

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

Discipline: Ob/Gyn
Site: University Hospitals Cleveland Medical Center
Clerkship Director: Corinne Bazella MD
Assistants: Maria Shaker MD, Sarah Tout 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.
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%: **97.29%** We have a mid-clerkship meeting with each student on week 3 or 4 of the clerkship. We may have made an electronic clerical mistake of not submitting the CAS evaluation form from this meeting with one individual student. If a student does not answer the phone call that we schedule for the Mid-Rotation Conference, we re-attempt several times to make sure that this meeting happens. (Our internal records indicate that each student from AY 2020-21 did complete a Mid-Rotation Conference.)
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: **100%**, Our EOR/Grade completion rate is 100%.
3. The following ratings are provided for your clerkship. Comment and describe your plan for improvement if outside of benchmarks, indicated below:
 - 3.1. Overall rating (>80% excellent or very good) **72.62**
 - Our overall rating is 72.62. This was a very difficult year with Covid constraints in addition to multiple departmental leadership changes (chair and dept administrator), Residency leadership change and many faculty departures. In light of these very destabilizing factors, we are glad that we have essentially maintained this rating and we anticipate improvement as we re-engage our faculty and residents.
 - 3.2. Neglect (<5%) **11.9**
 - Our average neglect is 11.9 down from 21.43 the prior year. We hope to have continued improvement in this benchmark. In reviewing our end of clerkship comments, we anticipate that Gyn Onc, one of our previously identified challenging learning environments, will improve with the departure of one faculty member and the addition of several new faculty with particular

interest in teaching. The environment on Labor and Delivery has improved in several aspects and the use of the L&D Passport is helping to focus student learning efforts. We will continue faculty and resident development of teaching skills – especially on labor and delivery and consistent use of this tool.

3.3. Mistreatment (<5%) **4.76**

- Our average mistreatment was 4.76.
- One specific individual mentioned in the one lengthy passage was given feedback and an improvement plan was implemented. She has graduated residency and has left the institution. Another specific individual mentioned several times has also left the institution.
- The other individual faculty member mentioned in another passage was given feedback and this was addressed by departmental leadership.

3.4. Duty hours (>95%) **100%**

- We discuss the duty hours at Orientation. Students review our institutional policy and sign a statement that they are aware of the policy and how to report violations thereof.

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.) **84.5**

a. Describe the process you use to review the quality of faculty teaching.

- At the time of annual faculty reviews (FAS), our Department Chair and Clerkship Director review all student evaluations in CAS and highlight the positives and areas for improvement for each faculty member. These are then reviewed with the faculty member one-on-one with the Chair. With the change in departmental leadership and Covid, these reviews did not occur in the past year. However, the Clerkship leadership team has reviewed the faculty evaluations in CAS, the end of clerkship surveys, and then have individually addressed concerns.
- If there are worrisome negative comments on the End of Clerkship survey, the Clerkship Director contacts the attending and meets with them to discuss an improvement plan.

b. How did you communicate learning objectives of the clerkship to faculty?

- An email at the beginning of the academic year is sent to the Faculty, Fellows and Residents updating them re: core clinical conditions, procedures, learning objectives, and future learning directives.

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

- New faculty orientation to the Case Curriculum, CAS, and the structure of the clerkship -- has been affected by Covid. Written communications and reminders are sent throughout the year; however, didactic sessions to support preparation for teaching and assessment roles have been limited lately. We are currently recruiting faculty to replace the faculty who have left the institution. Fellows teaching symposium has also affected by Covid. Grand Rounds provides preparation several times a year through education-based topics. Annual Faculty Education Retreat has

continued as a required ½ day of didactics for faculty to acquire educational skills which promote adult learning principles. Our department generally supports faculty in attending national educational leadership programs - although funding for participation is challenging to acquire.

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%**. **79.76**
 - 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? Yes
 - How did you address this situation? One specific individual mentioned in the one lengthy passage was given the feedback and an improvement plan was implemented.
 - b. Complete the table to describe the preparation programs available to residents to prepare for their roles teaching and assessing medical students:
 - Changes in residency leadership have brought changes to the resident educational processes. The residency program has changed leadership and our previous quarterly “Residents as Teachers” program had been suspended since Covid.

Briefly summarize the program:	Quarterly “Residents as Teachers” program
Is the program optional or mandatory?	mandatory
Is it sponsored by the department or institution?	department
Who monitors participation?	Residency 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?
 - We plan to implement the same structure that we did for the clinical portion of the Covid affected clerkship in AY 2020-21.
7. Are there any clinical skills and/or knowledge in which students seem underprepared?
 - Women’s health and specifically Ob/Gyn is an area of opportunity for teaching in the pre-clinical years. Students do not know the basics of our differentials, diseases, anatomy and physiology of pregnancy. Women are 50% of the population, however, we educate as if women are a “niche” population and that men are the default sex. Students should have a better knowledge base prior to their Ob/Gyn rotation.
8. What significant changes were made in the rotation last year?

- There were no significant changes other than the creation of a GYN passport to guide student learning on this surgical service.
 - Were they successful? Students have shared verbal feedback on the passport that is positive.
9. What themes did you identify in student feedback about strengths of the clerkship?
- Students reported receiving hands-on instruction, enjoyed the diversity of experiences and patients that clinical saw, and felt well-integrated into their teams. Students found opportunities to contribute directly to patient care in all learning venues.
 - The students also commented that they appreciated the teaching efforts of both residents and faculty.
 - Our clerkship coordinator, Kink Brauer, is a standout in organization, communication, and compassion.
10. What themes did you identify in student feedback about areas for improvement in the clerkship?
- Of the students who identified concerns about the learning environment, **communication** among residents and faculty is a concern. Our department is small and has a familial energy which can lend itself to overly casual communication in the workplace. With new departmental leadership, this has been identified as an area of continued growth. We will continue to work towards the goal of professional and positive communication in the workplace.
11. What current challenges exist in the clerkship?
- We have “learner oversaturation” with 3rd year students, 4th year students, emergency medicine residents, and family medicine residents. This situation leads to teaching burnout in our very small and certainly overextended faculty. Additionally, this may lead to a perception of learner neglect - when an instructor’s attention is divided among 6-7 learners at one time.
12. What changes are planned for next year to address both feedback from students and challenges you identified?
- Learner oversaturation will hopefully improve as more faculty is recruited and added to our resource pool. Our new chair has made education one of her priorities and we anticipate more resources to be allocated for education in our department - specifically the creation of a Vice-Chair of Education which will help with both faculty and resident educational development.
 - Revival of the “Residents as Teachers” curriculum will be initiated and a taskforce has been started with the residency team to work on the learning environment.