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

AY 2023-24 Clerkship Annual Report

Clerkship	CORE 3102 Internal Medicine
Timeframe under review	AY 2023-2024
Length of clerkship	8 weeks or 6 weeks inpatient Internal Medicine (CCF 1/2-day clinic/week for 12 weeks outpatient Internal Medicine)
Clerkship Directors	David Gugliotti, MD – CC (CD)
Calen Frolkis, MD – MHMC (CD)
Alex Sapick, MD -MHMC (ACD)
Debra Leizman, MD – UH (CD)
Aaron Kistemaker, MD – UH (ACD)
Shikhil Kharotia, MD – VA (CD)
Ronda Mourad, MD – VA (ACD)

Sections highlighted in blue require the Clerkship Director to complete related to the relevant site, and data highlighted in Red are below 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	25%	75%	8.5 (LAB) 9 (TBC-1)
MHMC	0%	100%	44h
UH	1 Week – 12.5% (36 Hours)	7 Weeks – 87.5% (280 Hours)	34 Hours
VA	13%	87%	Approx. 60 hours

2) Please include a summary of all the Required Clinical Experiences.

Conditions	Site/#of students	% and # of students who	% and # of students who completed	% and # of students

	completed on patients	using alternative methods	who did not complete
Abdominal Pain Advanced Directives/End of Life/Palliative Care Altered Mental Status/Delirium Anemia Atherosclerosis Chest Pain CHF COPD/Asthma Cough/URI/Viral syndromes/Pneumonia Depression Diabetes Dyslipidemia Dyspnea Dysuria/Hematuria/Stones/UTI Fever Geriatric Syndromes Hypertension Musculoskeletal Pain 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	All 28 clinical encounters or skills using patients or alternate methods less than 20% of cases in aggregate or at a particular site		

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	Prior to each rotation and yearly at orientation	• The Clerkship Director provides information at Intern orientation about working with medical students.

				This includes the approach to effective teaching interactions with students, understanding and setting expectations, assessment, and feedback. • Email is sent to residents detailing the requirement that students are expected to meet during the rotation and their role in helping students to grow on the rotation. • Residents have a resident as teacher program through the Internal Medicine Residency Program—this is a session where volunteer students and faculty work with residents simulating a patient-based teaching encounter—observation and feedback about the encounter is provided to each resident to improve their skills. • Role modeling and direct teaching from attending physicians about resident roles in education is a key component of resident education about teaching medical students. • Some residents take advantage of online resources and seminars to work on improvement in teaching skills (not required) • The Clinical Educator Track within the IMRP interfaces with residents about improving teaching for residents, and the CET residents in particular are involved in learning about education and teaching medical students. • Topics related to education are part of resident conferences throughout the academic year
		Performance/ satisfaction	• Twice yearly through IMRP advising program • As needed/desired by resident through MedHub	• Student feedback to residents is available through MedHub evaluations—this is reviewed at resident performance reviews and as needed by the residents for self-reflection.
	Faculty	Teaching/asse ssment	Prior to each rotation	• Faculty are sent the goals and objectives and description of their roles at the beginning of each

				inpatient rotation and at the beginning of working with a student in the outpatient clinic for the 12 week LAB portion of the rotation • Email communications are sent to faculty about student requirements for formative and summative assessments for the inpatient rotations and the outpatient rotations. • Reminders about student logs and assessment are sent to faculty precepting students if assessments have not been filled out or if more information about a student is needed during the rotation or afterwards. • During faculty development sessions or Department meetings addressing education of medical students, the expectations for preceptors in teaching medical students are a point for discussion. Email communication outlines expectations for the number of patients a student is expected to see in the outpatient clinic or follow on the inpatient rotation
		Performance/ satisfaction	At least yearly. Feedback from students reviewed at annual professional review, and as needed by the faculty preceptors. CD or ACD may contact about any concerns related to faculty performance.	• General themes of student feedback and performance on the IM rotation are shared with faculty preceptors. • Feedback from students about the rotation are shared with faculty preceptors as part of the Annual Professional Review process. • Comments from students are available to faculty through CAS in the areas of communications/teaching skills, feedback, supervision, and professionalism. • Student performance is monitored by the Clerkship Director or Associate Clerkship Director both in the inpatient and outpatient setting; if there is concern about a student's performance, the CD or ACD contacts

				the preceptor with information about the concern and what the preceptor's role can be in improving this student's performance
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	• At least quarterly	• Clerkship feedback from students is sent to CD after each rotation and information is reviewed for performance improvement • Clinical Assistant Dean provides feedback to CD and ACD on as needed basis about student concerns and feedback about rotation.
MHMC	Residents	Teaching/assessment	Biannually	Noon conference/Firm lunches
		Performance/ satisfaction	Annually and quarterly	Graduation award/coffee cards for highlighted teachers
	Faculty	Teaching/assessment	Annually	Sent emails with their evaluations
		Performance/ satisfaction	Annually	Given Letters with highlights re teaching abilities
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	N/A	N/A
UH	Residents	Teaching/assessment	Residents receive their teaching and assessment roles in two ways. 1. An email sent out before each new rotation, introducing them to the new students 2. At their orientation when they begin at UH 3. The GME department at UHCMC requires all incoming residents to complete module about teaching medical students	

		Performance/ satisfaction	Residents receive any satisfactory comments made about them via email. We also have our "Coffee Kudos," where we have each student write a thank you note to one resident and we give them the letter and a small gift each quarter. One or two senior residents are recognized at the end of the year as best teachers based on data collected from the students.	
	Faculty	Teaching/asse ssment	This is one area we can improve upon, and we touch on this later.	
		Performance/ satisfaction	Faculty receive any satisfactory comments made about them via email. One faculty member is recognized at end of academic year as best teacher based on student data.	
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction		
VA	Residents	Teaching/asse ssment	Yearly for boot camp Ward orientation done multiple times per year	Boot Camp/orientation Welcome to wards orientation
		Performance/ satisfaction	Yearly for boot camp	Boot Camp/orientation Welcome to wards orientation
	Faculty	Teaching/asse ssment	1-2 times/year	Faculty and departmental meeting
		Performance/ satisfaction	1-2 times/year	Faculty and departmental meeting

	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	1-2 times/year	Faculty and departmental meeting

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
Oral Presentation	Required observation during ambulatory part of clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=262	Summative
Patient-centered Interview	Required observation during ambulatory part of clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=261	Summative
Formative/ cumulative Assessment	Log-based assessment assessing patient care (3Qs), knowledge (1Q), communication (2Qs), professionalism (2Qs), teamwork (1Q), SBP (1Q), and Reflective practice (1Q). 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
Online modules	Online Aquifer modules completion	Completed by students during the block	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	100%	CD or ACD for TBC-1 portion of rotation. ACD for LAB portion of rotation or Clinical Assistant Dean.	Meetings at mid-clerkship are held in-person, over videoconference, or on the telephone depending on student preference and timing/convenience to arrange the meeting for the student and preceptor.
MHMC	100%	CD or ACD	All mid-clerkship meetings are done in person.
UH	100%	Clerkship Director	Individual In Person Meetings
VA	100%	Clerkship Director	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	4.4	4.4	4.4	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%	100%
	Overall	**CCF**	**MHMC**	**UH**	**VA**
The overall quality of your educational experience during this clerkship (Good or Excellent).	96	96	98	98	93
The clerkship was well organized.	94	99	90	93	91
The clerkship director clearly explained the expectations for medical students.	97	99	94	98	98
The clerkship provided me with sufficient opportunities to achieve the stated goals and objectives.	98	96	98	100	98
I was satisfied with the clinical skills instruction I received during the clerkship.	96	93	96	100	95
Grading procedures were clear.	94	93	92	98	93
I was satisfied with the amount of formative feedback (e.g., mid-clerkship) I received during the clerkship.	90	85	88	89	95
I was satisfied with the quality of formative feedback (e.g., mid-clerkship) I received during the clerkship.	88	86	85	93	95
Faculty provided effective teaching.	98	96	98	98	100
Residents and Fellows provided effective teaching.	99	97	98	100	100
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:					

CCF	TBC-1: • Overall students were happy with the organization of the clerkship, opportunities to achieve their goals, and feedback. • Autonomy and ownership for their patients was appreciated by the students. • Excellent clinical exposure to variety of cases and complexity. • Supportive teams and clinical environment. • Well-organized clerkship overall was mentioned by some students. • Good opportunities to deliver presentations and work on improvements is presentations. LAB: • Variety and breadth of outpatient experience • Organized rotation, despite its complexity and moving pieces • Longitudinal aspect allows students to get to know preceptors better. • One on one time with preceptors and mentorship.
MHMC	Good didactics, especially the TBLs. The topics were relevant and helpful. Well organized clerkship. Preceptors on the wards were accessible and effective teachers. Residents and faculty included med students and were engaged in their learning. Independence. Variety of experiences.
UH	This clerkship received overwhelmingly positive feedback, with students praising its well-organized structure, supportive faculty, and enthusiastic residents. The learning environment

	was described as welcoming, with faculty, residents, and interns deeply invested in teaching and providing timely feedback. Students appreciated the variety of learning opportunities, including clinical reasoning sessions, night shifts, and interactions with both inpatient and outpatient teams. The hands-on experience, autonomy in patient care, and structured feedback systems helped students grow in their medical knowledge and skills. The integration into clinical teams and the strong communication with the clerkship coordinators further enhanced the educational experience.
VA	Strengths include exposure to a wide range of medical problems and diverse patient population, great educational experience provided by residents and attendings, and the right balance of independence and supervision.
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:	
CCF	TBC-1: • Satisfaction with the amount and quality of formative feedback (by percentage) was overall good, but about 12-14% disagreed or strongly disagreed with the statement about satisfaction with this. • Students worried about sending too many assessments to residents or faculty—suggested bundling assessments as a way to increase the amount of feedback given. • Some mentions about services having too many learners on the services. • Need clearer expectations about the number of patients that should be seen per week. • Sometimes limited exposure to some conditions based on what is seen on the service. Some services had more variety than others. • Rounding styles and structure affect the student's ability to personally see a lot of patients—for example, a student mentioned that when table rounds were done, the student did not get to see the variety of patients and pathology on the service. • Some concerns that the IM inpatient rotation is too short; some other schools are longer duration. • Need more secure space for belongings. • Call schedule; consider once per week instead of current structure of every 4th evening. • Concerns about taking call when students are worried about studying for the shelf examination. • 4 students reported experiencing neglect on the rotation. • 1 student reported personally experiencing mistreatment on the rotation. LAB: • Driving from clinic to clinic not optimal in some cases • Sometimes preceptor schedules were very busy which made the workday more stressful for some students • Need clearer expectations about assessments for the students and feedback for the preceptors. • Improved orientation about each discipline at the start of the rotation recommended. • Consider more subspecialty experiences for IM and make more flexible. • Organization of geriatrics portion of rotation may need improvement. • Challenging to adjust to the varied uses and templates in the EMR at each site (and specialty). • 1 student reported neglect—not included in some conversations about patients • 2 students reported mistreatment—no details given.
MHMC	Last minute emails. Some disorganization reported. Wish there were electives. Wanted more feedback and for attendings to fill out evals more readily.

UH	Students noted that while the clerkship was well-organized, improvements could be made in balancing clinical and non-clinical activities. Several felt that didactic sessions and noon conferences took away from valuable clinical time, with some sessions not being particularly relevant. Ambulatory experiences were sometimes less engaging, with students feeling more like observers. Feedback processes could be streamlined, and communication regarding assignments and schedule changes improved. Additionally, some students expressed frustration with grading criteria, busywork, and the need for more autonomy during clinical duties. Despite these challenges, students appreciated the dedicated teaching time and supportive faculty.
VA	Areas of improvement include streamlined onboarding, more exposure to specialty services and better feedback.

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 LAB-IM and TBC-1 IM didactics to look for redundancy and ways to maximize learning experience. -- Review asynchronous learning / online learning options for LAB-IM and TBC-IM—what makes most sense for didactics and covering material --consider podcasts, Aquifer, and other options	Yes and No	• Restarted Citywide Didactics this academic year. • Redundancy was not a concern • Considering recording didactics, but not done yet • Continued to encourage Aquifer cases to supplement learning.
CCF	Subspecialty experiences—consider options for subspecialty rotations in Solid Tumor Oncology and Hepatology	No	• The addition of students to this service during the academic year was not feasible. There is an elective rotation for students and need to make sure additional learners can be added. • Faculty engagement to make the rotation most successful needed to be explored further.
CCF	TBC-IM: Consider change to weekend rounding student responsibilities. --discuss with ACD's, clinical Dean, and other stakeholders, but for reasons expressed above not inclined to make changes	Yes and No	• Rationale and value of weekend rounding was emphasized with students to promote better understanding of goals and responsibilities • No changes made to weekend rounding
CCF	Review the number, goals, and experience of evening calls for students on TBC-1 IM --goal to maximize learning experience and give exposure to the field	Yes	• Continued to seek input from students and discussed with ACD's and select faculty about evening calls. • There continues to be value in evening calls • Worked to help students better understand the rationale and value of calls to enhance their education.
CCF	Review materials given to students and preceptors about expectations in LAB and TBC parts of the rotation	Yes	• Orientation materials are reviewed at least quarterly and updated with key information needed for students. • Worked to make expectations clearer in orientation • Increased communication from CD during TBC-1 rotation.

MCMH	Embed a clinical reasoning curriculum in place of four didactics ***	No	Increased subspecialty topics instead given feedback on wanting more subspecialty exposure
MCMH	Physical exam review and practice in place of 4 student rounds ***	No	Same as above – still interesting to us though. May do.
UH	• ~~Improve strategy for students to record when they achieve learning objectives and clarifying that achieving these objections are the base of our expectations not the top of our expectations.~~ • Making adjustments to clerkship calendar and how the students are receiving their information about what is required of them. • Highlight learning objectives for faculty and residents regarding the clerkship and didactics	Yes	We have made many adjustments to the calendar, by simplifying it and making it easier to understand when students are required to show up. We took into consideration their feedback about being called away too often, so we reduced it down to 1-2 times a week and the feedback surrounding this change has been very positive. Lastly, Elentra has made it easier for students to receive information and know exactly what is expected of them and when. We have done better about highlighting the learning objectives for our residents, but could improve on highlighting them for our faculty. We have started to use an **aligning expectations handout** for the beginning of the inpatient rotation for a student to complete with a resident to be certain their goals are in alignment.
UH	• Streamline/increase the number of CAS evaluations and feedback for students with oral input and in person contacts. • Biweekly resident check-ins via Morning Report • Stop-in to team rooms Incentivizing evaluations	No	This ended up not being necessary because we have had no issues getting evaluations returned to us this year.
VA	1. Reduce teaching attending sessions to one per week to increase time with team for students	No	Sessions have been shortened and students have appreciated each and every attending session
VA	2. Improve efficiency of student access to EMR (PIV cards)	Unsure	Most students are able to have access at the start of rotation
VA	3. Arrange for a faculty orientation session on CAS, student learning objectives, grading, etc.	Yes	Discussed during faculty/ departmental meeting

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	• Review didactics and correlation with core conditions and clinical experiences to make sure MK goals are appropriate. • Subspecialty experiences—consider options for subspecialty rotations in areas other than GIM and Cardiology. • Review the number, goals, and experience of evening calls for students on TBC-1 IM—seek data about how often students get admissions and feedback from the evening call experience. • Record some or all didactics and make available asynchronously for students who missed sessions; consider having Friday AM available for staying on the clinical service. • Explore expansion of shared Citywide Didactics—see how this is done at other schools with multiple sites. • Review materials given to students and preceptors about expectations in LAB and TBC parts of the rotation—emphasis on Formative Assessment	CD and ACD's Citywide CD CD and ACD's
MHMC	Like the idea of reviewing Physical Diagnosis and Physical exam maneuvers including LRs/Sensi and specificity of certain findings. Need to hire/identify a new coordinator and am working on replacing the ACD.	CD
UH	• Include Faculty on the introductory emails we send out at the beginning of each rotation. • Record 2-3 of the required lectures so that students may complete these asynchronously • Print learning objectives and hang them in the team rooms so all parties can see them at any time	Clerkship Coordinator
VA	• Make sure each student is getting verbal feedback from attending/resident at the end of each week. • Discussed feedback Thursdays at faculty meetings • Students are reminded to ask for feedback on Thursdays • Prioritize student onboarding and start the process earlier to ensure each student has access at the beginning of rotation. • Working with VA onboarding team	Clerkship Director to work on these issues. Needs assistance from medical school to get student list earlier to ensure onboarding process starts earlier.

Appendix A: NBME Subject Exam Year-End Report
Appendix B: End of Block Student Evaluation of Clerkship