SCHOOL OF MEDICINE
Case Western Reserve
U N I V E R S I T Y

AY 2023-24 Clerkship Annual Report

Clerkship	CORE 3104 Aging Integrated Discipline
Timeframe under review	AY 2023-2024
Length of clerkship	1 weeks
Clerkship Directors	Kenneth Koncilja, MD - CC Teresa Dolinar, MD - UH/VA Michelle Dietz, MD - MH

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	80%	20% (inpatient consults)	6
MHMC	20%	80%	3.5
UH/VA	VA- 100% (future- hospice unit 10% inpt)	UH- 100% inpatient consults	1

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 alternative methods	% and # of students who did not complete
Geriatric syndromes (Cognitive Impairment, falls, incontinence, polypharmacy)	The clinical encounter using patients or alternate methods less than 20% of cases in aggregate or at a particular site-100% of MetroHealth students complete 8 Aquifer cases around these geriatric conditions.			

3) Please describe how faculty and Residents/fellows teaching and supervising medical students at each site were prepared for **teaching and assessment roles** (e.g., the learning objectives, system of student assessment, and required clinical encounters). Also describe how site leadership and faculty receive information about **student performance and satisfaction**. This narrative description may include major activities such as preparation meetings, debriefs, and monthly meetings.

Site	Participants (individual/group)	Topic	When/Frequency	Activity/Outcomes
CCF	Residents	Teaching/assessment	n/a	n/a
		Performance/satisfaction	n/a	n/a
	Faculty	Teaching/assessment	Monthly Annual	- Monthly email with assignments, assessment roles, objectives - Annual staff meeting - Annual meeting one on one with Clerkship Director
		Performance/satisfaction	Annual	- Annual staff meeting - Annual meeting one on one with Clerkship Director - Annual Performance Review with Institute Chair and Enterprise Geriatric reviews teaching scores
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Was biannual, now Quarterly	- Zoom/in-person meetings
MHMC	Residents	Teaching/assessment	No Geriatric Residents-See IM	
		Performance/satisfaction	No Geriatric Residents-See IM	
	Faculty	Teaching/assessment	Annually and PRN	Policies, goals and objectives, rotation specific updates sent via email and discussed at faculty meeting
		Performance/satisfaction	Annually and PRN	Submit summary of feedback to chair for each provider, if any concerns arise they are addressed when they come up and do not wait for annual review.
	Other clerkship directors, clinical	Student performance and satisfaction	Annually and PRN	Submit summary of feedback to chair for each provider, if any

	assistant deans, or chairs and site leadership			concerns arise they are addressed when they come up and do not wait for annual review.
UH/VA	Residents	Teaching/assessment	Residency program	Residency program
		Performance/satisfaction		
	Faculty	Teaching/assessment	Quarterly faculty meetings	
		Performance/satisfaction	Quarterly faculty meetings	
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Case education retreats and PRN	

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)
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
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) Please complete the data for assessment methods for each site where students complete a rotation for the clerkship. You can find specific information in the Appendix A.

<table>
<tr><td rowspan="6">Clinical rating</td><td>Site</td><td># of student</td><td>% Meets expectations</td></tr>
<tr><td>CCF</td><td>43</td><td>100%</td></tr>
<tr><td>MHMC</td><td>48</td><td>100%</td></tr>
<tr><td>UH/VA</td><td>87</td><td>100%</td></tr>
<tr><td>Metro LIC</td><td>4</td><td>100%</td></tr>
<tr><td>CCLC</td><td>31</td><td>100%</td></tr>
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Provide comparability analysis and summarize patterns of strengths/area for improvement:

CCF: By having mid-rotation feedback meeting with each student, CCHS is able to ensure each student meets the requirements for conditions and variety of experience. **MHMC:** Aging portion of core 1 is P/F and there is consistency across sites.

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	4.4	6.0	4.63	100%
MHMC	4.4	4.4	4.4	100%
UH/VA	4.4	4.4	4.4	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 indicating Good/Excellent or Agree/Strongly Agree. Reflect and summarize student feedback on the strengths and areas of improvement for each clerkship site.

	RR 100%	100%	100%	100%
	Overall	**MHMC**	**UH**	**VA**
The overall quality of your educational experience during this clerkship (Good or Excellent).	92	98	86	91
The clerkship was well organized.	93	92	91	98
The clerkship director clearly explained the expectations for medical students.	92	96	86	93
The clerkship provided me with sufficient opportunities to achieve the stated goals and objectives.	97	98	98	95
I was satisfied with the clinical skills instruction I received during the clerkship.	97	100	98	93
Grading procedures were clear.	93	96	93	91
I was satisfied with the amount of formative feedback (e.g., mid-clerkship) I received during the clerkship.	94	100	91	91
I was satisfied with the quality of formative feedback (e.g., mid-clerkship) I received during the clerkship.	94	98	93	91
Faculty provided effective teaching.	95	98	93	93
Residents and Fellows provided effective teaching.	98	98	98	98
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:				
CCF	Students like the diversity of care in Geriatric Medicine. They like flexing between Geri ED, ambulatory clinic, and consults.			
MHMC	The clerkship provided an exceptional experience working with passionate healthcare providers who were dedicated to teaching. It was well-organized and offered ample opportunities for independence and hands-on experience with geriatric and palliative care. Students appreciated the variety of patient encounters, including house visits and consultations, and highlighted the valuable learning on complex topics like goals-of-care conversations and cognitive impairment. The supportive faculty, particularly Dr. Blackbyrne and Dr. Campbell, were praised for their effective teaching. Overall, participants found the rotation enriching and informative, particularly in understanding the nuances of geriatric medicine and palliative care across various clinical settings.			
UH/VA	Strong attending interactions; variety of experiences, students found geriatric 4M's framework helpful			
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:				
CCF	Students were frustrated being assigned to the geriatric clinic and not an individual preceptor.			

MHMC	The feedback reflects a desire for more time in the clerkship, with several students noting that the short duration (3 days) made it difficult to fully engage with the specialties. Many expressed that at least 4 days would allow for a better understanding of the rotations. Suggestions include separating palliative care and geriatrics into full days for deeper immersion and ensuring that students can participate in key discussions, such as goals of care conversations, without conflict. While students appreciated the observational aspects of the rotation, they sought more hands-on opportunities, particularly in geriatric consults where they could actively engage with patients. Concerns were raised about communication regarding meeting locations and times, as well as the organization of clinics like SHOP, which felt disorganized and more shadowing-focused. Overall, while the rotation was well-received, students emphasized the need for structure, consistency, and more interactive experiences.
UH/VA	Organization; more clear expectations of students on a nontraditional ward service, found our patients complex, difficulty interviewing patients with dementia, etc

Section E: Action Plan I – Implementation of Past Improvements

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

Site	AY2022-23 Planned Change	Accomplished? (Yes/No)	Outcomes or Reason not accomplished
CCF	Review Faculty appointment for all new hires	Yes	100% faculty appointment including ED APP and geriatric pharmacist
CCF	Assign students to individual geriatricians at Main Campus	Yes	We have done this 100%.
MHMC	Update instructions for SHOP clinic with number to call for start time and provider scheduled	Yes	
MHMC	Update instructions for ACE unit (new hospital)	Yes	
MHMC	Review possibilities for more active participation of students on Palliative Care service	Yes	
UH/VA	Will make learning objectives more clear at orientation	Yes	
UH/VA	Will work on one page SOP for medical students for reference (in addition to geriatrics manual) for guidance on roles/responsibilities on consult service at UH and outpatient clinic at VA	Yes- updated geri manual- use 4M's framework page handout for visits- made orientation video for UH/VA	Variability in patient interactions /experiences make one page SOP unrealistic – found updating geriatric manual and 4M framework more useful- made orientation video after talking to CCF clerkship director which students find helpful at CCF
VA	Palliative care attendings to be involved more in teaching of students	Yes, now spend ½ day on hospice unit	

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	Updated recorded didactics for aging and supplemental materials Increase days students are on consults and ED Update Didactic to include Geriatric Assessment instruction	Clerkship Director
MHMC	Retirement of SHOP faculty may require learners to experience SHOP at other sites farther from Main Campus We will continue orientation to clinic start times/locations and will try to notify students if provider is not on site prior to start time. We will continue to educate clinic preceptors on appropriate responsibilities for Medical Students. We have changed the rotation to spend 2 full days on Palliative Care and 2 full days on Geriatric Consults, but due to rotation constraints we are unable to add more time for Aging in general.	CD
UH/VA	Oversee resident expectations on UH consult service so not overburdening student/try to involve more resident interaction at VA if possible	Nuamah/Dolinar

Appendix A: End of Block Student Evaluation of Clerkship