

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

Discipline: Neurology

Site: Cleveland Clinic

Clerkship Director(s): Jennifer Kriegler, MD and Robert Wilson, DO

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.

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%: 100%
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: 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): 89.33%
 - Neglect (<5%) 5.33 Since the resident was not named until after the rotation was over it was impossible to discuss with her the “neglect”. She has not been mentioned since, so I have to assume it was just a bad day. Our residents had a noon conference on mistreatment and neglect and this is an ongoing discussion with the residents
 - Mistreatment (<5%) 1.3
***You must also respond to any serious or egregious report of mistreatment regardless of your benchmark.
 - Duty hours (>95%) 82.67% awareness. This is always discussed at orientation. A new slide has been added to the orientation presentation describing duty hours in detail. This will be discussed at length during orientation and the PP will be posted on the portal for students to view as a refresher
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.) 94.67%

- a. Describe the process you use to review the quality of faculty teaching. All student comments are reviewed. If a faculty has done a great job and gets a “shout out” from a student, that comment is forwarded to them. If it is suboptimal, faculty are contacted and a discussion with recommendations for faculty development are made.

We also meet with the students weekly and if problems arise, they bring them up at that meeting. Additionally, problems are discussed at the EOR assessments. If there is an issue with a faculty member, we meet with them to discuss how they can improve. Our department also uses these ratings in our annual APR, so most faculty are eager to improve if there is a problem.

- b. How did you communicate learning objectives of the clerkship to faculty? Learning objectives are discussed with each attending prior to the start of working with students.

- c. How were faculty prepared for their roles in teaching and assessment?

Direct discussion with clerkship directors. In addition, for new faculty at Hillcrest an email is sent with “best practices”. We make them aware of the different learning modules that are available to them like the CCLC Faculty Development Series. We also discuss individually and via email about completion of CAS assessments, the importance of completion, and how to do them.

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%**. 96%

- 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? Evaluations are reviewed regularly when they are available in BOX. We also get feedback from the students at our weekly meeting and EOR assessments. We have had 1 issue with a resident this year and it was about neglecting a student on rounds. Unfortunately it was not until after the rotation was over so immediate discussion with the resident could not occur. Since it did not happen again, I have to assume it was a “one off”. We have not had any further complaints

- 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. **Discussion at the beginning of the year re: students/assessments/CAS during their noon conference**
2. **Essentials Program for Health Professions Educators**
3. **Distinguished Educator Program**
4. **REALL Program**

5. CCLC Faculty Development Series	
Is the program optional or mandatory?	Item 1 is mandatory, rest are optional
Is it sponsored by the department or institution?	both
Who monitors participation?	Program director

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? TBC3 is a 12 week module and 1, 4 wk block is elective time when the students can do an AI. We have switched 2 UP student with CCLCM students. The UP students wanted to have their elective time the last 4 week block and this accomplished that goal.

7. Are there any clinical skills and/or knowledge in which students seem underprepared? Reflexes, funduscopic exam. Basic science knowledge is good

8. What significant changes were made in the rotation last year? Were they successful? We added a monthly Journal Club. We discuss seminal works that were responsible for meaningful changes in the care of Neurological patients. This is moderated by Dr. Alex Rae-Grant who is a former clinical immunologist at Cleveland Clinic and who is now one of the editors of Dynamed+. He maintains his emeritus status as Professor of Neurology at CCLCM in order to moderate this session.
We also added a basic neuroradiology didactic which was done by a Neurologist. This was more clinically useful to the students than the previous didactic done by one of our neuroradiologists which was more technical than practical.

9. What themes did you identify in student feedback about strengths of the clerkship? This is much the same as last year with the addition that they love the Journal club!
 - Thursday noon meetings with the clerkship directors. Students love to debrief the week and share experiences with each other. This is consistently rated as a “best practice”
 - Strong organization and a variety of experiences
 - Excellent teaching by faculty and staff
 - Coma exam taught at bedside at the beginning of the rotation
 - Resident education liaison who helps everything run smoothly
 - OP week with a variety of subspecialties represented.
 - Consult service: students like the independence they are given.
 - Hillcrest consult service. Students love the one on one with an attending for the entire week.

- Diversity log- students love sharing this!
- Journal Club is considered an excellent experience.

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

Students think the rotation should be longer than 4 weeks. Many students would like to do both general inpatient and stroke, but d/t the numbers of learners, this is not possible. Most students would love to have the opportunity to rotate at Hillcrest, although this is not always an option d/t staffing at Hillcrest since we do not allow just anyone to have the students rotate with them. Students and staff complain about the size of the services. We are in the process of revamping the consult services so that med students are paired with residents. This ensures that despite the larger service, there is one on one teaching with the resident.

11. What current challenges exist in the clerkship?

- Getting outpatient preceptors. With increased RVU expectations for staff it is difficult to get staff to precept a student in clinic.
- Many OP visits are now virtual and many staff do not feel comfortable having a student do a virtual visit.
- Increased class size and student numbers as well as increased numbers of other learners (PA/NP students, AIs, osteopathic students). Services are crowded and it dilutes the student's experience.

12. What changes are planned for next year to address both feedback from students and challenges you identified?

We have identified new outpatient preceptors as well as new staff that will teach the students when at Hillcrest so we can increase the number of students rotating at that site.