% (0)	0
Personality disorder	CCF	99% (77)	1% (1)	0
	MHMC	96% (44)	4% (2)	0
	UH/VA	92% (82)	8% (7)	0
Psychological Trauma/PTSD/TBI	CCF	99% (77)	1% (1)	0
	MHMC	100% (46)	0% (0)	0
	UH/VA	99% (88)	1% (1)	0
Psychopharmacology	CCF	99% (77)	1% (1)	0
	MHMC	98% (45)	2% (1)	0
	UH/VA	97% (86)	3% (3)	0
Psychosis	CCF	100% (78)	0% (0)	0
	MHMC	100% (46)	0% (0)	0
	UH/VA	100% (89)	0% (0)	0
Risk assessment (self-harm/suicide/homicide/violence)	CCF	100% (78)	0% (0)	0
	MHMC	100% (46)	0% (0)	0
	UH/VA	100% (89)	0% (0)	0
Substance use disorder	CCF	100% (78)	0% (0)	0
	MHMC	100% (46)	0% (0)	0
	UH/VA	99% (88)	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.	Faculty involved with medical students are informed of learning objectives, assessment system, and required clinical encounters through regular email communications from the Administrative Program Coordinator (Aleksandar Jovanovic) and the Clerkship Directors (Adele Viguera, MD and Travis Krew, MD).
What methods do you use to ensure that faculty receive information about	Faculty involved with medical students are informed of issues with student performance and satisfaction through regular email communications from the Clerkship Directors (Adele Viguera, MD and Travis Krew, MD).

student performance and satisfaction?			
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:	Residents are encouraged to become Clinical Instructors of Psychiatry through the Cleveland Clinic Lerner College of Medicine. Additionally, there are formal didactics related to education and feedback through Cleveland Clinic's Adult Psychiatry residency program.		
Is the program optional or mandatory?	Application for a Clinical Instructor title is optional. Residents' attendance at formal didactics is mandatory.		
Is it sponsored by the department or institution?	Clinical Instructor (through Cleveland Clinic Lerner College of Medicine); Resident didactics (through the Neurological Institute).		
Who monitors participation?	Clinical Instructor (Adele Viguera, MD and Travis Krew, MD); Resident didactics (Vrashali Jain, MD, Karen Jacobs, DO, Gabrielle Stamper, MD, and Travis Krew, MD).		
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	Late June/Annually	Incoming PGY-1 residents	Lutheran Hospital Orientation session
CCF	July-August/Annually	PGY-1 residents	Release of <i>The Psychiatric Intern's Guide to Lutheran Hospital</i> , which includes information about teaching
CCF	Spring/Annually	PGY-2/3 residents	Selection of a new senior medical student liaison

MHMC	8.7 Comparability of Education/Assessment		
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	During faculty meetings mostly quarterly faculty is presented with learning objectives, types of required clinical encounters as well as assessment system.		
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Email, meeting discussion, one on one discussion with new faculty		
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:	Teaching modules that are built in as part of the resident onboarding, APD discussion on medical student teaching and efficient delivery of required topics to medical students		
Is the program optional or mandatory?	Program is mandatory		
Is it sponsored by the department or institution?	both		
Who monitors participation?	Program directors, GME		
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	Bimonthly meeting with resident liasons to discuss pertinent topics/concerns about medical students attending clerkship	Psychiatry residents	Orientation to note writing , mse and teaching case formulations

UH		8.7 Comparability of Education/Assessment	
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.		Emails are sent at the beginning of the academic year explaining learning objective, CAS, and required clinical encounters, with attachments of Case documents regarding the above.	
What methods do you use to ensure that faculty receive information about student performance and satisfaction?		Informal emailed feedback, to be increased in frequency this year and standardized among faculty who directly teach the students.	
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:		Lectures are given by the clerkship director at the beginning of the PGY-1 and PGY-2 year detailing 1) the medical student requirements for the clerkship and 2) correct methods of filling out CAS evaluations.	
Is the program optional or mandatory?		Mandatory	
Is it sponsored by the department or institution?		The psychiatry department.	
Who monitors participation?		The clerkship director and the residency 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	As above		

VA		8.7 Comparability of Education/Assessment	
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.		All information regarding medical students are communicated via email. We do have faculty meetings twice a year (for all education updates) where we provide updates. I also send updates to faculty giving lectures after our retreat and I try to meet with inpatient faculty once or twice a year.	
What methods do you use to ensure that faculty receive information about student performance and satisfaction?		I collect verbal and written feedback that I send to faculty a few times a year. I also try to meet with teaching faculty once or twice a year AFTER the November retreat for updates and to answer any questions or address any concerns.	

9.1 Preparation of Residents to Teach/Assess Medical Students

Briefly summarize the program:	MS3s spend 4 weeks on acute inpatient psychiatry. We provide didactics that encompass the most common psychiatric disorders. When possible, students observe ECT and IV ketamine therapy. Residents are provided information for teaching medical students at the start of the year during their PGY1 and PGY2 orientation.
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Institution
Who monitors participation?	The chief of education and training in the psychiatry service who gives orientation

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	2023-2024	Residents	Orientation for PGY-1 and PGY-2 residents as this year is the first time that they are supervising students. I also have a document that explains how to fill out CAS evals that they all have access to. Will repeat this next year.

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 vis 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
Mental Status Exam	Required observation during clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=258	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

MH Notes:

We utilize all the data provided by the CAS system, preceptor evaluations as well as NBME data. Students meet with the clerkship director the first day of the rotation, mid rotation as well as in the end for end of rotation discussion. Student evaluations of faculty and involved teaching residents are presented to the educational committee and discussed.

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	96.3%	Clerkships Directors (Adele Viguera, MD and Travis Krew, MD)	Usually in person, rarely through video conference due to different locations.
MHMC	72.3%	Clerkship director	In person or video conference
UH/VA	94.5%	Clerkship Director	Telephone contact
UH/VA	94.5%	Archana Brojmohun, MD	In person

MH comments: Students have consistently received mid clerkship feedback, unclear what is not being recorded as such. I can only think of one instance when I had to be out on FMLA and no one took over for me during the time of my absence to sit down with students at a designated time. However, they were given feedback on their performance and expectations from their preceptors.

- 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	6.0	5.125	100
MHMC	4.5	5.5	4.875	100
UH/VA	4.5	5.0	4.67	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)	91%	96%	96%	88%	80%
Clerkship orientation prepared me to assume the duties and responsibilities of the clerkship. (Agree or Strongly agree)	87%	94%	69%	90%	92%
I received clear learning objectives.	88%	98%	76%	90%	82%
Faculty provided me with effective teaching. (Agree or Strongly agree)	90%	96%	94%	92%	72%
Residents and fellows provided me with effective teaching. (Agree or Strongly agree)	90%	95%	92%	88%	82%
Being observed doing the relevant portions of a history (Yes)	99%	100%	98%	100%	97%
Being observed doing the relevant portions of a physical or mental status exam (Yes)	100%	100%	98%	100%	100%
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:					
CCF	<p><u>Students praised:</u></p> <ul style="list-style-type: none"> -Autonomy on CL -Longitudinal patient care -Organization of the experience -Wide variety of psychopathology -Josh Maline's pharmacology didactics at Lutheran Hospital -Helpful and welcoming residents, fellows, and staff -Impromptu and scheduled teaching -Paper note templates for interviews 				
MHMC	<p>We have a very strong clerkship, there were comments from students who had a performance issue during the clerkship. Clerkship from June to May reflected a 97 percent feedback for midterm evaluations and extreme satisfaction with orientation</p> <p>I have copied the comments below:</p> <p>Strengths include the learning opportunities provided throughout this clerkship, everyone that I interacted with was not only knowledgeable but also willing to provide added educational offerings outside of didactics. It was evident that the residents and faculty members enjoyed the profession and made the experience enjoyable. Residents and attending preceptors were attentive to and supportive of my learning. I felt included in the team and was given ample opportunities to be actively involved in patient care every day. I felt that this was a really educational and supportive environment. I appreciated the autonomy that students were provided during the clerkship. I felt like a full member of the team and gained a lot of great practice seeing patients and writing notes. I think the inpatient metro health psychiatry clerkship prepared us well for handling inpatient psych concerns. I became a lot more comfortable with the various medications utilized in psychiatry, as well as identifying common conditions. The residents and faculty are very welcoming and helpful. I appreciate how everyone helped us choose patients to follow who were safe to learn from and whose MSEs had good teaching points. Medical</p>				

	<p>student independence to take on patients, interview them daily and build up a provider-patient relationship, and present them during rounds The inpatient setting allowed students to take a lot of control of the care of their patients. Additionally being on one service the whole time allowed me to really get the hang of things and I felt by my last week I was really involved. inpatient was the best way to learn psych core conditions Exposure to a large number of patients with a variety of conditions and levels of acuity The clerkship offered a great experience to fully immerse yourself in psychiatric care of patients. Teaching from all attendings and residents was fantastic, the consistency of which was unmatched compared to other clerkships. I felt like a part of the team and as a result was able to learn a lot during my rotation. Relaxed learning environment. Small groups, able to have a lot of time for lectures and peer learning They attendings and residents were amazing teachers and mentors. Great residents and attendings who made the medical students feel like part of the team. Good balance of independence and supervision. Well structured. Attendings were very interested in teaching medical students. Able to see severe manifestations of relevant disease. Small groups, able to have a lot of time for lectures and peer learning Faculty and residents are very knowledgeable and effective teachers; I felt that the didactics were helpful and I experienced a wide range of psychiatric disorders. There was good balance between autonomy and supervision. As students, we were given a fair amount of autonomy, which I greatly appreciated. We were entrusted to preround on our own and present our patients, and our safety was always emphasized to be paramount. I feel that I developed the ability to take a psych history very well on this clerkship, and the didactic teaching sessions were relevant. ' - well organized - expectations well known - students responsible for their own patients - great teamwork - lots of learning opportunities (writing notes, interviewing patients, and making collateral calls) - good hours Saw a variety of psychiatric cases and received hands-on training I had an extremely positive time on the clerkship due to the entire team- from attendings to residents</p>
UH	Excellent education, autonomy, good teaching by attendings and most residents, students treated with respect by preceptors and staff, and mostly good preparation for the duties and responsibilities of the clerkship.
VA	Experiences vary every rotation. It is good to see that this is consistent overall.
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:	
CCF	<p>Students suggested:</p> <ul style="list-style-type: none"> -Wanting time on both CL and inpatient, even during three-week blocks (although a minority of students preferred just being at one site) -Less "homework" (e.g., CAS, formulations, on-call evenings/nights) -Cap on less useful experiences (i.e., ADRC, too much ECT)
MHMC	The difficulties were related to CL experience, where comments were taken and discussed with the attending on the service.. Service was changing primarily due to program being split due to a new hospital for psychiatric patients on the east side. We are restructuring the program as CL finds a space for teaching again. For now all medical student experiences are on the inpatient unit
UH	<p>They would like less down-time on the geriatric unit, they would like better preparation for the way the CL rotation works.</p> <p>A further note about the feedback: There was one student who reported abuse and public humiliation by one of the residents. Further investigation showed that the abusive resident was actually from a neurology resident who was rotating on the CL service, by admission of the resident himself.</p>

VA	<ol style="list-style-type: none">1. I have on many occasions reinforced that lectures needed to be shorter and to include more cases. For the majority of the lecturers, this has been done for the AY 2023-20242. PharmD lectures will be cut back and will be more relevant. It was useful to meet with the pre-clerkship staff and get insight into what is being covered. I have a meeting scheduled with the PharmD supervisors to discuss. This should be implemented this AY.3. We are not able to include outpatient exposure. I have given the students explanations as to why this is NOT possible and it is strange that they keep asking.4. We also have the same attendings staffing the inpatient unit and we are not able to switch attending physicians around. There is coverage if the regular attendings are not off.5. The onboarding process has changed from regional to national and many times we do not have control over some things.6. Dr. Hizon does not work at the Cleveland VA anymore.7. Remark about "straight white male" is irrelevant given that I work in the transgender clinic and if I said anything like that, it was likely in that context and to make a teaching point. Not sure why this is a sensitive topic?
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Section E: Action Plan I – Implementation of Past Improvements

List planned actions from previous cycle, status & outcomes of the implementation

Site	AY2021-22 Planned Change	Accomplished? (Yes/No)	Outcomes or Reason not accomplished
CCF	The duty hours policy will now be included as a separate attachment in our welcome emails. This will increase visibility. Karla Vasquez will be asked to schedule mid-rotation feedback meetings in addition to end-of-rotation feedback meetings. This will improve coordination between Dr. Viguera and Dr. KRew	Yes	N/A
MHMC	we are looking at different options for expanding faculty time	Yes/still working on it	
UH	Discussion with other psychiatry clerkship directors about how they manage these issues, and investigating online modules to complement students' learning.	Yes	
VA	Will attempt to implement all lectures on Fridays so that students get to spend more time in the ward	No	Faculty discussed that this was not a viable option and would interfere with patient care. Also discussed that time management is part of core competencies.

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	Try at 2 week/1 week split for any future three-week blocks.	Clerkship directors
CCF	Limit the formulation assignment to just one formulation due by the end of the rotation.	Clerkship directors
CCF	Move back the end time for on-call to 8:00 PM for both CL and Inpatient. Students will essentially go home with the Night resident arriving at 8:00 PM for CL Nights and Lutheran Nights.	Clerkship directors
CCF	Put a cap on ECT at eight cases (unless the student is interested and wants to stay).	Clerkship directors & ECT providers
CCF	Work to assign ECT days and ADRC afternoons before the start of the rotation. Already have Alex talking to the appropriate administrative assistants to get dates ahead of time.	Clerkship directors, Aleksander Jovanovic, 2A administrative assistants
MHMC	We are building a syllabus reflective sites similarities and uniqueness	PD/senior residents
MHMC	Mid rotation clerkship times recorded by program coordinator	
UH	Twice yearly emails with synopsis of student feedback to all clinical staff who directly teach the medical students.	Clerkship Director
UH	Part of orientation will include describing the CL service to the students	Clerkship Director
UH	Distributing a list of potential teaching topics for the residents to utilize during down time, and letting the residents know that they are responsible to teach during a reasonable amount of this time, after discussion with the psychiatry residency director. Also encouraging students to do Aquifer cases during this time.	Clerkship Director
VA	1. Encourage faculty to include more clinical vignettes and have more interactive lectures. I will meet with faculty to re-iterate this. I will go over the lectures individually to make sure that this has been implemented. Plan is to have everything updated by end of AY2023-2024	All faculty and CD
VA	2. Decrease the length of psychopharmacology lectures and reduce lectures from 3 to 2 lectures total. I have already met with PharmD and the plan is to implement this at the beginning of the AY 2024-2023	All faculty and CD

Appendix B: End of Block Student Evaluation of Clerkship