

AY 2023-24 Clerkship Annual Report

Clerkship	CORE 3203 Pediatrics
Timeframe under review	AY 2022-2023
Length of clerkship	6 weeks
Clerkship Directors	Sangeeta Krishna, MD – CCF Kaitlyn Murphy, MD - MH Thomas Graf, MD - UH

Sections highlighted **in blue** require the Clerkship Director to complete related to the relevant site, 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	30%	70%	10 hours inpatient (virtual, asynchronous) and 7 hours outpatient (virtual, synchronous)
MHMC	50%	50%	6hrs/week (36 total)
UH/VA	16 – 33%	66 – 83%	30

- 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
Behavioral (Abnormality/Concern) Cardiovascular System Central Nervous System		All 23 clinical encounters or skills using patients or alternate methods less than 20% of cases in aggregate or at a particular site		

Child Maltreatment Syndrome Chronic Medical Problem Dermatologic System Development (Abnormality/Concern) Emergent Clinical Problem Fever Fluid and Electrolyte Problem/Management Gastrointestinal Tract Growth (Abnormality/Concern) Hematologic (Abnormality/Concern) Jaundice Lower Respiratory Tract Musculoskeletal Complaint Nutrition (Abnormality/Concern) Upper Respiratory Tract Well Child Care (Newborn-1 month) Well Child Care (Infant 1-12 months) Well Child Care (Toddler 12-60 months) Well Child Care (School-Age) Well Child Care (Adolescent)	
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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.

Site	Participants (individual/group)	Topic	When/Frequency	Activity/Outcomes
CCF	Residents	Teaching/assessment	Learning objectives are shared annually. Chief resident and resident liaison lecture annually that includes information on teaching techniques, role of student on teams, navigating CAS, and feedback, verbal and written.	Via email. Integration of students into teams, balancing autonomy and supervision, timely and meaningful feedback. Assessed in midblock meetings with students.
		Performance/satisfaction	Updates via emails to residents, quarterly Caregiver Recognition awards and communication to Peds chief residents and program director	Outstanding Resident teacher awards at residency graduation

	Faculty	Teaching/assessment	Learning objectives are shared annually. Faculty are encouraged to attend faculty development sessions. As needed, the CD reaches out to individual faculty or department chair. Quarterly Caregiver Recognition awards are sent to outstanding teachers identified by students	Increase awareness of student rotation requirements, resources available for individual educator development and reinforce teaching via recognition of efforts. Improve quality and quantity of student evaluations.
		Performance/satisfaction	Annually	Recognition of one inpatient and one outpatient Outstanding Pediatrics Preceptor of the year
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Discussion during monthly Deans meetings Discussion during bi-monthly Pediatrics Institute committee on Medical Education.	
MHMC	Residents	Teaching/assessment	Sent core requirements and objectives annually	Reminders and updates are sent via email or announced at housestaff meeting
		Performance/satisfaction	Reviewed annually	Reviewed at housestaff meeting
	Faculty	Teaching/assessment	Sent core requirements and objectives via email annually, reminders given at monthly faculty meeting	Reminders and updates are given at faculty meeting. Faculty meeting is held monthly
		Performance/satisfaction	Reviewed annually	Update given at faculty meeting
Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Sent core requirements and objectives via email annually	Updated on an ad-hoc basis	
UH/VA	Residents	Teaching/assessment	Annually at beginning of academic year	Conference session with all incoming first year residents on working with medical students
		Performance/satisfaction	Annually at resident conference.	Planning to do so at mid year.

	Faculty	Teaching/assessment	Annually during faculty meeting. Annual email with clerkship learning objectives and assessment to all faculty.	Email sent to all Rainbow faculty.
		Performance/satisfaction	Annually during faculty meeting.	Planning to do so at mid year.
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	At quarterly meeting	First meeting occurred in October 2024.

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
Newborn Assessment	Required observation during clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=284	Summative
Assessment of Child Dev'l	Required observation during ambulatory part of clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=285	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	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 59 /EFH 80)	CCF	42	77.8	7.54	20 (48%)	22 (52%)		
	MHMC	51	77.8	8.12	23 (45%)	28 (55%)		
	UH	88	78.3	8.35	41 (47%)	44 (50%)	3 (3%)	2 Passed
	Metro LIC	4			2 (50%)	2 (50%)		
	Overall	185	78.1	9.83	86 (46%)	96 (52%)	3 (2%)	2 Passed

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

The percent honors eligible is essentially the same across all sites (50-55%). Only students at UH required remediation but it was an overall small number of students and most eventually passed.

Clinical rating	Site	# of student	% Meets expectations	% Above expectations	% Outstanding	# remediation	Remediation results
	CCF	42	1 (2%)	4 (10%)	37 (88%)		
	MHMC	51	0	19 (37%)	32 (63%)		
	UH	86	0	25 (29%)	61 (71%)		
	Metro LIC	4	0	1 (25%)	3 (75%)		
	Overall	183	1 (1%)	49 (27%)	133 (73%)		

Overall	Site	# of student	% Satisfactory	% Commendable	% CCD	% Honors	% Dissatisfaction
	CCF	42	1 (2%)	4 (10%)	16 (38%)	21 (50%)	
	MHMC	51	0	19 (37%)	11 (22%)	21 (41%)	
	UH	86	0	25 (29%)	26 (30%)	35 (41%)	
	Metro LIC	4	0	0	2 (50%)	2 (50%)	
	Overall	183	1(1%)	48 (26%)	55 (30%)	79 (43%)	
CCLC	Met Expectations			31 (100%)	Unsatisfactory		

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

Honors is consistent around 41-50%. CCD seems to vary more (22-50%) and therefore so does commendable (10-37%). CCF is giving the lowest percentage of commendable at 10% with Metro and UH being more analogous. Satisfactory is being assigned very rarely. Of note, all 4 students in Metro LIC got CCD or Honors with no commendable or satisfactory.

We plan to look as a full cohort at anonymized comments and assign grades and then discuss to ensure uniformity in process. We also discussed best practices such as grading before shelf results are looked at, weighing comments appropriately based on source, and looking longitudinally at student growth throughout the clerkship.

- 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%	Clerkship director or Associate Clerkship Directors	Video conference or in person
MHMC	100%	Clerkship director and associate clerkship director	In person feedback
UH/VA	100%	Clerkship director	In Person

- 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).	92	93	85	94
The clerkship was well organized.	91	94	83	92
The clerkship director clearly explained the expectations for medical students.	93	93	94	93
The clerkship provided me with sufficient opportunities to achieve the stated goals and objectives.	93	93	87	98
I was satisfied with the clinical skills instruction I received during the clerkship.	92	91	85	98
Grading procedures were clear.	89	94	85	87
I was satisfied with the amount of formative feedback (e.g., mid-clerkship) I received during the clerkship.	90	90	81	94
I was satisfied with the quality of formative feedback (e.g., mid-clerkship) I received during the clerkship.	91	90	85	94
Faculty provided effective teaching.	94	94	87	98
Residents and Fellows provided effective teaching.	97	96	96	99
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:				
CCF	Clerkship well organized, logistics streamlined and clear student expectations Pediatrics bootcamp appreciated for providing an overview of important Pediatric diagnoses and skills Commitment to teaching by residents and faculty across all sites of rotations and balanced autonomy and supervision Attention to wellness, supporting and caring atmosphere Integrated well into the teams Depth and breadth of exposure and experience to common pediatric conditions Several outpatient faculty called out for teaching commitment, timely and meaningful verbal and written feedback			
MHMC	Students really appreciated having both inpatient and outpatient exposure. They really appreciated working with the residents, and commented on how they were willing to teach them and include them. Highlights of the rotation were the newborn nursery and the pediatric rapid access (RAP) clinic.			
UH	Overall students had strongly positive comments on the clerkship and in particular the teaching from faculty and residents. Students thought the clerkship was well organized and provided a broad exposure to the field of pediatrics.			

Please summarize and discuss the students' narrative comments related to the Areas for Improvement:	
CCF	<p>-Fairview was not viewed as a favorable site for rotation by a few students, given the distance from Main campus, that census tends to be lower and complex patients are transferred out, and there are not always Peds residents rotating there.</p> <p>-One student rotating through the intermediate care unit felt they were 'neglected' by the attending who only communicated with nurse practitioners</p> <p>-Technical issues related to Moodle access for trackable viewing of recorded didactics <i>See below for responses and actions taken by the clerkship team.</i></p>
MHMC	<p>The students indicated that they would like more structure during their outpatient rotation with regards to subspecialty clinic assignments and well child clinic assignments. They indicated that they would like to be assigned one clinic per day rather than having a different morning and afternoon clinic where they felt more disjointed when this happens.</p> <p>They also indicated wanting more medical student specific teaching as the didactics they attend are sometimes taught more to the resident level.</p>
UH	<p>Students wanted the evening didactics to be bundled or changed to a different time, which it now has been. In general they felt that there was too much required work and in particular did not find the Aquifer cases helpful. Some students did not find the case discussions with the teaching resident to be helpful. Other students who did only subspecialty inpatient time wanted to have a general inpatient week or two as well</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	Provide a reading half day on Friday mornings during the nursery week.	Yes	Enables students to have academic to review recorded didactics, other clerkship requirements, prepare for shelf and presentations to inpatient team
CCF	Continued education for Pediatric hospital Medicine division on teaching and targeted topics like “Teaching Learners in a Time Limited Setting”	Yes	Improve comfort level of staff in providing teaching in busy settings
CCF	ED teams for patient care with a staff member and resident		
MHMC	Improve orientation, including reviewing objectives	Yes	
UH	As my site is limited in its outpatient preceptors and cannot guarantee that all students will have 2 weeks of inpatient, I will adjust in ways that meet students’ feedback. Schedules will be set based on individual student preferences. Students with an interest in outpatient will be given 2 weeks. Students who are ambivalent or not interested in outpatient will have 1 extra inpatient week, 4 weeks instead of 3. These 4 weeks will be divided between 2 teams: a subspecialty team and general pediatrics.	Yes	Students who have interest in outpatient medicine are preferentially assigned to community preceptors and 2 weeks of an ambulatory experience.
UH	I will continue to work on maximizing the student role in outpatient clinic. This includes continued faculty development and, for the Rainbow clinic, continuing to maximize students rotating with attendings rather than residents. I am often limited by the number of students and available attendings, but I will minimize resident clinic as often as possible.	Yes	Rotating students placed with attending faculty preceptor for multiple half days in a row.
ALL	To address the many suggestions around limiting didactics, particularly ineffective didactics, peds will eliminate the 4:30 – 6:30 didactics with the move to citywide didactics. A series of core topics will be presented by video for the students to	Yes	Lecture recordings have been created for students to view on their own time. There are accompanying questions to be completed as well.

	<p>review on their own time. We will have a couple formative questions after each video; these will be used to verify that the students watched each required video. We will create a series of PBL-like case discussions based on Aquifer Pediatrics cases. We will select these cases based on areas of weakness on the Shelf exam and on topics that students may not experience while on peds, e.g. child maltreatment syndrome. Each site will be responsible for providing these common case discussions.</p>		
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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	<p>-Fairview hospital now also has a pediatric intermediate care unit which is expected to increase the number and complexity of patients available to the students. Additionally, with the increase in residency complement, more pediatric residents will rotate through Fairview, adding teaching opportunities. Improving availability of subspecialty attendings at Fairview also allows for increased complexity of patients as well.</p> <p>-Intermediate care unit: Email the attendings ahead of rotation with student role and expectations. Reach out to the attendings and student proactively halfway through the rotation as a check in. This is a relatively new rotation and faculty are getting trained on student roles.</p> <p>-Moodle access is now streamlined as a list of students is sent to the IT ahead so access can be provided at the start of the rotation.</p> <p>All the three action plans will be monitored in verbal feedback from students at mid-block as well as end of rotation surveys.</p>	CD/ACD
MHMC	<p>Provide a list of subspecialists and their clinic days to the medical students with their orientation information so they are aware of which subspecialty clinics are available. To make their outpatient experience more organized, they will be assigned to one week of RAP clinic. For their second outpatient week, they will be assigned to well child clinics on Tuesday and Thursdays when there are robust teaching opportunities, and then Monday and Wednesday they will be assigned to subspecialty clinics as these are the busy days for those clinics. They will then be assigned either subspecialty or week child clinic on Friday for that week.</p>	Clerkship director and assistant clerkship director

MHMC	We will be implementing clerkship director rounds twice during the clerkship on Fridays in the late morning where the medical students will go on “rounds” with either the clerkship director or assistant clerkship director to round on patients with interesting physical exam findings, or to have chalk talks on bread and butter pediatrics topics.	Clerkship director and assistant clerkship director
UH	With future restructuring of inpatient teams, each inpatient team will be a hospital medicine service combined with a subspecialty service. This will give each student an exposure to general pediatrics as well as a subspecialty. This will take place July 2025.	Clerkship director

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