

AY 2023-24 Clerkship Annual Report

Clerkship	CORE 3402 Emergency Medicine Integrated Discipline
Timeframe under review	AY 2023-2024
Length of clerkship	2 weeks
Clerkship Directors	Venkatesh Kambhampati, MD - CC Malcolm Hoshi, MD - MH Andrew Golden, MD - UH

Sections highlighted **in blue** require the Clerkship Director to complete related to the relevant site, and the data highlighted **in red** indicate areas below the set benchmarks. 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	100%	0	3
MHMC	100%	0	2
UH	100%	0	11

- 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
Abdominal Pain Acute Pain Management Airway Management Chest Pain Dyspnea ENT/Eye Emergency Fluid Resuscitation/Shock Trauma/MSK Emergency	All 8 clinical encounters or skills using patients or alternate methods less than 20% of cases in aggregate or at a particular site. CCF: All core clinical conditions are met through clinical encounters, although an Eye/ENT emergency lecture is given to cover that condition.			

- 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	Yearly	Residents go through a program at MetroHealth since it is a combined program.
		Performance/satisfaction	Yearly	Clerkship annual report Direct feedback from students
	Faculty	Teaching/assessment	Yearly	Yearly presentation about the medical student rotations available and their respective objectives. We also delineate the responsibilities of each level of medical students (M3 vs M4/5 or AI). They fill out evals on CAS. Faculty are used to this system as it has been used for several years.
		Performance/satisfaction	Yearly	Feedback from evals is shared along with yearly metrics
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	N/A	N/A
MHMC	Residents	Teaching/assessment	Weekly Weekly Monthly Every 1-2 months	Foundations of EM Curriculum Weekly Educational Conference Follow up Cases Resident Case Presentations
		Performance/satisfaction	Annually PRN (2-3x/week)	Clerkship annual report Direct feedback from students
	Faculty	Teaching/assessment	Faculty development	Monthly sessions
		Performance/satisfaction	Annually PRN	Clerkship annual report Direct feedback from students
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Education retreats, Clerkship annual report	Faculty development seminars

UH/VA	Residents	Teaching/assessment	Annually	RAFT curriculum; presentation at weekly education conference
		Performance/satisfaction	Annually	Presentation at weekly education conference
	Faculty	Teaching/assessment	Annually	Presentation at monthly faculty meeting
		Performance/satisfaction	Annually	Presentation at monthly faculty meeting
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Bi-annually	Email, education retreat

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 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	4.63	100%
MHMC	4.5	4.5	4.5	100%
UH/VA	4.5	4.5	4.5	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	CCF (LAB)	MHMC	UH
The overall quality of your educational experience during this clerkship (Good or Excellent).		93	81	97	92
The clerkship was well organized.		96	93	93	99
The clerkship director clearly explained the expectations for medical students.		98	96	97	99
The clerkship provided me with sufficient opportunities to achieve the stated goals and objectives.		98	97	100	96
I was satisfied with the clinical skills instruction I received during the clerkship.		97	93	98	96
Grading procedures were clear.		98	89	97	99
I was satisfied with the amount of formative feedback (e.g., mid-clerkship) I received during the clerkship.		91	85	88	93
I was satisfied with the quality of formative feedback (e.g., mid-clerkship) I received during the clerkship.		92	89	92	92
Faculty provided effective teaching.		93	97	95	92
Residents and Fellows provided effective teaching.		96	98	95	97
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:					
CCF	<p>The overall educational experience was 81.1% based on the data given. The number above is inaccurate. Clerkship organization question also did not differentiate ED vs other aspects of LAB. So I am unsure how that rating was obtained.</p> <p>Strengths: excellent variety of patients, ability to see patients firsthand and work them up. Excellent teaching (resident mentioned). Great variety.</p>				
MHMC	<p>Students felt the clerkship offered exposure to a broad variety of Emergency Medicine due to the variety of shifts offered (Trauma, Main Campus, Satellite ED). Higher volume was noted to provide learning opportunities. Opportunities for applied skills/procedures and resident enthusiasm in teaching were pointed out as strengths. Some students noted the clerkship had a clear structure and expectations.</p>				
UH/VA	<p>We are pleased all quantitative metrics are above 90%. Our residents provide most clinical instruction for our students and, therefore, are not surprised our residents are perceived as providing more effective teaching to students. We will continue to assess opportunities to increase opportunities for formative feedback within the rotation.</p> <p>Narrative comments describe appreciation for the variety of cases presenting to the ED. Many comments describe effective teaching by both faculty and residents, although this can be of significant variability. They describe the rotation as being well organized and allowing for supervised autonomy of clinical practice with hands-on learning. Additionally, students appreciated the opportunity to evaluate undifferentiated patients in the ED setting.</p>				

Please summarize and discuss the students' narrative comments related to the Areas for Improvement:	
CCF	Main concern in the ED is that it is "hit and miss." Essentially some residents are more engaged rather than others (seems to have to do with ability of residents to teach and multitask). One complaint about ED shifts on the weekends. However this is needed secondary to scheduling needs.
MHMC	Student feedback requested increased structure. Some students were not comfortable with the shift-based nature and variable start time of shifts. The RN/medic shift (used to perform IVs, EKGs) was noted to occasionally not have sufficient volume. Some students felt the administrative/documentation requirements could be clarified.
UH/VA	Students describe a lack of clarity related to their role when residents are not present in the ED. Students also describe wanting a longer rotation in the ED, more than 2 weeks, with consideration for ability to work night shifts. There is also variability in how residents and faculty teach and establish appropriate expectations on shift.

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	Can consider a little more faculty engagement and perhaps faculty development specific to medical students.	YES	
MHMC	Place students on “attending only” shifts more often when able	Yes	Increased number of attending only shifts, particularly in community EDs
MHMC	Continue to work on switching to online forms only	No	Consensus is that paper forms have a higher completion rate and are preferred
MHMC	Reeducate nurses / medics on the expectations of their shift with medical students	Yes	RN manager contacted and education provided
UH	Identifying out how to balance orientation and didactics within the changing Core curriculum schedule	Yes	
UH	Resident and faculty development related to bedside teaching skills	Yes	Continues to be an issue
UH	Remove nurse/medic shift	Yes	
UH	Integrate more explicit expectations into orientation	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	Continue to inform and engage the faculty, using a yearly faculty development model. Revamp the didactics lectures. Address the requirements of observed H&P directly and explain student responsibilities in that regard.	Venk Kambhampati
MHMC	Reeducate nurses / medics on the expectations of their shift with medical students	CD / RN manager
MHMC	Update course materials to clearly delineate documentation requirements	CD
UH	Remove M3 shifts during EM resident didactics	CD
UH	Continued faculty development related to bedside teaching and formative feedback	CD, Education Division
UH	Update shift assessment form	CD
All	Implementation of new H&P direct observation form	CD, Director of Assessment