

AY 2023-24 Clerkship Annual Report

Clerkship	CORE 3401 Surgery
Timeframe under review	AY 2022-2023
Length of clerkship	6 weeks
Clerkship Directors	Robert Simon, MD - CC Kevin El-Hayek, MD - MH Emily Steinhagen, MD - UH Jonathan Kwong, MD - VA

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	10%	90%	10
MHMC	30%	70%	20
UH	20%	80%	32
VA	20%	80%	32

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

Conditions	Site/#of students	% and # of students who completed on patients	% and # of students who completed using alternative methods	% and # of students who did not complete
Abdominal Pain Acute Pain Management Airway Management Breast Pain/Mass/Nipple Discharge	All 18 clinical encounters or skills using patients or alternate methods less than 20% of cases in aggregate or at a particular site			

Cancer Chest Pain Dysphagia/GERD Dyspnea ENT Emergency Fluid Resuscitation/Shock GI Bleeding Jaundice Nutrition Obesity Peri-operative Care Peripheral Vascular Disease Trauma/Acute MSK Emergency Wound Infections	
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3) Please describe how faculty and Residents/fellows teaching and supervising medical students at each site were prepared for **teaching and assessment roles** (e.g., the learning objectives, system of student assessment, and required clinical encounters). Also describe how site leadership and faculty receive information about **student performance and satisfaction**. This narrative description may include major activities such as preparation meetings, debriefs, and monthly meetings.

Site	Participants (individual/group)	Topic	When/Frequency	Activity/Outcomes
CCF	Residents	Teaching/assessment	Once per year	The residents are given the goals and objectives at the beginning of each academic year (ie. July). This is reiterated every July throughout the duration of their residency.
		Performance/satisfaction	Twice per year	The residents meet with their staff mentor twice per year after each CCC meeting and go over how they are doing, which includes how they are doing from an educator standpoint. If issues come up in between the CCC that needs to be addressed sooner, then that is taken up on a case by case basis.
	Faculty	Teaching/assessment	Quarterly	At the general surgery staff meetings, updates are given to the staff about teaching requirements and teaching goals. In addition, this year we had an education retreat that emphasized our goals and objectives for educators.
		Performance/satisfaction	Annually	They get their feedback once per year at their APR. We have developed a scorecard as well that is a summary of how the staff is doing and this is reviewed with them at their APR.

	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Annually	After each retreat we meet and go over the results to discuss areas for improvement.
MHMC	Residents	Teaching/assessment	4 times/year	Robust residents as teachers sessions as part of residency educational curriculum
		Performance/satisfaction	Annually and ongoing as needed	Ongoing throughout the year after evaluations received/Clerkship review at Annual Educational Retreat
	Faculty	Teaching/assessment	Quarterly	Grand rounds/M&M session on education
		Performance/satisfaction	Annually	Annual performance reviews with division/department chiefs
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Annually	Annual Clerkship Review at Annual Educational Retreat
UH	Residents	Teaching/assessment	3x per year	Residents as Teachers Sessions
		Performance/satisfaction	Annually	Clerkship Review/Updates Session
	Faculty	Teaching/assessment	Quarterly	Faculty Development
		Performance/satisfaction	Annually	Clerkship Review/Updates Session
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Annually or by request or need	Meetings/reports
VA	Residents	Teaching/assessment	3x/year	Residents as teachers sessions at UH
		Performance/satisfaction	Annually	Clerkship review/Update session
	Faculty	Teaching/assessment	Quarterly	Faculty development session with UH
		Performance/satisfaction	Annually	Performance evaluations with division and department chiefs
	Other clerkship directors, clinical assistant deans, or chairs and site leadership	Student performance and satisfaction	Annually or as needed	Meetings. Plan to move to quarterly during current academic year

From UH report: Faculty serve as preceptors on a rotating basis. Each time they are serving as a preceptor, they receive written information that includes the learning objectives, assessments, and clerkship requirements.

In addition, we provide an annual "Clerkship Update" at our Department Meeting (via Zoom). This information is also shared as part of the update. Information about student satisfaction with individual faculty member teaching is delivered at least annually as part of each faculty members' annual

performance review; in addition, specific compliments or concerns are addressed as they are brought up. Faculty are prepared to teach via required educational modules from the medical school, and by optional participation in quarterly faculty development workshops. All of the workshops are also available online for those who wish to view them asynchronously.

We have a robust Residents as Teachers Curriculum – there are 3 to 4 sessions per year that are directly relevant to preparing residents to teach and work with students. Topics vary year to year but may include Teaching on the Wards, Giving Feedback, Teaching through Questions, Addressing Mistreatment in the Surgical Learning Environment, Adult Learning, Teaching as a New Intern, etc. The educational format is usually an interactive workshop. In addition, the Annual Clerkship Update that is given to faculty is also given to residents, sharing information about learning objectives, requirements, student experience, and student 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	Summative
Surgery Oral Exam	Required observation during clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=329	Summative
Abdominal Exam	Required observation during clerkship	https://portal.cclcm.ccf.org/cclcm/eportfolio/a_c2_assess.aspx?formid=260	Summative
Formative Assessment/ Surgery Cumulative Competency Assessment	Log-based assessment tool assessing patient care, knowledge, communication, professionalism, teamwork, SBP, research, 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 50 /EFH 78)	CCF	43	76.1	8.63	17 (40%)	26 (60%)		
	MHMC	59	75.8	9.03	23 (39%)	36 (61%)		
	UH	57	74.8	7.64	24 (42%)	32 (56%)	1 (2%)	Passed
	VA	17	75.6	6.91	8 (47%)	9 (53%)		
	Metro LIC	4			2 (50%)	2 (50%)		
	Overall	180	75.5	8.27	74 (41%)	105 (58%)	1 (1%)	Passed

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	43	0	2 (5%)	41 (95%)		
	MHMC	59	0	19 (32%)	40 (68%)		
	UH	57	1 (1%)	26 (46%)	30 (53%)		
	VA	17	0	3 (18%)	14 (82%)		
	Metro LIC	4	1 (25%)	0	3 (75%)		
	Overall	180	2 (1%)	50 (28%)	128 (71%)		

Overall	Site	# of student	% Satisfactory	% Commendable	% CCD	% Honors	% Dissatisfaction
	CCF	43	0	2 (5%)	16 (37%)	25 (58%)	
	MHMC	59	0	19 (32%)	15 (25%)	25 (42%)	
	UH	57	1 (1%)	26 (46%)	7 (12%)	23 (40%)	
	VA	17	0	3 (18%)	5 (29%)	9 (53%)	
	Metro LIC	4	1 (25%)	0	1 (25%)	2 (50%)	
	Overall	180	2 (1%)	50 (28%)	44 (24%)	84 (47%)	
	CCLC		Met Expectations	31 (100%)	Unsatisfactory	0	

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%	Morning report preceptors	Phone and video conference

MHMC	100%	Clerkship coordinator schedules/Clerkship director meets with students	In person, (video conference if student requests based on location assignment)
UH/VA	85%	UH: Clerkship director meets with students. Students also meet with preceptor and chief resident. I am not clear if this number is low due to combining the sites. I meet with every student. VA: Clerkship director	UH: Typically in person, scheduled by clerkship coordinator and time assigned and given to students prior to clerkship. Select students meet via Zoom at their request. VA: 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	6.0	4.8	100%
MHMC	4.4	4.4	4.4	100%
UH/VA	4.4	5.0	4.6	100%

Section D: Evaluation Outcomes

Reflect on the aggregated quantitative and qualitative data from the End of Rotation Survey results (Appendix B) during the prior academic year. Quantitative data are provided in the table below indicating Good/Excellent or Agree/Strongly Agree. Reflect and summarize student feedback on the strengths and areas of improvement for each clerkship site.

		RR 100%	100%	100%	100%	100%
		Overall	CCF	MHMC	UH	VA
The overall quality of your educational experience during this clerkship (Good or Excellent).		86	80	91	86	94
The clerkship was well organized.		94	90	100	91	94
The clerkship director clearly explained the expectations for medical students.		96	95	95	97	100
The clerkship provided me with sufficient opportunities to achieve the stated goals and objectives.		90	86	89	93	100
I was satisfied with the clinical skills instruction I received during the clerkship.		89	84	90	89	100
Grading procedures were clear.		89	92	81	89	100
I was satisfied with the amount of formative feedback (e.g., mid-clerkship) I received during the clerkship.		73	63	81	74	75
I was satisfied with the quality of formative feedback (e.g., mid-clerkship) I received during the clerkship.		77	70	84	80	75
Faculty provided effective teaching.		86	81	85	95	87
Residents and Fellows provided effective teaching.		89	85	90	91	94
Please summarize and discuss the students' narrative comments related to the Strengths of the clerkship:						
CCF	This clerkship provided students with extensive hands-on experience, supported by knowledgeable and encouraging residents, fellows, and staff. Students appreciated the diverse variety of surgical cases and the opportunity to work across different subspecialties, which enhanced their learning of core clinical conditions. The ability to take responsibility and work independently from early on, particularly in the OR, was highlighted, alongside the strong teaching from preceptors and the clear expectations set for the rotation. Additionally, the flexibility in tailoring electives and exposure to a wide range of procedures and pathologies contributed to a well-rounded educational experience. Students felt prepared for future roles with improved clinical reasoning, surgical skills, and confidence in managing patients in both surgical and non-surgical settings.					
MHMC	Well organized. Kind residents and faculty. Focus on education. Breadth of cases. Ability to do subspecialty blocks. Exposure to technical skill development such as suturing. Clerkship leadership approachable and helpful.					
UH	The clerkship is relatively well organized with good experiences. Students understand expectations and teaching quality.					
VA	Faculty and residents were supportive of learning. Diverse pathology. Independence given for students to tailor their experience.					
Please summarize and discuss the students' narrative comments related to the Areas for Improvement:						
CCF	Students expressed a need for better communication and inclusion from residents, such as being informed of the weekly schedule in advance and being acknowledged as part of the team. Many students mentioned the desire for more diverse clinical exposure by rotating					

	<p>through different services, which would offer broader learning opportunities. There were calls for increased didactics and structured teaching sessions, as well as clearer expectations for their roles in both clinic and OR settings.</p> <p>Students also noted challenges with the workload and lack of study time, particularly when balancing long clinical hours with preparation for exams. They suggested setting clear end times to allow for sufficient self-study and improving the balance between clinical learning and exam preparation. There was frustration with inconsistent feedback from faculty and limited opportunities to develop hands-on skills, especially when working with certain services or teams.</p> <p>Logistical issues, such as the availability of parking and the disorganized structure of some services, further hindered their experience. Students emphasized the importance of establishing continuity with preceptors and fostering a more inclusive learning environment.</p>
MHMC	Improving frequency and quality of feedback. A few faculty were noted to have negative operating room environments. Variability of oral exam grading. Many comments about possibly having too many learners per service, which lowers opportunities to scrub in the OR.
UH	Grading procedures were unclear to students and students want more formative feedback.
VA	More structured mid clerkship 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	Update the didactic topics	No	The list has been made and sent out, still waiting to for people to complete their lectures and send them in.
CCF	Encourage more resident teaching (informal and formal)	Yes	We have encouraged residents to teach more and the feedback has been positive.
CCF	Teach residents how to work with medical students (get them engaged, give them tasks, teach, don't gossip about other medical students)	Yes	We gave them some tips/tricks/goals/objectives at the beginning of the year. We are developing a coaching system and a longitudinal didactic session.
CCF	Set up a boot camp for incoming third years to help prepare them for their clerkships	Yes	We had our first one this year and it was a success. We are already planning for next year with the intention of this being a regular boot camp.
MHMC	Added Oral Exam Preparation didactic to help oral exam skills	Yes	Students appreciate this didactic
MHMC	Added NG/OG placement requirement as observed skill	Yes	It is optional, but heavily encouraged
MHMC	Continued residents as teachers curriculum and oversight	Yes	This continues as led by the residency leadership.
UH	Didactic attendance by faculty – I implemented a new system for faculty to sign up for didactics and to have reminders sent to them; also asked clerkship coordinator to notify me when didactic are cancelled	Yes	Seems to be improved
UH	Student to Student Guide to the Surgery Clerkship – designed to help with several things that came up including switching services, evaluations, expectations; most of these were one off comments but I think this will improve the experiences of students and offer some near-peer advice. This is in progress.	Yes	Students are given the guide at the start of the clerkship
UH	Coordinator improvement – working with department leadership on improving quality of communication, reliability, consistency. We are also	Yes	New coordinator with clear systems to document whether didactics occurred and evaluation completion.

	hoping to gather data regarding things like evaluation completion rates, didactic cancellation rates if feasible, which will help with other goals.		
VA	Improve orientation and include clear learning objectives	Yes	Survey results indicate that students knew the expectations and were able to complete the goals and objectives for the rotation
VA	Improve communication for when didactics were cancelled	Yes	Not mentioned as a problem on survey this year

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	<ul style="list-style-type: none"> Update the didactics; improve staff engagement with the medical students 	Clerkship Director (Rob Simon)
MHMC	<ol style="list-style-type: none"> Improved standardization of oral exam grading Improve educational experience in the OR by decreasing access to negative environments Add ethics debrief didactic to provide opportunity to discuss various ethical issues that arise during clerkship (traumatic patient outcomes, stressful situations, etc) 	<ol style="list-style-type: none"> MH Faculty (will address standardization strategies at annual educational retreat) Surgery Chair/Clerkship Director identify opportunities to teach faculty and residents when issues arise. Dr. Shirokauer to facilitate confidential didactic with each cohort of students
UH	<ul style="list-style-type: none"> Plan to work on evaluation comment quality with faculty to improve usefulness. Updated the preceptor model to encourage more interactions. Will summarize grading procedures more clearly in written clerkship documents and review prior to end of rotation. Improve quantity of feedback by augmenting the mid-rotation procedure (currently gather feedback from chief resident; will add at least one other member of team and preceptor to requirements). 	Clerkship director for all, but ultimately rests on faculty to implement
VA	<ul style="list-style-type: none"> More formal approach to mid clerkship feedback improving both the consistency and quality of the feedback sessions More clarity in grading procedures to be explained during orientation 	Clerkship Director

Appendix A: NBME Subject Exam Year-End Report

Appendix B: End of Block Student Evaluation of Clerkship