

AY 2023-24 Clerkship Annual Report

Clerkship	CORE 3101 Family Medicine
Timeframe under review	AY 2023-2024
Length of clerkship	3 weeks
Clerkship Directors	Robert Cain, MD – CC Samina Yunus, MD - CC Rebecca Schroeder, MD - MHMC Jason Chao, MD - UH/VA

Sections highlighted **in blue** require the Clerkship Director to complete site-specific information, and 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)
CC	100%	0	44
MHMC	100	0	42
UH/VA	98-100%	0-2% (one site includes some inpt work)	40

- 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 Advanced Directives/End of Life/Palliative Care Altered Mental Status/Delirium Anemia	All 28 clinical encounters	or skills using patients or alternate methods less than 20% of cases in aggregate or at a particular site		

Atherosclerosis (CAD, PVD, Cerebrovascular disease, Acute Coronary Syndrome) Chest Pain CHF COPD/Asthma Cough/URI/Viral syndromes/Pneumonia Depression Diabetes Dyslipidemia Dyspnea Dysuria/Hematuria/Stones/UTI Fever Geriatric Syndromes (cognitive impairment, falls, incontinence, polypharmacy) Hypertension Musculoskeletal Pain (back, shoulder, knee, hip) Nausea/Vomiting, Diarrhea/Constipation, Gastroenteritis Obesity Preventive Care/Health Promotion Renal Failure/Acid-Base Disorder/Electrolyte Disorder Skin Problems (cellulitis, rash) Smoking Cessation/Tobacco Use/Substance Use Disorder Thyroid Disease Transitions of Care Unintended Weight Loss Venous Thromboembolism	
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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	Residents as Teachers training is part of the residency program didactic training.	Monitored by the Program Directors
		Performance/satisfaction	Residents are evaluated by students at the	Any issues of concern are reported to the residency program directors. Outstanding performers are contacted by

			completion of the rotation	the Discipline Leaders to congratulate them.
	Faculty	Teaching/assessment	Each clinical faculty preceptor receives a welcome email in advance of their upcoming student's start date. This email reviews the teaching and assessment roles, expectations for students and faculty, and links to the Clinical Assessment System (CAS) which has tutorials on best use of the assessments for preceptors.	
		Performance/satisfaction		Faculty receive a summary of their student evaluations at their Annual Professional Review (APR) with Department or Institute leadership.
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Reviewed every 4 weeks by the LAB Advisors Committee meeting	
MHMC	Residents	Teaching/assessment	Residents as teacher training is a mandatory part of the Family Medicine Residency Didactics program sponsored by the Family Medicine residency program and monitored by the Residency Program	

			Directors. The AAFP Residents as teachers module is used in training the residents.	
		Performance/satisfaction		
	Faculty	Teaching/assessment	The Clerkship Director orients each individual Attending before they begin precepting medical students. The CORE goals & objectives are reviewed, as is the CAS evaluation and grading rubric used citywide.	
		Performance/satisfaction	Faculty review their personal student feedback during their annual review with the Family Medicine Department chair.	
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction		
UH	Residents	Teaching/assessment	Yearly	Institution provides mandatory “resident as teacher” education. We provide an additional session that includes role play.
		Performance/satisfaction	Twice yearly	Individual feedback to residents on their teaching and student comments
	Faculty	Teaching/assessment	Yearly with full-time faculty Every 1-2 year site visits to community sites	Learning objectives, assessment systems and required clinical encounters are reviewed when new faculty are recruited. New community faculty recruits are given an orientation that includes roles

				in office teaching and assessment. E-mail and periodic site visits are used to communicate with community faculty.
		Performance/satisfaction	Yearly with full-time faculty Every 1-2 year site visits to community sites	E-mail and periodic site visits to community offices are used to inform faculty of student performance and satisfaction.
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Quarterly meetings	Zoom conference calls

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
Preventive Care Counseling	Required observation during ambulatory part of clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=263	Summative
Focused Physical Exam	Required observation during ambulatory part of clerkship	Documented by student 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 as 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 and monitored by CDs	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	95%	Completed by the student's assigned LAB Advisor at weeks 4 and 8 of the rotation	Done in-person, via video conference, or by telephone.
MHMC	100%	Clerkship director	The clerkship coordinator sets a schedule of mid-rotation evaluations and instructs the students to fill out the form in CAS. The clerkship director then calls by phone to discuss the mid-rotation CAS form & clarify any questions or doubts.
UH/VA	100%	Clerkship director	Response via CAS, sometimes additional video conference at student request

- 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	4.4	4.4	100%
MHMC	4.4	4.4	4.4	100%
UH/VA	4.4	5.0	4.6	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).		79	95	85	77
The clerkship was well organized.		74	93	65	78
The clerkship director clearly explained the expectations for medical students.		85	96	76	89
The clerkship provided me with sufficient opportunities to achieve the stated goals and objectives.		90	97	92	88
I was satisfied with the clinical skills instruction I received during the clerkship.		86	93	92	82
Grading procedures were clear.		78	89	76	80
I was satisfied with the amount of formative feedback (e.g., mid-clerkship) I received during the clerkship.		70	85	78	65
I was satisfied with the quality of formative feedback (e.g., mid-clerkship) I received during the clerkship.		77	89	84	73
Faculty provided effective teaching.		88	99	94	83
Residents and Fellows provided effective teaching.		95	97	96	91
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:					
CCF	The high rating by students at CCF in each category reflects their perceived outstanding clinical learning opportunity				
MHMC	The faculty preceptors were well received with favorable comments provided. Overall, the students expressed satisfaction with the level of effective teaching provided and the opportunities to achieve the stated goals and objectives of the clerkship. They appreciated the balance of autonomy & teaching and expressed feeling empowered to formulate diagnostic and therapeutic plans independently.				
UH	Patient diversity and wide variety of problems encountered. Autonomy - students are given ownership of their patients and opportunity to reason through the care plan. Volume of patients adequate to see many conditions. Ability to see impact of social determinants of health. Chance to see the role of family medicine in the healthcare system. Good teaching by residents and faculty. Those in community sites working one on one with faculty appreciated the continuity. Those in the residency practice working with multiple residents and faculty liked the variety of perspectives with different doctors. Didactics were interactive and useful.				
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:					
CCF	Some students are concerned with the driving distances between various preceptor's sites. This is kept in mind when scheduling sites, but the limited availability of preceptors sometimes provides little room to minimize this. All sites are less than a 45 minute drive from the CCF Main Campus and often driving distances are much shorter than that.				

	<p>Some students have expressed dissatisfaction with the number of online cases required for family medicine. This is reviewed annually but has been consistent for some time. The course content of the required courses is reviewed annually and updated as needed.</p> <p>Some students felt it was excessive to need to log every patient seen and provide observations, learning points, etc. in their patient logs.</p>
MHMC	The students expressed a desire for more continuity among faculty members and clinic site assignments.
UH	<p>Most dissatisfaction was around resident clinic at CMC. It was too busy at times. Some students felt they were being used just to write notes. Clinical schedules sometimes changed at the last minute leading to disorganization. Some students were exposed to poor resident professionalism outside of direct patient care - this is in the context of UH announcing they were going to phase out the residency program.</p> <p>Some students thought didactics / reflections were too similar in content to Tuesday Seminars in M1 and M2.</p> <p>A number of students thought the rotation was too short.</p>
	<p>We plan to reinforce the grading rubric which is now in Elentra. This should improve student understanding of expectations and clarity of grading procedures.</p> <p>Some of the organization issues are due to fluxes in faculty leadership on Aging and availability for Aging clinics, which the students group together with FM.</p> <p>Some of the feedback dissatisfaction at UH is due to the phase out of the residency program.</p>

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 negative feedback on specific preceptors to see if discussion with them and/or recommendation for additional preceptor training would be appropriate. With regards to preceptors, who manifest with a report of explicit bias, mistreatment or neglect will go through remediation. Repeated, egregious behavior will be removed from the pool of preceptors.	yes	No egregious behaviors were reported. Some preceptors were removed from the polls when other options were available.
CCF	Review positive feedback on individual preceptors. Send encouragement to these fine teachers and share the positive feedback with our Department Chairman to be included in APRs.	yes	Quarterly reports of preceptor performance are reviewed by the CDs and summary of the outstanding performances sent to the Department Chairman
CCF	Changed end of rotation exam to NBME shelf exam instead of Aquifer Review didactic curriculum for areas of change and improvement aligned among our sites.	yes	The pass/honors cutoff point is monitored and adjusted if needed annually. Didactic topics are reviewed annually by the CDs
MHMC	Use preference list including specialty clinics including the homeless van/shelter/clinic, DAWN van for needle exchange & HIV/hepC screening, HIV clinic, PRIDE clinic, school health, urban experience with nursing home visits, WIC, food as medicine in scheduling students	Yes	
MHMC	Schedule with a focus on continuity of Attendings & sites	No	The faculty members are not 40 hour employees and have responsibilities outside of clinic, which remove them from the clinic. The faculty work one week quarterly on inpatient or have time to work on QI project or need to present at a conference or are a site manager or residency program directors with meetings...etc. Also the addition of specialty

			clinics has added to the types of experiences, but also caused further disruption to continuity.
MHMC	Schedule with a focus on language preference with assigning Cantonese & Spanish speakers to the appropriate clinic Review didactic curriculum for areas of change and improvement aligned among our sites.	Yes	
UH/VA	Continue to evaluate usefulness of Calibrate formative exams. Format of exam is fixed, but result reporting has been improved based on pilot data.	Yes	Changed Calibrate exam to optional in response to student feedback.
UH/VA	Continue site recruitment efforts and faculty development.	Yes	Additional 2 sites recruited, but 1 site retired.
UH/VA	Review didactic curriculum for areas of change and improvement aligned among our sites	Yes	Adjusted orientation, and using guideline tool developed by MHMC

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 monitor results of NBME scores to make sure Honors and Pass score cutoffs are appropriate. For Ay 2023-24, Case SOM scores were at or above comparison scores in family medicine. Continue to promote universal faculty appointments for all clinical teachers. Recent changes to this process have hindered this slightly compared to previous application processes	SOM leadership, CDs SOM faculty appointment committee
MHMC	Strive to improve the continuity within the students' schedules, while maintaining the versatility of the preference list for specialty clinic experiences including the homeless van/shelter/clinic, DAWN van for needle exchange, HIV/HepC clinic, PRIDE clinic, school health & WIC	Rebecca Schroeder, MD FAAFP
UH/VA	<ul style="list-style-type: none"> Most dissatisfaction was with the resident practice. Plan for more faculty development with residents and attendings to standardize expectations. Continue to recruit additional community sites. Review didactics / reflections for areas of change and improvement. 	Clerkship director

Appendix A: NBME Subject Exam Year-End Report

Appendix B: End of Block Student Evaluation of Clerkship