

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

Discipline: Ob/Gyn

10/21/2021

Site: Cleveland Clinic

Clerkship Director(s): Diane Young, MD, Stacie Jhaveri MD

OBGyn	CCF
Mid-Rotation Feedback	98.64
EOR Completion 4wk	100.00
Overall Rating	71.62
Neglect	12.16
Personal Mistreatment	4.05
Witness Mistreatment	2.70
Both Mistreatment	1.35
Duty Hours Policy Awareness	94.59
Duty Hours Adherence	97.30
Faculty Rating	81.08
Resident Rating	72.97

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%: **At the half-way mark, students are sent a reminder to complete the self-initiated mid-rotation feedback to trigger an email to the CDs. This expectation is discussed at orientation and also listed on the orientation slides located on the CCLCM Portal. Despite efforts to encourage students to complete the mid-rotation form, a small percentage of students will not complete the form and therefore, the CDs will not receive an email to review student’s comments. One student during the Sept-Dec 2020 clerkship did not complete the mid-rotation feedback and this deficiency was not recognized until several months after the**

clerkship was completed. Since that time, I realize that I must double check that ALL students have completed the self-initiated mid-rotation feedback in a timely fashion and if task is not complete, I will proceed to initiate a form myself and provide the necessary feedback to help students improve during the remainder of the clerkship. It creates more work for the CDs but a way to ensure completion at 100%.

2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: **This benchmark has been met**
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): **Unfortunately, our overall clerkship rating is 71.62. We continue to work with the residents and faculty to improve our clerkship rating. The clinical experience during the gyn/oncology week has been the main culprit leading to our low clerkship scores and the CDs have worked with the residents to provide expectations and improve the educational experience for the students during this challenging week. We have hired additional gyn/oncology faculty over the past few months and there have been reports of improved teaching on this service. The CDs have bi-annual meetings with the residents and faculty to discuss the needs of the clerkship and seek feedback on ways to improve. On low surgical volume days, the residents have been instructed to send the students to the gyn/oncology clinics, or assign to other surgical cases such as MIS, benign, uro/gyn or transgender cases. I will continue to closely monitor the educational experience during the gyn/oncology week.**
 - Neglect (<5%): **Our neglect rate is above the benchmark at 12.16. The CDs are working with the residents and faculty to decrease the rates of mistreatment and neglect. We actively respond to any serious or egregious report of mistreatment with department and medical school leadership. The CDs meet with the residents and faculty to discuss clerkship updates including those related to mistreatment and neglect. Mistreatment or neglect complaints are addressed with residents and faculty in real time as well as involvement with program director or subspecialty chairs to improve behaviors. To date the two CCF Ob/Gyn CDs and an Assistant Neurology CD have done three faculty development workshops discussing the ill effects of mistreatment, psychological safety to improve teaching as well as strategies to improve mistreatment. We have another session scheduled for October 29, 2021. We have had excellent attendance during the workshops with favorable feedback.**
 - Mistreatment (<5%): **This benchmark has been met**
 - Duty hours (>95%): **This benchmark has been met**
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.)

- a. Describe the process you use to review the quality of faculty teaching.
- b. How did you communicate learning objectives of the clerkship to faculty?
- c. How were faculty prepared for their roles in teaching and assessment?

Response: Our faculty rating as achieved the benchmark at 81.08. During the on-boarding process, new faculty are provided a clerkship update and expectations are reviewed and discussed. Faculty members who teach in the outpatient setting are provided a hand-out on teaching and feedback expectations at the time of the student assignment.

I review the quality of faculty teaching by reviewing formal feedback on the teachers as well as speaking with the students in real-time regarding their educational clerkship experiences. At the end of the academic year, a faculty member with high teaching scores will receive the APGO Excellence in Teaching Award at graduation. This provides incentive and recognition for faculty to continue teaching. At the end of the clerkship cohort, I learn which faculty and residents were most effective at teaching, and I email a “Kudos for Your Teaching” to the faculty/resident and copy leadership explaining that they were mentioned as one of the best teachers during the clerkship. The faculty and leadership are always very appreciative to receive positive comments.

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%**.
 - **Our resident teaching rate is below the benchmark at 72.97. We meet with the residents to provide a clerkship update and allow time to discuss, reflect and debrief for improvement. To increase our resident teaching incentive, we started a new initiative this academic year, in which we will have the medical students vote for the top resident teacher for each clerkship and award the recipient with a pendant. This will allow us to recognize and award the residents for their dedication, hard-work and commitment to medical student education. The award recipient will also be recognized in our education newsletters. There was a tie, so two residents receive the award in September 2021 and the new award will be announced December 2021. We are hoping that this incentive will improve our resident teaching activities and teaching scores.**
- 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 formal orientation is completed for all Intern residents discussing an overview of the clerkship, expectations, written feedback with examples of formative and summative feedback as well as providing educational recourses to start teaching on day one. The resident teaching has been excellent. There was a report of the senior residents ignoring the medical students. This was addressed with the residents and the medical students are encouraged to work with the junior residents for the best experience.

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: Formal medical student orientation done upon matriculation discussing overview, expectations, examples of helpful formative/summative feedback, examples of mistreatment/neglect, helpful educational resources and navigating CAS	
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Women’s Health Institute
Who monitors participation?	Program directors, clerkship directors and coordinators

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?
 - **The Clinical Education Committee, Education Deans and Clerkships Directors are working with the students seeking an adjustment to their Block 4 schedule that will allow them to do an earlier acting internship. We will be challenged dealing with three groups of students starting their clerkship at three different times including the university track, college track and DO students doing their Ob/Gyn clerkship at Cleveland Clinic. The DO students already have a different schedule than the MD students. We will need to monitor for multiple trainees at the same time as this decreases the quality of clinical experience for the students.**

7. Are there any clinical skills and/or knowledge in which students seem underprepared?
 - **Students seem very nervous starting the Ob/gyn clerkship. It is often a daunting experience as they do not learn about our field in the first two years of medical school. I would like to see the second-year medical students undergo a virtual curriculum to review common themes they will see in our clerkship such as delivery of baby, hysterectomy, scrubbing, gowning, gloving foley, placing sutures and writing notes. Students do have an opportunity to**

see and practice these topics during orientation and the first week of the clerkship.

8. What significant changes were made in the rotation last year? Were they successful?
 - **The residents created a Helpful Hints Google Link Drive Document which lists day to day expectations for each discipline, tips to be successful and resources to help the student come more prepared for the clerkship. This document has been very successful. Several educational didactics were added to improve the educational experience.**

9. What themes did you identify in student feedback about strengths of the clerkship?
 - **Strong clerkship leadership, robust experiences on L&D and gyn surgery, a wide breadth/variety of clinical experiences and strong/engaging didactic teaching sessions.**

10. What themes did you identify in student feedback about areas for improvement in the clerkship?
 - **Students report they did not get a good educational experience during low surgical volume days on the gyn/oncology week. The residents have been instructed to assign alternative clinical experiences for the students on low volume surgical days.**
 - **Students often felt ignored or neglected on the gyn/oncology week and strategies have been put in place to improve the experience.**

11. What current challenges exist in the clerkship?
 - **In addition to our 78 Case and CCLCM students doing the Ob/Gyn clerkship each year, we also have 22 DO medical students doing the clerkship at the same time seeking clinical opportunities and assessments of performance.**

12. What changes are planned for next year to address both feedback from students and challenges you identified?
 - **I am closely monitoring the effectiveness of the educational experience during the gyn/oncology week.**