

## Joint Clinical Oversight Group – Annual Report from Clerkship Directors AY 2020-21

**Discipline:** Internal Medicine

**Site:** Cleveland Clinic

**Clerkship Director(s):** David V Gugliotti

### Update and attach Required Documents:

1. Review and update (if needed) the PowerPoint describing the current structure of the rotation. Please attach the updated PowerPoint.
2. Attach the grading/assessment rubric used in your clerkship.

**The information above is included in the TBC-1 Goals and Rotation Description PDF (attached)**

**Respond to Quality Metrics:** (The items highlighted on your individual data form are outside of benchmark range and require discussion.)

1. Your average completion rate for mid-rotation feedback for the year is provided. Describe your plan for improvement if <100%: **Completion rate was 96%. All meetings were completed, there was on oversight in recording a small number of the meetings. Care will be taken to make sure to record these on time.**
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: **This was 100%**
3. The following ratings are provided for your clerkship. Comment and describe your plan for improvement if outside of benchmarks, indicated below:
  - Overall rating (>80% excellent or very good): **Rating was 86.49%**
  - Neglect (<5%): **This was 4.05%**
  - Mistreatment (<5%): **This was 2.7%**

\*\*\*You must also respond to any serious or egregious report of mistreatment regardless of your benchmark.\*\*\*

**The incidents described in the above sections are serious, probably not egregious, and seem to be confined to 1-2 residents. From the neglect incident description, a resident seems to have been under increased stress and there seems to have been some personality conflict perhaps. This was not brought to my attention at the time of the incident, but may have been discussed with one of the ACD—We will look into this further and try to ascertain if there is a pattern of behavior that is concerning.**

For the mistreatment descriptions: 1) This may have been the same resident situation described above. Regardless, this is not a recurrent incident or something that has been noted previously, so this seems to be isolated. 2) Calling for appointments is a normal part of work for students and residents, but doing the scheduling calling for most of the patients on a service is not acceptable—this will be addressed with the IMRP

- Duty hours (>95%): This was 90.54%. The work hours are described at orientation and generally in the rotation documents. A specific number limit of duty hours can be called out more clearly in these documents and at orientation. This adjustment will be completed.
4. Your faculty rating for teaching is provided. Please comment on faculty development needs and plans. Provide a specific plan for improvement if the number falls below 80%. (The students provide excellent feedback about specific teachers that may be helpful to understand the ratings.) **Faculty rating was 91.39%**
- a. Describe the process you use to review the quality of faculty teaching.
    - a. **Faculty comments are reviewed in CAS and we make note of faculty who provide consistent and helpful feedback to students as well as faculty who need improvement in CAS feedback. We also review comments from students from surveys at the end of the rotation to help identify faculty who provide useful feedback to students or need improvement in CAS feedback**
  - b. How did you communicate learning objectives of the clerkship to faculty?
    - a. **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**
    - b. **If there are faculty development sessions or Department meetings addressing education of medical students, these expectations are a point for discussion**
    - c. **Email communication is sent to faculty to give clarity about the expectations for faculty for assessments and feedback**
  - c. How were faculty prepared for their roles in teaching and assessment?
    - a. **Faculty development sessions are offered for those interested in improving their medical education skills.**
    - b. **There is a general orientation for the faculty to the medical school for new faculty preceptors. This is offered twice yearly**
    - c. **There are numerous opportunities for improvement of teaching skills through the Cleveland Clinic Academy and other resources for those interested in improving their skills**
    - d. **Individual Departments sponsor activities for improvement of teaching skills**

5. Your resident rating for teaching is provided. Please comment on resident as teacher development needs and plans. Provide a specific plan for improvement if the number falls below **80%**. **Resident rating was 91.39%**

a. Describe the process you use to review the quality of resident teaching. Have you identified any residents this past academic year whose teaching was suboptimal? How did you address this situation?

- a. **Feedback from students is reviewed from end of rotation assessments for information about the resident's teaching skills.**
- b. **Comments are solicited from students as well during mid-rotation and end of rotation assessment meetings to get information about resident teaching as well—we take note of this information to share with the IMRP and nominate students for recognition for good feedback**
- c. **Some feedback obtained from the Internal Medicine Residency Program about resident teaching—sometimes the Chief Medical Residents will volunteer information about residents interested in teaching or inquire about a particular residents skills in teaching or interactions with students**
- d. **Overall, students are very happy with the teaching from residents. We get feedback from the students about how much the quality of teaching from residents and how much they appreciate the effort and energy that goes into teaching them on the ward services**
- e. **Sometimes there are experiences for individual students that could be optimized. Attending physicians are encouraged to have discussion with the residents to address these if identified**
- f. **There were not any particular residents in the past year where there was information where we would say that a residents teaching was suboptimal, only minor concerns were noted (and these were rare)**

b. Complete the table to describe the preparation programs available to residents to prepare for their roles teaching and assessing medical students:

Briefly summarize the program:

1. **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**
2. **The residents receive the medical student objectives card at orientation which gives some framework for planning their interactions with students**
3. **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**

<p>4. Role modeling and direct teaching from attending physicians about resident roles in education is a key component of resident education about teaching</p> <p>5. Some residents take advantage of online resources and seminars to work on improvement in teaching skills</p> <p>6. 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</p> <p>7. Topics related to education are part of resident conferences throughout the academic year</p>	
Is the program optional or mandatory?	Mix of mandatory and optional
Is it sponsored by the department or institution?	Department
Who monitors participation?	The Internal Medicine Residency Program

**Provide Qualitative Feedback and Reflection:**

6. With the upcoming condensed clerkships at the end of the year, how do you plan on adjusting your clerkship? What are ways the SOM can assist?
- For TBC-1, the 12 week rotation will be shortened to 8 weeks for the University Track students who are interested in having the 4 week elective/AI at the end of the year. These students will have the Internal Medicine portion of TBC-1 shortened to 4 weeks instead of 6 weeks of inpatient service.
    - i. We will try to have these students complete 4 weeks on General Internal Medicine (GIM) to offer the most breadth of clinical experience (typically students also do 2 weeks of Cardiology)
    - ii. Will need to make sure that the students have ample opportunity to complete all the IM Core Conditions for TBC-1—they should have enough time to complete these with 4 weeks on GIM
    - iii. Emphasize the use of IM Aquifer Cases to complete IM Core Conditions, prepare for USMLE Subject Examination, and improve general knowledge
    - iv. Insure that mid-rotation feedback occurs at the mid-point of 4 weeks for these students to insure they have time to adjust performance
    - v. Some didactics will be missed. Remind students about Aquifer cases for the didactics that are missed because of the shortened rotation
    - vi. Remind and encourage preceptors to notify the CD or ACD about any student concerns as early in the rotation as possible to allow opportunity for helping the student
  - For LAB, the 12 week rotation will be shortened to 8 weeks for the University Track students who are interested in having the 4 week elective/AI at the end

of the year. These students will have the Internal Medicine portion of LAB shortened to 8 weeks instead of 12 weeks of Internal Medicine outpatient clinics

- i. Insure that mid-rotation feedback takes place early enough in the rotation to allow the students to make adjustments in their performance
    - ii. Notify preceptors about the shortening for the particular students involved so the preceptors can adjust expectations and timing of their feedback and development plan
  - **Support from SOM for Clerkship Shortening**
    - i. Administrative support for communications and addressing student scheduling issues
    - ii. Administrative support for concerns about adjustments in schedule or other SOM requirements
    - iii. Scheduling and support for students to take the USMLE subject examination, possibly at alternative scheduling times
7. Are there any clinical skills and/or knowledge in which students seem underprepared?
- The students seem to have a very good baseline knowledge and are prepared for being successful on the Internal Medicine rotation. There may be some variability in physical examination skills for students, but this is mainly a general impression that would need more investigation
8. What significant changes were made in the rotation last year? Were they successful?
- This past year was mainly adjusting back to our normal practices from prior to the start of the COVID-19 pandemic.
  - Didactic sessions and morning reports remained virtual for this year; presenters made adjustments to presentations to maintain engagement and delivery of objectives
9. What themes did you identify in student feedback about strengths of the clerkship?
- Students on TBC-1 Internal Medicine cite a very good autonomy on the inpatient service. Most students are able to place orders for their patients and play an active role in decision-making
    - i. "I felt that I got to exercise more responsibility on this clerkship than any other so far"
    - ii. "Autonomy given to students on a daily basis on the wards"
    - iii. "I felt like I was a useful member of the team in caring for patients by following them daily and pending orders for their care"
  - Students have the opportunity to show ownership and make positive impacts on patient care. They are very excited to be able to take such an active role and have an impact for their patients.

- i. “I felt that there was always something I could do to help the team or help my patients”
- The team structure and size are conducive to learning for students we believe.
  - i. “I liked the size of the teams, as they allowed me to assume responsibilities appropriate to my level of training while also being adequately supervised and receiving guidance—
- The mix of cardiology for 2 weeks and 4 weeks of general medicine seems to be a good mix and allows focus on general concepts
  - i. It is reasonable, however to continue to consider other services for MS-3 students
  - ii. “I enjoyed the breakdown of 4 weeks general IM inpatient, and 2 weeks in cardiology”—
- Students mention the culture of teaching within the Internal Medicine teams and at the Cleveland Clinic. They recognize this in the faculty and residents. Teaching service structure is conducive to learning. The students get to spend a good amount of time with residents and attending physicians and have the opportunity to learn (and teach) in the team setting.
  - i. “My senior residents were very helpful and involved in my learning during the rotation. They often set time aside in the afternoons for teaching, which was great”
- The students do a great job with their Internal Medicine morning reports. They like being able to present their cases to their group and teach the group about a clinical topic
  - i. “Morning report allowed us to think through differentials as a group”.
- The cardiology inpatient portion of the rotation is enjoyed by the students; they get to learn a lot on rounds about key cardiac conditions.
- Students enjoy the targeted teaching on cardiology about ECG’s, echocardiograms and other tests.
- On the LAB portion of Internal Medicine, students enjoyed having a longitudinal exposure to one preceptor. They like being able to have a graduated level of responsibility as well as being able to see some patients more than once.
- Students on LAB enjoyed seeing the variety of styles from different areas of medicine and how they interact with one another

10. What themes did you identify in student feedback about areas for improvement in the clerkship?

- **More defined learning goals**
  - i. There were a couple of comments from students about needing to have some more clarity on this. The learning goals are general, but the range of topics is very broad.
  - ii. At our Citywide IM Clerkship Directors meeting we can discuss ways to make the learning goals more clear

- iii. Perhaps a reading list or topic list could be helpful to guide student learning
  - iv. Will find ways to distribute CDIM Core Curriculum information to students (these were recently updated and enhanced)
- CAS Expectations and use of CAS varies by student and preceptor
  - i. “At times it was difficult to gather enough completed CAS evaluations from my preceptors. One suggestion for improvement would be to help students gather the required CAS assessment forms or to work to make the CAS system more streamlined and user friendly for the physicians completing these evaluations”
  - ii. Some variability in CAS use is expected as it is a rather open system designed to obtain formative comments
  - iii. Some preceptors give individual patient encounter feedback on a regular basis, while others request or prefer students to send summative assessments.
    - 1. It seems like there may have been a little progress in this area by sending reminders, but continued faculty development will be important to continue to optimize the use of CAS
  - iv. At orientation and in the rotation documents we try to detail the expectations for students about using CAS.
    - 1. This could be made more clear to the students in the discussion at orientation as well as more clear written guidelines for the students
    - 2. Send reminders to students during the rotation
- Alignment of schedules
  - i. “it would be very helpful to have students on the same team (or at least, same attending) for 2 weeks”
  - ii. This is a little more of a concern since faculty schedules have shifted more to 1 week schedules that do not align with residents or students all the time
  - iii. Plan to work with Departments of Cardiology and Hospital Medicine and IMRP to better align schedules for the students
- Evening call for the TBC-1 portion of IM
  - i. If the student does not get a new patient on call this is frustrating to them; this was more of a problem on last year’s survey and it seems like there may have been some improvement
  - ii. A change in the residency call schedule for this current academic year may address this concern better
  - iii. Monitor the feedback from students and look for ways to track this information in a more real-time way
  - iv. Await feedback from students to see if this made a difference
- Usefulness of didactics is brought up by many students. Some students report that the didactics are not very helpful and would prefer to have more time reading rather than sitting through a lecture

- i. A few students mention that on days when they have SAMI that this is a very long day and they think this could be done better

11. What current challenges exist in the clerkship?

- Student on-call experience
  - i. Student report value in taking call, but are frustrated if they do not get patients on call
  - ii. This has been an ongoing concern but call does remain an important part of the inpatient rotation
  - iii. As mentioned in last section, there was a change in the residency call cycle that should make improvements in this area
- Finding consistent preceptors at our Outpatient General Internal Medicine portion of the rotation
  - i. This has worked out pretty well so far and Amy McKee continues to work on ways to make this consistent
  - ii. Address with 4C (outpatient General Internal Medicine Institute) about incentives for outpatient preceptors
- Student variability in satisfaction with didactics as an effective learning experience
  - i. As above, continue to seek input from students about the value of the didactics as well as the value of virtual vs in-person didactics
- Variability in the amount and content of feedback to students on the TBC-1 Internal Medicine portion of the rotation
  - i. We get a pretty consistent amount of feedback for students
  - ii. Continue to monitor preceptor use of CAS and return rate
  - iii. Look into what factors from a student perspective make getting feedback more successful
- Variability in the amount and content of feedback to students on the LAB Internal Medicine portion of the rotation
- Student perception of lack of time for studying for the shelf examination
  - i. students are focused on the shelf and feel like the clinical load is too much for them to be able to study effectively
  - ii. Surgery and medicine are both challenging rotations and students do not feel like they have enough time for study
  - iii. Increased focus will be paid to the shelf examination scores with the higher threshold cut score for getting honors for CWRU University Track students.

12. What changes are planned for next year to address both feedback from students and challenges you identified? **Some of these are similar to last year and represent ongoing challenges or ideas, others are addressed in underlined sections of previous 2 questions**



- Student on call experience/Evening Call for students on TBC-1
  - i. Some progress has been made (at least anecdotally with students consistently getting a patient on call)
  - ii. Students are encouraged to discuss with their residents and the triage officer to let them know they are staying on call—we continue to reinforce this at orientation
  - iii. Work with Internal Medicine Quarterback (triage person) to better insure that students get a new patient to see when on call
  - iv. Reinforce to night float residents to reach out to triage person for patients for their students as well as assigning patients to students during the hours when students are taking call
- Feedback expectations of preceptors for inpatient rotations
  - i. Meet with clinical cardiology group to review the feedback process and filling out formative and summative assessment forms
  - ii. Meet with Hospital Medicine and General Internal Medicine faculty to review the feedback process and filling out formative and summative assessment forms
  - iii. Consider the wishes of some faculty who prefer to fill out mainly the summative assessment form.
    - 1. Find out about the success of the Assessment Working Group pilot about allowing students to send summative assessments directly
    - 2. We will continue to send summative forms to preceptors to give them the opportunity to provide feedback in that format
  - iv. Encourage in person feedback sessions from Internal Medicine and Cardiology faculty and if the filling out of assessment forms could be done at the same time (this could involve looking at a different type of assessment form jointly completed by the student and preceptor)
  - v. Monitor completion of assessment forms from individual faculty—target low performers to work on completion and identify barriers
- Finding consistent preceptors at our Outpatient General Internal Medicine portion of the rotation
  - i. Doing OK with this so far, largely because of Ms. McKee, Dr. Mayer, and Dr. Yudelevich 's efforts
  - ii. Make sure to reach out to preceptors to thank them for their efforts and ask them how we can make improvements to make this experience even better
  - iii. Insure that CCLCM and CWRUSOM recognize the contributions of preceptors and communicate this with their section heads and Chairs
- Student dissatisfaction with didactics as an effective learning experience
  - i. The separation of LAB didactics and TBC-1 didactics has separated the core internal medicine didactics—TBC-1 didactics are combined with surgery didactics

- ii. Consider alternative learning experiences like use of the online Aquifer cases; possibly could be done in small groups and replace some of the didactics.
  - iii. Seek information from other clerkships around the country who have decreased or eliminated didactics in favor of other types of learning experiences.
- Lack of time for studying for shelf examination
  - i. Consider some of the time on Friday mornings for dedicated study time, possibly in place of didactics which the students do not always perceive as helpful
  - ii. Consider review of UWorld questions or other questions that the students can work on in small or medium sized groups
  - iii. Provide more guidance for students about finding study time for the examination

**Respectfully submitted 11-2021. David V Gugliotti**