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

| Discipline: | Family Medicine |
|---------------|-----------------------|
| Site: | UH/VA |
| Clerkship Dir | rector(s): Jason Chao |

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.)

- 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%: 74.6

One quarter I thought the deadline for EOR was a week later than the actual due date. So ¼ of my EOR were a week late.

- 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) 71.08

We had to stop using one of our community preceptors because of feedback. We provide aggregate student feedback to preceptors to promote self-evaluation of their teaching, because our community faculty that will not reliably retrieve feedback online on their own.

Resident teaching has improved over the previous year.

- Neglect (<5%)
- Mistreatment (<5%)

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

We received complaints about a partner of one of our long-time highly rated community preceptors. We stopped using that site, and the issues with the partner were addressed by the hospital system HR dept.

• Duty hours (>95%) 87.95

We have no night call or weekend work, so it hard to understand how any student is violating duty hours. I suspect some students do not know how duty hours are defined.

I now mention duty hours at orientation, and I request that any student concerned about duty hours inform me of how we may be violating duty hours.

- 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%. 80.72 (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?

Student comments are reviewed quarterly. Any specific issues are addressed immediately if warranted. Learning objectives are reviewed when new faculty are recruited, and at periodic site reviews with community faculty. New community faculty recruits are given an orientation that includes 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%. 86.95
 - 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?

Student comments are reviewed quarterly. Any specific issues are addressed immediately if warranted. Comments are forwarded to residents semi-annually, if a specific resident is named. We supplement the resident as teacher didactics provided by the hospital for all residents, with discussion within the dept.

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:

UH provides some basic resident as teacher education. We provide additional orientation to new interns and upper-level residents.

Is the program optional or mandatory? | Mandatory

| Is it sponsored by the department or | Both dept and institution |
|--------------------------------------|---|
| institution? | |
| Who monitors participation? | Program Director and Clerkship 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?

Family Medicine will be reduced from 3 weeks to 2 weeks. This is well below the national norm of at least 4 weeks of FM. We will review our didactic schedule and reduce it when possible. The SOM can minimize the amount of time for other activities such as SAMI or class meetings during this condensed clerkship. End of clerkship exams should be moved to the weekend or following week to provide additional clinical time.

- 7. Are there any clinical skills and/or knowledge in which students seem underprepared? Students are generally uncertain about their physical exam skills. Students tend to be more familiar with the rare diagnoses, than the statistically more likely diagnoses.
- 8. What significant changes were made in the rotation last year? Were they successful? Several didactics were revised and updated. They were generally well received. Resident schedules were revised, so students work with fewer different residents in the residency practice. Overall ratings of resident teaching have improved. Residents received more instruction on giving written feedback in CAS, and we are seeing a small increase in the number of formative evaluations submitted.
- 9. What themes did you identify in student feedback about strengths of the clerkship? Preceptors (both faculty and residents) were supportive.

Chance to see a wide variety of patient conditions, including acute and chronic disease, and health maintenance visits.

Ability to see primary care in action including continuity, coordination of care, biopsychosocial approach and contextual care.

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

Long travel time to more distant practice sites.

Variable experiences working with NPs.

Could use a better orientation and more mid-clerkship feedback.

11. What current challenges exist in the clerkship?

Having enough clinical sites for all students, and preferably closer to University Circle. Sometimes need to assign more than 2 students to the residency practice at the same time.

Time for faculty development, especially with newer preceptors. Turnover of presenters for didactics.

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

Continue to try to work on site recruitment and faculty development. Have started short one-on-one mid-clerkship phone calls to check in, in addition to responding to mid-clerkship self-evaluations in CAS.