SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY

AY 2023-24 Clerkship Annual Report

Clerkship	CORE 3302 Psychiatry
Timeframe under review	AY 2023-2024
Length of clerkship	4 weeks
Clerkship Directors	Adele Viguera, MD – CC Travis Krew, MD – CC Lendita Haxhiu-Erhardt, MD - MH ~~Sara Goldman, MD – UH~~ Matthew Andersen - UH Archana Brojmohun, MD - 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)
CCF	3%	97%	20 hrs
MHMC	0	100%	20 hrs
UH	0	100%	15 hrs
VA	0	100%	13-15 hrs

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
Anxiety Bipolar Disorder Delirium/Encephalopathy Depression	All 10 clinical encounters or skills using patients or alternate methods less than 20% of cases in aggregate or at a particular site			

Psychopharmacology
Personality Disorder
Psychological Trauma/PTSD/TBI
Psychosis
Risk Assessment
Substance Use Disorder

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 involved with medical students are informed of learning objectives, system of student assessment, and required clinical encounters through periodic communications from the Administrative Program Coordinator (Aleksandar Jovanovic) and the Clerkship Directors (Adele Viguera, MD and Travis Krew, MD). Residents are encouraged to become Clinical Instructors of Psychiatry through the Cleveland Clinic Lerner College of Medicine. Additionally, there are formal didactics related to education and feedback through Cleveland Clinic's Adult Psychiatry residency program. Activities and sessions occur throughout the academic year.	Email

Late June/Annually - Incoming PGY-1 residents: Lutheran Hospital Orientation session.

July-August/Annually - PGY-1 residents: Release of The Psychiatric Intern's Guide to Lutheran Hospital, which includes information about teaching.

Spring/Annually PGY-2/3 residents - Selection of a new senior medical student liaison. |
| | | Performance/satisfaction | Residents involved with medical students are informed of issues with student performance and satisfaction through periodic communications from the Clerkship Directors (Adele Viguera, MD and Travis Krew, MD) following one-on-one meetings with students and review of annual Clerkship Evaluation Reports. | Email |

	Faculty	Teaching/assessment	Faculty involved with medical students are informed of learning objectives, system of student assessment, and required clinical encounters through periodic communications from the Administrative Program Coordinator (Aleksandar Jovanovic) and the Clerkship Directors (Adele Viguera, MD and Travis Krew, MD). New faculty are engaged in one-on-one discussions to orient them to medical student involvement shortly after their start date.	Email
		Performance/satisfaction	Faculty involved with medical students are informed of issues with student performance and satisfaction through periodic communications from the Clerkship Directors (Adele Viguera, MD and Travis Krew, MD) following one-on-one meetings with students and review of annual Clerkship Evaluation Reports.	Email
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Other clerkship directors, clinical assistant deans, or chairs and site leadership involved with medical students are informed of issues with student performance and satisfaction through periodic communications from the Clerkship Directors (Adele Viguera, MD and Travis Krew, MD) following one-on-one meetings with students and review of annual Clerkship Evaluation Reports.	Email
MHMC	Residents	Teaching/assessment	Residents and staff are given the clerkship objectives and core clinical conditions	Residents have resources on what constitutes teaching and what is effective teaching. We have grand rounds on assessment individually we discuss how to most effectively teach
		Performance/satisfaction		

	Faculty	Teaching/assessment		Faculty is given clinical core conditions, and we discuss ways to give feedback
		Performance/satisfaction		Staff is prepared for lectures and enjoy longer discussions
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction		No change
UH	Residents	Teaching/assessment	Annually	Lectures are given by the clerkship director at the beginning of the PGY-1 and PGY-2 year detailing 1) the medical student requirements for the clerkship and 2) correct methods of filling out CAS evaluations.
		Performance/satisfaction		
	Faculty	Teaching/assessment	Informal emailed feedback, to be increased in frequency this year and standardized among faculty who directly teach the students.	Emails are sent at the beginning of the academic year explaining learning objective, CAS, and required clinical encounters, with attachments of Case documents regarding the above.
		Performance/satisfaction	Annually to present results	Departmental meeting
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Quarterly meetings/retreat Annually to present results	Discuss performance with other site clerkship directors Departmental meeting
VA	Residents	Teaching/assessment	Yearly for new residents. We make sure they have access to CAS.	Lectures, PDF about how to fill CAS evals.
		Performance/satisfaction	Residents who are mentioned in students' evals for going above and beyond in education are contacted and given feedback.	

		Teaching/assessment	We have bi-annual meetings. We also have faculty development meetings the last one was given by Dr. Logio.	Faculty development lectures
	Faculty			
		Performance/satisfaction	Performance eval given by the Section Chief of education and training and our service chief where applicable.	
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction		

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 vis 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
Mental Status Exam	Required observation during clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=258	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
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 66 /EFH 83)	CCF	43	86.6	5.32	11 (26%)	32 (74%)		
	MHMC	42	84.0	7.07	19 (45%)	23 (55%)		
	UH	45	84.8	6.67	21 (47%)	24 (53%)	1 (2%)	Passed
	VA	49	86.1	5.74	13 (27%)	35 (71%)		
	Metro LIC	4			3 (75%)	1 (25%)		
	Overall	183	85.4	6.26	67 (37%)	115 (63%)	1 (1%)	Passed

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

CCF and VA had more students eligible for honors compared to UH and MH for similar number of students at each site. We believe that this was shelf dependent and it is possible that there are differences in the didactics delivery. All except the VA have a mixture of attendings and residents giving lecture while the VA is only attendings. The student needing remediation is likely an outlier and not a result of the clerkship itself.

	Site	# of student	% Meets expectations	% Above expectations	% Outstanding	# remediation	Remediation results
Clinical rating	CCF	43	0	1 (2%)	42 (98%)		
	MHMC	42	2 (5%)	8 (19%)	32 (76%)		
	UH	45	0	5 (11%)	40 (89%)		
	VA	49	0	22 (45%)	27 (55%)		
	Metro LIC	4	0	0	4 (100%)		
	Overall	183	2 (1%)	36 (20%)	145 (79%)		

	Site	# of student	% Satisfactory	% Commendable	% CCD	% Honors	% Dissatisfaction
Overall	CCF	43	0	1 (2%)	11 (26%)	31 (72%)	
	MHMC	42	2 (5%)	8 (19%)	10 (24%)	22 (52%)	
	UH	45	0	5 (11%)	16 (35%)	24 (53%)	
	VA	49	0	21 (42%)	5 (10%)	23 (18%)We think this is a typo	
	Metro LIC	4			3 (75%)	1 (25%)	
	Overall	183	2 (1%)	35 (19%)	45 (25%)	101 (55%)	
	CCLC	**Met Expectations**		31 (100%)	**Unsatisfactory**	0	

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

UH CD has noticed that many attendings and residents use the term "outstanding" when providing formative feedback. VA has a lower clinical rating. There are times that there is not enough feedback in CAS that supports an outstanding clinical rating. However, these clinical ratings are accurate based on the feedback received. Students are also not appealing these grades indicating that are agreeing with the final grade. It appears that there is a

some subjectivity in giving grades to students. Maybe with meetings more often, we can discuss these differences and variations and be more comparable.

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 (either Adele Viguera, MD or Travis Krew, MD)	In-person meeting
MHMC	100%	Clerkship director/ inpatient and CL/ED attendings, Clerkship director is in ongoing contact with attendings, and senior residents involved with the med students and information is conveyed about students' engagement in rounds, didactics, understanding of resources to enhance knowledge	In person/zoom / phone over several days comparing clerkship expectations to student goals and rotations expectation
UH	100%	Clerkship Director	Zoom/in-person/Telephone contact
VA	100%	CD mostly. When out, inpatient attendings are able to cover consistently.	These are face to face and one on one in my office.

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% Overall	100% CCF	100% MHMC	100% UH	100% VA
The overall quality of your educational experience during this clerkship (Good or Excellent).	95	93	98	93	97
The clerkship was well organized.	92	97	78	92	100
The clerkship director clearly explained the expectations for medical students.	93	97	100	92	100
The clerkship provided me with sufficient opportunities to achieve the stated goals and objectives.	95	97	96	90	100
I was satisfied with the clinical skills instruction I received during the clerkship.	94	93	98	90	97
Grading procedures were clear.	89	94	83	81	100
I was satisfied with the amount of formative feedback (e.g., mid-clerkship) I received during the clerkship.	82	79	87	77	88
I was satisfied with the quality of formative feedback (e.g., mid-clerkship) I received during the clerkship.	87	88	87	87	85
Faculty provided effective teaching.	94	92	100	93	91
Residents and Fellows provided effective teaching.	95	93	93	95	100

	Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:
CCF	Enthusiastic faculty and residents who are interested in teaching. Supportive and welcoming faculty and residents. Good medical student integration with treatment teams. Autonomy and independence for medical students. Good balance/organization of experiences. Opportunities to engage with patients with various pathologies.
MHMC	Relating to the numbers above: students commented this was a well-run clerkship, appreciated individualized approach to teaching and feedback Appreciated significant didactic effort from faculty and most residents I am glad students recognized the organized didactics lectures that stood out and ongoing informal discussions that took place on different topics
UH	Students appreciated the structured learning environment, supportive mentorship, and exposure to a wide range of psychiatric conditions and settings, such as inpatient units, consult services, and geriatric wards. Attendings and residents were consistently praised for their dedication to teaching, accessibility, and fostering an inclusive atmosphere. Specific aspects like structured didactics, continuity with preceptors, and opportunities for hands-on experience and autonomy were noted as beneficial for professional development and preparation for exams. The clerkship's combination of inpatient and consult experiences provided a comprehensive view of psychiatry, enabling students to gain practical skills and apply their knowledge effectively across diverse cases.
VA	Interesting patients, commitment to teaching, chance to be observed interviewing patients but also chance to observe others to interview patients. Good didactics. Ability to observe ECT. Some students like that it was inpatient and not consults. Psychiatry consults can be tough. Sit

	down rounds as an interdisciplinary team is a big advantage and one of major strengths. Students have a lot of autonomy on the unit.
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:	
CCF	Fewer/more formal didactics (conflicting opinions on this). Desire for experience to outpatient psychiatry (beyond ADRC). Unclear benefit from on-call experience. Request for intentional orientation to security and safety protocols. Fewer consults or putting a cap on new consults.
MHMC	Some residents did not show up for didactics (one of the senior residents or me would cover if we got a notification that no one was showing for the lecture
UH	Students identified areas for improvement including a reduced emphasize on CAS logs, particularly eliminating the case report requirement which some students found burdensome and less impactful for learning. Students also suggested a more balanced mix of inpatient, outpatient, and CL experiences to broaden their exposure. Finally, a desire for more interactive and case-based didactics was expressed, as some lectures felt less engaging.
VA	There have been a lot of comments about making lectures more interactive and this has been accomplished and so far, the feedback this year has been great. We did decrease the pharmacology lectures and made them more relevant. We have addressed the issues related to Teams chat multiple times. We cannot offer outpatient experience at this time. However, we have an AI and an elective where students can have outpatient experience. We have considered the timing of lectures but we also think that one of the core competencies is time management and adaptability. Call has been decreased from 5 to 10 pm to 5 to 8 pm as we recognize that it is a feast or famine kind of situation. Not much we can do about the size of the rooms since we are teaching facility and the treatment teams to get crowded.

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	Try at 2 week/1 week split for any future three-week blocks.	No (N/A)	No longer applicable because gradual shift of the start of the academic year has completed.
CCF	Limit the formulation assignment to just one formulation due by the end of the rotation.	Yes	Formulation assignments have been eliminated.
CCF	Move back the end time for on-call to 8:00 PM for both CL and Inpatient. Students will essentially go home with the Night resident arriving at 8:00 PM for CL Nights and Lutheran Nights.	No	This change was not made to observe the response to other changes first.
CCF	Put a cap on ECT at eight cases (unless the student is interested and wants to stay).	Yes	There have been no further complaints or suggestions regarding ECT.
CCF	Work to assign ECT days and ADRC afternoons before the start of the rotation. Already have Alex talking to the appropriate administrative assistants to get dates ahead of time.	Yes (for ADRC)	ADRC scheduling has been streamlined by Alex communicating with administrative assistants. ECT day is not picked before start of rotation.
MHMC	We are building a syllabus reflective sites similarities and uniqueness	Ongoing project	
MHMC	Mid rotation clerkship times recorded by program coordinator		
UH	Twice yearly emails with synopsis of student feedback to all clinical staff who directly teach the medical students.		
UH	Part of orientation will include describing the CL service to the students		
UH	Distributing a list of potential teaching topics for the residents to utilize during down time, and letting the residents know that they are responsible to teach during a reasonable amount of this time, after discussion with the psychiatry residency director. Also encouraging students to do Aquifer cases during this time.		
VA	Encourage faculty to include more clinical vignettes and have more interactive lectures. I will meet with faculty	Yes	N/A

	to re-iterate this. I will go over the lectures individually to make sure that this has been implemented. Plan is to have everything updated by end of AY2023-2024		
VA	Decrease the length of psychopharmacology lectures and reduce lectures from 3 to 2 lectures total. I have already met with PharmD and the plan is to implement this at the beginning of the AY 2024-2023	Yes	N/A

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	(1) Following through with moving up the end time for on-call to 8:00 PM for both CL and Inpatient so students will essentially go home with the Night resident arriving at 8:00 PM for CL Nights and Lutheran Nights. (2) Include comments regarding security and safety protocols during orientations with Clerkship Directors at the start of each two-week experience. (3) Propose cap on new consults/follow-up patients distributed to medical students. (4) Send weekly email reminders for preceptors to engage in verbal feedback and (expeditiously) complete Formative Feedback CAS logs. (5) Arrange for an annual or semiannual presentation regarding the "State of the Psychiatry Clerkship" to improve resident, fellow, and teaching faculty's awareness of teaching and assessment roles and to communicate student performance and satisfaction. This will be modeled on a presentation done by CC Pediatrics.	(1) Clerkship Directors (2) Clerkship Directors (3) Clerkship Directors with C-L Section Head (4) Aleksandar Jovanovic (5) Clerkship Directors
MHMC	Resident lecture evaluation is part of the portfolio which has increased participation dramatically	APD and rotation clerkship director
UH	New leadership to gain a comprehensive understanding of the clerkship learning objectives, curriculum structure, and expectations to ensure effective leadership and alignment with program goals.	Clerkship director
UH	Maximize didactics fidelity and consistent delivery	Clerkship director and administrator
VA	Continue to encourage written formative feedback from attendings and residents.	Clerkship director

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