

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

Discipline: Psychiatry

Site: Main Campus and Lutheran Hospital

Clerkship Director(s): Adele Viguera, MD; Associate: Travis Krew, MD

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.
 - PowerPoint
 - Orientation packet
 - Checklist of required experiences
2. Attach the grading/assessment rubric used in your clerkship.
 - We use the Basic Core 3: Medical Student Performance Parameters for the Psychiatry Clerkship as our grading/assessment rubric.
 - The Criteria for Honors in Psychiatric document provides additional guidance for giving a grade of Honors.

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%: Mid-rotation feedback is provided by either Dr. Viguera or Dr. Krew. If the student is at Lutheran Hospital during the first two weeks of their clerkship, then Dr. Krew provides feedback. If the student is at Main Campus, then Dr. Viguera provides feedback. We are diligent about signing off on mid-rotation SELF ASSESSMENTS on CAS. Mid-rotation feedback meetings are regularly scheduled by Nichole Davis, and they are in person. I suspect our 97.33% is related to Dr. Viguera or Dr. Krew being out for vacation during a mid-rotation switch. One way to rectify this small deficit may be to have Dr. Viguera or Dr. Krew do virtual check-ins when the other is out of the office.
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: Our completion rate has increased from 25.00 % in 2019-2020 to 49.33 %, but there remains room for improvement. Dr. Krew is available to assist with EOR assessments to decrease burden on Dr. Viguera. In the past, dividing the task of EOR assessments has resulted in completion rates of 77% in 2016-2017 and 91 % in 2018-2019, which is substantially higher.
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)
 - Neglect (<5%)
 - Mistreatment (<5%)
 - Duty hours (>95%): Duty Hours Policy Awareness appears to be a new category. The medical students will be held to the duty hour policy set forth by the medical school. The medical students are never in danger of violating duty hours while rotating on this clerkship. There are no overnight calls or weekends. We can mention the Duty Hour Policy during the orientation session and put in in the orientation packet.
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?
 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%.
 - 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?
 - 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:	
Is the program optional or mandatory?	
Is it sponsored by the department or institution?	
Who monitors participation?	

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 intend to condense the four-week Psychiatry clerkship accordingly. If the Psychiatry clerkship is two weeks, then the students will spend one week on Consultation-Liaison and one week on Inpatient. If the Psychiatry clerkship is three weeks, then students will spend two weeks on one service and one week on the other. Required experiences will be limited to fit the time available. We intend to be flexible, and we will make the SOM aware of any further needs.

The ability for the clerkship directors to directly edit the CCLCM portal would be helpful.

7. Are there any clinical skills and/or knowledge in which students seem underprepared?

We have not observed any marked deficits. The students are generally eager to learn.

8. What significant changes were made in the rotation last year? Were they successful?

No significant changes were made in the rotation last year.

9. What themes did you identify in student feedback about strengths of the clerkship?

Generally, our clerkship is very well-received by the students. Students continue give positive feedback about the excellent organization of our rotation. The checklist (or 'passport') is a visual tool used to help students keep track of clerkship requirements. We are also diligent about keeping the CCLCM portal updated. The students especially appreciate the autonomy they have during their rotations, allowing them take ownership of their patients through the initial consult/H&P and daily progress notes. Their notes are part of the formal medical record after being cosigned by the supervising staff. This aspect of the clerkship helps facilitate the student's sense of self-efficacy.

The students also uniformly appreciate the frequent didactic opportunities, including C-L Journal Club, Lutheran Journal Club, afternoon C-L resident teaching, Wednesday teaching with the medical student liaison, evening resident teaching at Lutheran, and pharmacology lectures by an inpatient pharmacist. Additionally, there is a strong hierarchy of support. Medical students are overseen by a senior medical student liaison (a PGY-3 resident chosen by the clerkship directors because of their commitment to medical student education) who helps bridge the gap between the students and residents/attendings. The students also appreciate seeing a variety of clinical settings, including the medical floors on C-L and the inpatient psychiatric hospital, which serve distinct patient populations. They believe staff are approachable and helpful.

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

The students prefer to be on acute inpatient psychiatric units where they care for patients with severe mental illness, including acute psychosis and mania. Sometimes students

struggled to meet core clinical psychiatric conditions on our mood and personality disorder units (Lutheran 3C and 6N).

11. What current challenges exist in the clerkship?

Completion of EOR within four weeks is likely our greatest challenge.

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

Dr. Viguera and Dr. Krew will discuss strategies to complete EOR in a timely manner. Students will only rotate on acute inpatient units (Lutheran 2B or 3B) while completing the inpatient portion of their clerkship. This has been implemented as of 11/01/2021.