

AY 2022-23 Clerkship Annual Report

Clerkship	CORE 3401 Surgery
Timeframe under review	AY 2022-2023
Length of clerkship	6 weeks
Clerkship Directors	Robert Simon, MD - CC Kevin El-Hayek, MD - MH Emily Steinhagen, MD - UH Jonathan Kwong, 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	10%	90%	19
MHMC	30%	70%	12 available (9-10 completed)
UH	20%	80%	~30
VA	20%	80%	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
Abdominal pain	CCF	100% (80)	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
Wound infections	CCF	100% (80)	0% (0)	0
	MHMC	98% (54)	2% (1)	0
	UH/VA	99% (78)	1% (1)	0
Peripheral vascular disease	CCF	96% (77)	4% (3)	0
	MHMC	91% (50)	9% (5)	0
	UH/VA	95% (75)	5% (4)	0
Peri-operative care	CCF	100% (80)	0% (0)	0
	MHMC	96% (53)	4% (2)	0
	UH/VA	97% (77)	3% (2)	0
Nutrition	CCF	99% (79)	1% (1)	0
	MHMC	100% (55)	0% (0)	0
	UH/VA	100% (79)	0% (0)	0
Jaundice (Surgery)	CCF	82% (66)	18% (14)	0
	MHMC	89% (49)	11% (6)	0
	UH/VA	84% (66)	16% (13)	0
GI Bleeding	CCF	97% (78)	3% (2)	0
	MHMC	95% (52)	5% (3)	0
	UH/VA	97% (77)	3% (2)	0
Cancer	CCF	100% (80)	0% (0)	0
	MHMC	95% (52)	5% (3)	0
	UH/VA	99% (78)	1% (1)	0
Breast Pain/Mass/Nipple Discharge	CCF	77% (62)	23% (18)	0
	MHMC	84% (46)	16% (9)	0
	UH/VA	78% (62)	22% (17)	0
Acute pain management	CCF	100% (80)	0% (0)	0
	MHMC	98% (54)	2% (1)	0
	UH/VA	100% (79)	0% (0)	0
Dysphagia/GERD	CCF	99% (79)	1% (1)	0
	MHMC	100% (55)	0% (0)	0
	UH/VA	97% (77)	3% (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.	At quarterly staff meetings as well as the occasional email.
What methods do you use to ensure that faculty receive	I am always available if faculty want to meet and go over the student performance and satisfaction. If there is a particular faculty of concern, I

information about student performance and satisfaction?	will address them individually. I recognize those doing an outstanding job with teaching awards and verbally thanking them.		
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:	The surgical education research fellow helps orient the residents to teaching medical students.		
Is the program optional or mandatory?	Optional		
Is it sponsored by the department or institution?	Yes		
Who monitors participation?	The clerkship director and others on the surgical education research group (SERG)		
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	None		

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 onboarding of faculty, they are made aware of the role of teaching medical students. The learning objectives, assessment system, and required clinical encounters are disseminated to all faculty. The orientation power point/syllabus/learning objectives are shared with faculty with periodic check-ins to ensure new faculty are updated. Changes and updates are also highlighted in real-time at weekly M and M conferences and at an annual faculty education retreat.		
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Faculty are educated on the ability to search their own feedback results on CAS. The end of rotation feedback reports are also shared with the Chair of Surgery quarterly and the program director immediately, and significant issues are addressed in real-time.		
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:	<p>The residents as teachers curriculum is robust. There is an initial orientation session with PGY-1s during onboarding, followed by 4 sessions over the course of the year for the entire residency program:</p> <ol style="list-style-type: none"> 1. Foundations of Educational Theory, Being an Exceptional Teacher 2. Practical Tips for Teaching Outside the OR/Setting Expectations 3. Practical Tips for Teaching in the OR 4. Feedback and Evaluations <p>These are given during the mandatory resident education half day on Tuesdays throughout the year.</p>		
Is the program optional or mandatory?	Mandatory		

Is it sponsored by the department or institution?	Department		
Who monitors participation?	Residency coordinator/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
MHMC	Friday Feb. 10, 2023/Once	Faculty/Residents	Medical Student Update at Faculty Retreat

UH		8.7 Comparability of Education/Assessment	
Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	Faculty serve as preceptors on a rotating basis. Each time they are serving as a preceptor, they receive written information that includes the learning objectives, assessments, and clerkship requirements. In addition, we provide an annual "Clerkship Update" at our Department Meeting (via Zoom). This information is shared as part of the update.		
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	This information is shared via our annual "Clerkship Update" at our Department meeting. Information about student satisfaction with individual faculty member teaching is delivered at least annually as part of each faculty members' annual performance review; in addition, specific compliments or concerns are addressed as they are brought up.		
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:	We have a robust Residents as Teachers Curriculum – there are 3 to 4 sessions per year that are directly relevant to preparing residents to teach and work with students. Topics vary year to year but may include Teaching on the Wards, Giving Feedback, Teaching through Questions, Addressing Mistreatment in the Surgical Learning Environment, Adult Learning, Teaching as a New Intern, etc. The educational format is usually an interactive workshop. In addition, the Annual Clerkship Update that is given to faculty is also given to residents.		
Is the program optional or mandatory?	Mandatory		
Is it sponsored by the department or institution?	Departmental		
Who monitors participation?	Program Director and Coordinator		
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	Faculty Development for Surgical Educators	Surgical Faculty	This is an optional series offered to all faculty in surgical specialties – it occurs every 2-3 months. Last year's topics included: Problem Based Learning, Promoting Autonomy in the Operating Room, Questions as a Teaching Tool, Letters of Recommendation, the Struggling Learner, and Effective Evaluations

VA		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 personally by me with informal interactions throughout the student's rotation and at our monthly departmental meetings.	
What methods do you use to ensure that faculty receive information about student performance and satisfaction?		Faculty are sent updates on both student performance and satisfaction if there are any issues.	
9.1 Preparation of Residents to Teach/Assess Medical Students			
Briefly summarize the program:		As part of the Residents' weekly didactics there is a component which involves teaching residents how to teach.	
Is the program optional or mandatory?		Mandatory	
Is it sponsored by the department or institution?		Sponsored and run by the Department of Surgery at UH.	
Who monitors participation?		General Surgery 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
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 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	Summative
Formative Assessment/ Surgery Cumulative Competency Assessment	Log-based assessment tool assessing patient care, knowledge, communication, professionalism, teamwork, SBP, research, 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
Surgery Oral Exam	Required observation during clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=329	
Abdominal Exam	Required observation during clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=260	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	75%	Designated preceptor	Preferentially in person, but occasionally virtually if needed
MHMC	100%	Clerkship Director	In person (virtual if unable due to illness/scheduling—rare). Verified by site coordinator.
UH/VA	75%	Residents are asked to complete a paper feedback form with students mid-way through their 4 week clerkship experience; students bring this form to the mid-rotation meeting with the clerkship director and discuss their progress and action plans, based in part on the student’s self-assessment and their resident feedback. *I am confused by this number as I meet with every student on the UH clerkship; not sure if the combination with the VA is the issue here.	Typically in person. Have completed via video conference when in person was not feasible due to illness or other constraints (extremely rare).
UH/VA	75%	VA- Clerkship Director	VA- 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	6.0	4.875	100
MHMC	4.5	5.0	4.67	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)		83%	75%	88%	87%	94%
Clerkship orientation prepared me to assume the duties and responsibilities of the clerkship. (Agree or Strongly agree)		92%	81%	83%	90%	61%
I received clear learning objectives.		82%	76%	85%	92%	61%
Faculty provided me with effective teaching. (Agree or Strongly agree)		78%	67%	86%	80%	94%
Residents and fellows provided me with effective teaching. (Agree or Strongly agree)		82%	80%	92%	73%	94%
Being observed doing the relevant portions of a history (Yes)		91%	86%	98%	90%	89%
Being observed doing the relevant portions of a physical or mental status exam (Yes)		92%	89%	97%	93%	83%
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:						
CCF	There was a great deal of fantastic teaching that went on. Many of the faculty and residents were singled out for their great ability to explain what was going on and why. In addition, there were many faculty and residents who did a great job of getting medical students involved with patient care. Students really seemed to enjoy their time at Hillcrest and Fairview, in particular, because they get to see a wide variety of cases compared to when they are at main campus because they are usually on a subspecialty service, which gets more limited case exposure. The thoracic surgery team is routinely complimented on the time and effort they put into teaching medical students. It was generally felt to be a good culture of learning with lots of hands-on opportunities and friendly staff/residents that liked to teach.					
MHMC	Broad exposure to different fields of surgery. Great teachers and didactics. Case variety. Good hands-on exposure. Opportunities for electives. Approachable faculty and residents, fun environment.					
UH	<p>Clerkship structure: full month on the same service, ability to integrate onto team; organization, orientation; clear expectations known by students, residents, faculty</p> <p>Faculty & Residents: Kind, non-toxic, interested in teaching, encourage autonomy and growth; teaching quality; accessible faculty;</p> <p>Clinical Experience: variety of procedures, time in OR and clinic; exposure to the field; flexibility to see multiple services and choose educational experiences; "Deep dive into surgery"; challenging and supportive</p> <p>Feedback – able to give feedback and able to receive lots of feedback easily</p> <p>Didactics – good quality, supported learning, relevant</p> <p>Clerkship Director – cares about experience, responsive, flexible</p> <p>Reflection: Overall the students note many strengths with the surgical clerkship including learning opportunities, quality of teaching and mentorship, and a well-organized experience. These are very important foundational building blocks and speak to the overall quality of clerkship.</p>					

VA	Students listed the supportive learning environment, strength of the residents, breath of cases, and the amount they were able to do in the OR as strengths of the clerkship.
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:	
CCF	There was some feeling that there was not enough diversity in the type of cases that were seen. In addition, some students wanted more written feedback and wanted more protected time for studying for the shelf exam. Another area of improvement is that medical students want to be engaged and given purpose, some services do this better than others.
MHMC	Disorganized didactics. Less time to study after shifts. Variability in availability of outpatient preceptors. Not getting to scrub in as much as student would like (being relegated to second/third assistant/observer). Sometimes too many learners.
UH	Night calls/weekend shifts/work hours: Hours are long; hard to switch between days and nights; work hours are long; weekends are duplicative Studying for clinical activities vs the shelf exam Number of evaluations required to be requested Logistical concerns re: timing of electives, availability of anesthesia for an elective Several professionalism concerns were raised – putting down other specialties, faculty putting down residents Clerkship Coordinator organization re: didactics, oral exams, scheduling & lack of follow up to concerns brought to her (some of the concerns about requested services have to do with this issue, orientation documents)
VA	Students listed that goal and objectives could be more clearly defined, better communication on if/when didactics were cancelled, fewer work hours, and computer access issues as areas for improvement.

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	Unavailable	n/a	
MHMC	Ongoing meetings with residents and faculties to improve effective teaching and decrease rates of mistreatment and neglect.	Yes	Rates remain relatively low but still above where I would like them to be. I make quarterly reports for the chair to review these rates and discuss these at the faculty education retreat yearly. I meet with “repeat offenders” to offer direct guidance to improve effective teaching.
UH	# Ongoing faculty and resident development for improving teaching and the clinical learning environment are planned. # I plan to encourage the faculty to use case-based learning. There was a student comment about incorporating TBL into the curriculum that I am considering for interested faculty members. It can be difficult to dictate the style of the didactics when asking others to teach in their area of expertise	Yes for both	We have successfully delivered relevant workshops/program for faculty and resident development. More faculty are delivering case based learning; I do not have systematically collected data to support this but anecdotally more people are using this method.
VA	# Dedicated administrative coordinator. # Formal scheduling of mid-rotation and end-rotation feedback sessions. # An emphasis on faculty completion of CAS evaluations.	Yes Yes Yes	

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	Update the didactic topics	Clerkship director and associate clerkship directors
CCF	Encourage more resident teaching (informal and formal)	Clerkship director and SERG
CCF	Teach residents how to work with medical students (get them engaged, give them tasks, teach, don't gossip about other medical students)	Clerkship director and SERG
CCF	Set up a boot camp for incoming third years to help prepare them for their clerkships	Clerkship director
MHMC	Added Oral Exam Preparation didactic to help oral exam skills	CD/faculty
MHMC	Added NG/OG placement requirement as observed skill	CD/coordinator
MHMC	Continued residents as teachers curriculum and oversight	PD/coordinator
UH	Didactic attendance by faculty – I implemented a new system for faculty to sign up for didactics and to have reminders sent to them; also asked clerkship coordinator to notify me when didactic are cancelled	Clerkship Coordinator and Clerkship Director
UH	Student to Student Guide to the Surgery Clerkship – designed to help with several things that came up including switching services, evaluations, expectations; most of these were one off comments but I think this will improve the experiences of students and offer some near-peer advice. This is in progress.	Clerkship director (with medical students)
UH	Coordinator improvement – working with department leadership on improving quality of communication, reliability, consistency. We are also hoping to gather data regarding things like evaluation completion rates, didactic cancellation rates if feasible, which will help with other goals.	Clerkship director
VA	Improve orientation and include clear learning objectives	
VA	Improve communication for when didactics were cancelled	

Appendix A: NBME Subject Exam Year-End Report

Appendix B: End of Block Student Evaluation of Clerkship