

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

**Discipline:** Pediatrics

**Site:** \_\_\_\_\_ Cleveland Clinic

Foundation \_\_\_\_\_

**Clerkship Director(s):** \_\_\_ Sangeeta Krishna, MD (Clerkship Director)

Stacey Zahler, MD and Tracy Lim, MD (Associate Clerkship

Directors) \_\_\_\_\_

### **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%:
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: We are happy to note this and plan to maintain this goal.
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) : Our overall rating was 79.73%, just shy of the 80%. Related to the COVID pandemic, there were frequent adjustments being made relative to virtual vs in person didactics, and the kinds of patients that students were allowed to see, especially July- September 2020. This spanned across all the sites that students rotate through- regional (Fairview and Hillcrest, newborn nurseries and ED), and Main campus (hospitalist and subspecialty teams). We maintained timely communication with students as we became aware of these changes, however it is possible that these rapid changes and frequent messaging contributed some to student dissatisfaction. Thus far into this academic year, we have consistently received excellent feedback from students related to their learning and experience.
  - Neglect (<5%). Our rate was 2.70%. We continue to stress the importance of reporting and discussing any concerns about neglect through direct communications to us. This is emphasized at orientation and is again discussed at our mid-block meetings.

- Mistreatment (<5%). Our rate was 2.70%. We continue to stress the importance of reporting and discussing any concerns about neglect through direct communications to us. This is emphasized at orientation and is again discussed at our mid-block meetings.

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

Two students (2.7%) reported 'Subjected to intimidating behavior or language'. Unfortunately, no further details are provided, these were not brought to our attention and there were no reports made to the Deans or any other mechanism utilized. Two students reported neglect; it is unclear if is the same students or others.

- Duty hours (>95%). We note with gratification that this is 100% although 'Duty hour policy awareness' rate was 94.59%, just shy of the required 95%.

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.) We note with gratification that our faculty rating is at 90.54%. Learning environment was respectful was noted by 95% of students. 97% reported being observed doing an H&P and physical exam- we consider this as a strong reflection to teaching commitment by our faculty and residents despite the restrictions during COVID.

88% of students agreed with "The feedback I received enabled me to improve my performance before the end of the clerkship."

- a. Describe the process you use to review the quality of faculty teaching. Student feedback, both verbal and written (CAS) is reviewed by clerkship directors. Opportunities to improve are identified and faculty development or direct interventions are directed to preceptors when appropriate.

How did you communicate learning objectives of the clerkship to faculty? Goals and objectives are reviewed with the faculty at regular staff meetings. Email communication is sent to faculty to give clarity about the expectations and suggestions for teaching adult learners, assessments and feedback.

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

Faculty development sessions are offered via MyLearning (such as but not limited to Distinguished Educator certification). Individual Departments encourage faculty to attend and improve skills. Opportunities are discussed via personal communications/conversations with new faculty by the CDs.

We encourage our faculty, especially new faculty, to attend the faculty development sessions specifically directed for our curriculum, currently being offered.

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%. This rating is 93.15%.

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? No How did you address this situation? N/A. If concerns about a resident were to arise in real time, we would immediately address these on a case-by-case basis.

We discuss quality of teaching with students at mid-block, as well as review comments in CAS. Additionally, we have highly engaged resident liaisons who are available to students to answer questions, keep an eye on how rotations are going, and meet with us quarterly. The CDs and liaisons meet with the resident body at least once a year to answer questions and discuss ways to integrate students in the teams. A “resident as teacher” curriculum, comprised of 6 sessions, is offered to our residents. It is supervised by our Hospitalist team.

Overall, students are very happy with the teaching from residents. We repeatedly hear how students appreciate the teaching they receive on the wards.

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

1. Briefly summarize the program: In addition to above, a resident seminar on medical student teaching is lead annually to address best practice. This includes addressing all the core competencies. De-identified past scenarios are used to generate discussion and agree on best practice. Observation, verbal and written assessments are discussed. Professionalism and avoidance of neglect/maltreatment are emphasized. This gives residents framework for planning their interactions with students. Resident liaisons are readily available as well to answer questions and provide support to the teams as needed, and work closely with us.	
Is the program optional or mandatory?	mandatory

Is it sponsored by the department or institution?	Pediatric residency
Who monitors participation?	Pediatric chief residents

**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? We are planning how to meet this mandatory and challenging requirement. Given that all services that can host students generally already do and are max'd out at numbers of learners that can be accommodated to allow for a good experience, we will have to be innovative. Some preliminary ideas are to include a 'swing shift' (late afternoon to late evening shift), utilize weekends (being mindful of duty hours compliance), and to utilize Fridays as clinical time as well, instead of being solely utilized for didactics.
7. Are there any clinical skills and/or knowledge in which students seem underprepared? We have discussed this within our departments, with the Pediatric chief residents and the resident liaisons. The only consistent comment relates to students not being prepared that pediatric history and physical exam have different elements than for adults.

What significant changes were made in the rotation last year? Were they successful? We removed the Cardiology rotation due to consistent reports that it was 'too specialized' for students. We did add one additional rotation, the Intermediate Care Unit, to accommodate the increased number of students from the CWRU-SOM. Regarding capacity issues in the ambulatory sub-specialty setting, we have identified two additional high value subspecialties for 3<sup>rd</sup> year rotations. These include NICU follow up clinic for medically complex patients with an emphasis on development, as well as pediatric psychology clinics addressing medically complex patients.

8. What themes did you identify in student feedback about strengths of the clerkship? Consistently very complimentary of the teaching (by both residents and faculty) and team integration they experience on the wards.  
We provide clear goals and objectives.  
Didactics are high value.  
Case mix is varied and interesting between different services as well as newborn nursery, inpatient ward and ambulatory settings.  
Students are able to have appropriate autonomy with patient care.
9. What themes did you identify in student feedback about areas for improvement in the clerkship? Students expressed dissatisfaction with the inability to contribute to note writing as 'problem-oriented charting' was not available to them due to institutional

priorities. Cleveland Clinic has since shifted to hybrid note writing that are accessible to students; they are therefore able to utilize and contribute to team and patient care on a more meaningful manner, as well as get feedback on note writing skills.

There are very few isolated comments only about not knowing 'where to go on first day', 'where to find scrubs' etc. These are all addressed at orientation, as well as included in the FAQs document emailed to the students, and placed on the portal as well. These comments are therefore deemed to be an oversight on part of the student. While we have been mindful that all students get some general and subspecialty exposure, logistics dictate that some will get more or less of either. An occasional student has been dissatisfied with their assignment. We encourage all students especially on weekend call to not just stay with their team, but to provide 'cross-cover' like residents do, and be involved in admissions to all services as possible. This is emphasized in orientation to students, conveyed to our resident liaisons, and to the resident body during 'med student role orientation' sessions.

10. What current challenges exist in the clerkship? All services and LAB are at capacity in terms of accepting learners. The CDs are mindful that staffing changes and other learner needs can easily disrupt this delicate balance. Maintaining preceptor engagement is increasingly difficult. In all settings, preceptors are challenged with seeing high volumes of patients with increased complexity.
11. What changes are planned for next year to address both feedback from students and challenges you identified? Continue to reinforce the commitment of the outstanding faculty and resident teachers by sending 'Caregiver Celebrations teaching appreciation' awards. As for the challenges, we keep a close eye on the student feedback as well as have identified 'department student faculty leads' and check in with them periodically regarding student and faculty experiences. As and when these concerns arise, we will address accordingly.