

## AY 2023-24 Clerkship Annual Report

<b>Clerkship</b>	CORE 3202 Obstetrics & Gynecology Clerkship
<b>Timeframe under review</b>	AY 2023-2024
<b>Length of clerkship</b>	4-6 weeks
<b>Clerkship Directors</b>	Diane Young, MD – CC Barbara Rhoads, MD – MH Daisy Hassani, MD – UH

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)
CCF	25%	75%	18-22 hrs
MHMC	26.6%	63.3%	24
UH	50%	50%	22

- 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
Interpersonal Violence	CCF	49% (37)	51% (38)	0
Contraception/Family Planning Interpersonal Violence Labor (normal) Menstrual problem/Abnormal bleeding Pelvic Mass Pelvic Pain (Acute/Chronic)	Except the above, all the 10 clinical encounters or skills using patients or alternate methods less than 20% of cases in aggregate or at a particular site. (Students at CCF complete a self- study module on IPV in which responses/resources are sent to the clerkship director for completion of core condition)			

Pregnancy (Complicated/High-Risk) Pregnancy (Normal) Vaginal Discharge/STIs Women's Health (Osteoporosis/Menopause)	
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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, 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.

	Participants (individual/group)	Topic	When/Frequency	Activity/Outcomes
CCF	Residents	Teaching/assessment		Upon matriculation, the residents are given a clerkship orientation including expectations, discussion of formal and summative feedback in CAS. Residents are provided educational resources to teach on day one. The CDs meet with the residents biannually to debrief, discuss our annual clerkship report and brainstorm ways to improve. Residents complete the Resident as Teacher Module through GME.
		Performance/satisfaction		Formal teaching hours by residents are recorded with our education manager. Throughout the year, "Kudos" are sent by the CD to faculty and residents who excel at teaching and writing feedback. Top Ob/Gyn resident teachers are included in our CCLCM Insight magazine and shared with leadership at CCF and OGI department.
	Faculty	Teaching/assessment	Twice a year	Faculty are provided expectations during the business meetings twice a year during the clerkship update and emailed expectations when students are assigned in the outpatient clinics.
		Performance/satisfaction		Outstanding teachers are awarded a pendant and recognized by CCLCM quarterly.
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction, etc.		
MHMC	Residents	Teaching/assessment		During initial resident orientation, residents are given instruction on how to teach students, how to properly complete

				evaluations, and student performance along with a list of student expectations. Regular meetings are performed with residents approximately every 6 weeks to review updates, teaching pearls, and best practices while teaching. Specific grand rounds on educational topics are provided twice a year.
		Performance/satisfaction		Student reviews are brought up at meetings with residents and a resident receives a medical student teaching award each year.
	Faculty	Teaching/assessment		New members of faculty are given an orientation module to complete to prepare for medical student education. Educational topics, reviews of providers, and teaching pearls are provided at department meetings.
		Performance/satisfaction	Annually	Provider performance is review annually with timely completion of evaluations and based on student feedback. An award is provided to a faculty member each year who excels at student education.
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction, etc.		New members are provided orientation.
UH	Residents	Teaching/assessment		Residents complete the required GME modules on "residents as teachers." Independent of that, UH CD conducts an ongoing lecture series on Residents as Teachers as part of protected resident didactic time.
		Performance/satisfaction		Comments on resident teaching performance are monitored on CAS and anonymous Box comments gathered by the SOM. These comments are reviewed by the CD and areas of strength are communicated to the residency PD for distribution to the residents. Concerns are addressed on an individual basis by either the clerkship director or residency PD or both as appropriate.
	Faculty	Teaching/assessment		Faculty development occurs in multiple modalities: on monthly faculty department meetings, at grand rounds (which happens weekly), and in a faculty education retreat which occurs annually and is protected from clinical time.

		Performance/satisfaction		Individual concerns gleaned from CAS faculty evaluations or anonymous BOX comments are reviewed by CD and assistant CDs as a group. If comments are regarding an individual (which is rare) that individual is approached by the CD to address concerns raised by the medical students. If a more systemic issue is identified, the CD, ACDs and clerkship coordinator work together to systematically try to address the concern.
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction, etc.		New members receive orientation to medical student education.

## 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. Assessment Office keeping track of the completion in CAS	Summative
Pelvic Exam	Required observation during clerkship	<a href="https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=255">https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=255</a>	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
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) 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.

Assessment tool	Site	# of student	Mean	STDEV	# Passing	# Honors Eligible	# remediation	Remediation results
Subject (Passing 61 /EFH 80)	CCF	42	79.6	7.03	15 (36%)	27 (64%)		
	MHMC	50	78.6	7.16	23 (46%)	27 (54%)		
	UH	87	79.4	7.62	31 (36%)	54 (62%)	2 (2%)	
	Metro LIC	4			1 (25%)	2 (50%)	1 (25%)	
	Overall	183	79.2	7.45	70 (38%)	110 (60%)	3 (2%)	

Provide comparability analysis and summarize patterns of strengths/area for improvement:

Clinical rating	Site	# of student	% Meets expectations	% Above expectations	% Outstanding	# remediation	Remediation results
	CCF	42	0	2 (5%)	40 (95%)		
	MHMC	50	0	15 (30%)	35 (70%)		
	UH	85	1 (1%)	21 (25%)	63 (74%)		
	Metro LIC	3	0	1 (33%)	2 (67%)		
	Overall	180	1 (1%)	39 (22%)	140 (78%)		

  

Overall	Site	# of student	% Satisfactory	% Commendable	% CCD	% Honors	% Dissatisfaction
	CCF	42	0	2 (5%)	13 (31%)	27 (64%)	
	MHMC	50	0	15 (30%)	12 (24%)	23 (46%)	
	UH	85	1 (1%)	20 (24%)	18 (21%)	46 (54%)	
	Metro LIC	3	0	1 (33%)	1 (33%)	1 (33%)	
	Overall	180	1 (1%)	38 (21%)	44 (24%)	97 (54%)	
CCLC	<b>Met Expectations</b>		31 (100%)		<b>Unsatisfactory</b>		

Provide comparability analysis and summarize patterns of strengths/area for improvement:

- 2) 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%	The CDs complete mid-rotation feedback in a virtual fashion and comments/recommendations are recorded in CAS for students to view	Virtual approach is documented in CAS

MHMC	100%	Mid rotation feedback is completed in person with all traditional students by the clerkship director and assistant clerkship director. (LIC students do not have formal mid rotation evaluations due to their short 2 week inpatient OB/GYN specific rotation. Their mid rotation evaluation is complete with their LIC preceptor in the outpatient setting.)	All evaluations are scheduled in person.
UH/VA	100%	CD and assistant CDs complete mid-rotation feedback	Phone call

3) 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%
		Overall	CCF	MHMC	UH
The overall quality of your educational experience during this clerkship (Good or Excellent).		90	93	83	92
The clerkship was well organized.		95	93	96	95
The clerkship director clearly explained the expectations for medical students.		99	99	98	100
The clerkship provided me with sufficient opportunities to achieve the stated goals and objectives.		94	99	92	91
I was satisfied with the clinical skills instruction I received during the clerkship.		92	94	88	90
Grading procedures were clear.		92	100	90	86
I was satisfied with the amount of formative feedback (e.g., mid-clerkship) I received during the clerkship.		76	89	70	69
I was satisfied with the quality of formative feedback (e.g., mid-clerkship) I received during the clerkship.		84	94	74	82
Faculty provided effective teaching.		92	97	88	92
Residents and Fellows provided effective teaching.		91	93	87	92
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:					
CCF	Strong clerkship leadership, organized clerkship with diverse learning opportunities, helpful and educational didactics, helpful hints guide with expectations and resources located on the CCF Portal, many hands-on opportunities provided by residents and faculty, engaging simulation workshops				
MHMC	This clerkship was well organized, and well laid out. The expectations were clear, and there is an opportunity to experience multiple different subspecialties. Working with one primary attending/preceptor during outpatient blocks was very helpful, as it allowed for the development of skills and feedback/evaluation over time. Residents and attendings were engaging willing to allow students to participate.				
UH	Several individual faculty, fellows and residents were called out for their exemplary teaching skills and involvement of medical students directly in patient care. The clerkship was well organized with clear expectations communicated to students. Kink Brauer (clerkship coordinator) was frequently highlighted as a particular asset to the program. Diverse clinical opportunities and exposure to multiple subspecialties were greatly appreciated.				
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:					
CCF	Continue to Monitor the student experience at Hillcrest Hospital to get students involved in clinical experiences, continue to make students feel a part of the team, encourage written feedback in a timely fashion, improve communication and organization of the outpatient assignments				



MHMC	Attendings and residents were at times less willing to engage on labor and delivery and students had to share experiences with other rotating residents from emergency medicine and family medicine. Students also would like the night float shift to be shorter.
UH	Lack of feedback/low response rate on CAS evaluations was a common concern. Some concerns about the requirement for UWide questions - frustration that all questions were required despite this not being the preferred studying modality for students. Feeling of being ignored on labor and delivery and less frequently on some other clinical care teams.

## 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	CCLCM leadership has agreed to purchase a new vaginal delivery model to help students learn the steps involved in a vaginal birth	Yes	Delivery of a baby technique on the model has been improved the experience
CCF	We are working with the residents to identify formal teachers for didactics and simulation workshops.	Yes	Residents teach formal didactics and facilitate simulation workshop
CCF	We continue to ask the students to vote for their top resident teacher and we recognize the top resident teacher or teachers after each clerkship in addition to awarding the top resident teacher and fellow teacher during graduation ceremony. This award process allows the opportunity to recognize, applaud and award our resident teachers	Yes	This award recognizes top resident teachers for each clerkship and also at graduation
MHMC	Incorporated Community of Practice Teaching strategies into Grand rounds or other more regularly attended didactic sessions for residents/fellow.	Yes	Resident and preceptor participation and post test was performed.
MHMC	Collaborate on didactic session across the 3 clinical sites to provide more streamlined educational topics on a regular bases. At this time our site can only accomplish the presentation of didactic topics every 12 weeks. Student miss some topics while on Pediatrics for example.	Yes	Didactics are all the same but we still have not been able to coordinate doing them at all of the sites at the same time.
MHMC	Incorporate survey results of provides interests in different aspects of education whether it be didactic, clinic, surgical or simulation teaching to better align providers with their educational interests.	No	We are still in the process of gathering data from new providers.
UH	Hiring of assistant clerkship director: Dr. Bazella has been filling this role for the past year while Dr. Hassani transitions to being the new CD. Now that we are approximately 1 year into the transition, we are moving forward with hiring a new assistant CD to support Dr. Hassani in her role. This will free up Dr. Bazella to pursue other educational support roles in the department and bring in new perspectives on how to improve the clerkship for students and faculty/residents.	Yes	Two assistant CDs started in their role within the past year. They covered while CD was out on maternity leave and have fully integrated into their roles. They are now spearheading efforts to further improve the clerkship (see below).
UH	Implementation of standardized faculty development strategy to communicate	No	In process- the education committee is continuing

	feedback/evaluations from medical students. We hope to come up with a standardized process for this for individual faculty members in addition to the aggregate data faculty are presented with each year regarding medical student feedback on the rotation.		to work out a system to distribute medical student evaluation comments more formally. However, the faculty have been educated that they can access CAS evaluations individually.
UH	The “Residents as teachers” curriculum will aim to set standardized expectations for medical students on each service in order to improve the medical student learning experience and to empower residents to develop their teaching skills. In particular, expectations on labor and delivery will be a focus of this effort.	Yes	In process. Working with resident leadership to unify medical student expectations for each service.
All sites	The biggest change this year will be the change in core structure and accompanying shift toward city-wide didactics. This will require significant coordinated effort across clerkship leaders. We will have to come up with a unified didactics curriculum, determine the best format for didactics, and how to divide up responsibilities between faculty.	No	This task has not been accomplished due to varying times students are scheduled for didactics at each site. We will continue to brainstorm feasibility.
All sites	Standardization of assessment. This report indicates there is inconsistency across clinical sites regarding percentage of students who receive honors/CCD/commendable, etc. In order for students to have a fair and consistent experience across clinical sites we should work as a group to determine what the standard is for an honors/commendable, etc performance. We have a unified grading rubric but perhaps that either needs some adjustment or we need more unified language for what an honors performance involves.	Yes	Grading across sites are comparable.

## 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	For the Hillcrest experience, we have designated a faculty sponsor, Dr. Colleen Raymond, to help orient the students rotating at Hillcrest without residents. This should improve the student experience at Hillcrest Hospital.	Dr. Colleen Raymon
MHMC	Students are concerned about the number of learners on labor and delivery. We will consider 8 hour shifts for labor and delivery over a day and night shift to try to improve this. We plan to perform more sims on labor and delivery to encourage student learning and engagement.	CD
UH	We are working to develop a new microassessment tool as an alternative to CAS to engage more faculty/residents/fellows in medical student feedback and reduce barriers to getting feedback. We hope the new tool will be much faster and easier to navigate and will thereby increase the average number of evaluation responses per student. This will hopefully also allow for more effective mid-rotation feedback (often we as CDs have very little to go off of to offer advice for improvement at the mid-rotation check in).	CD

Appendix A: NBME Subject Exam Year-End Report

Appendix B: End of Block Student Evaluation of Clerkship