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

Discipline: Pediatrics

Site: Rainbow

Clerkship Director: Kate Miller

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.
    - Updated with mention of planned curricular changes for the shortening of rotation 4.
2. Attach the grading/assessment rubric used in your clerkship.
    - Attached.

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%: N/A
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: N/A
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)
        i. Overall rating was 90.5%.
    - Neglect (<5%)
        i. Neglect rating was 4.76%. 1 reported incident was too vague to be actionable (needed "more support"). For another, I also cannot take specific action, as I don't know which resident the student was referencing. The third, of which I was aware (as reported by the student), is a fundamental challenge with that team. I will continue to work with the faculty and residents as able, but its nature as a subspecialty team limits even the decision-making abilities of the residents. I do not have the capacity to move students to another inpatient team, unfortunately.
    - Mistreatment (<5%)
        i. The mistreatment incident reported was shared with the physician named. The physician's report of the incident, corroborated by others, is

significantly different from the student's. I was aware of a similar incident, reported to me in real time, by a different preceptor. Based on what this preceptor told me, I had concerns about the student's mental health. I shared my concerns with this student's society dean both out of concern for the student in general and for the student's ability to cope with pediatric medicine. While the mistreatment report is concerning, I do not believe it reflects the truth of the situation. Of note, I have never received any other reports of concerns involving this physician, and she precepts dozens of students, but I will remain attuned to any concerns about this physician in the future.

- Duty hours (>95%) N/A

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.

        I discuss the experience of students during their mid-rotation feedback with me. I review all feedback provided by students (faculty named as superior and problematic), CAS evaluations, and the evaluations students submit of their teaching seniors. Finally, I review the lecture feedback from the Core 2 (Tue/Thur evening) lectures.

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

    - All inpatient faculty are introduced to learning objectives of the clerkship both through a primer and as participants as teaching attendings. For those who serve as a teaching attending, they are given extensive instructions in the role as well as a reminder of the learning objectives.
    - I remain available as needed to provide additional meetings to communicate learning objectives to individual pediatric subspecialty divisions during their regularly-scheduled division meetings.
    - For outpatient faculty who precept students, they are sent an extensive primer and 1-page guide that outlines expectations and learning objectives. I offer to meet with new outpatient faculty at their request.
    - New faculty are introduced to the clerkship by Dr. Dell during their onboarding process.

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

    - See above.

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?

   - I orient incoming interns about the clerkship. During the 19-20 AY, I had a dream resident-as-teacher lecture series. COVID ruined that. I was unsuccessful in launching a formal series for AY20-21, but I had a couple lectures on verbal and written feedback. There is now new med-ed leadership, and I will once again aim to launch the series. The plan remains a series that focuses on general teaching topics geared specifically toward the clerkship students. Topics will include feedback, evaluation, and teaching techniques.
   - The clerkship orientation includes a discussion of expectations about interns and residents. Students are invited to contact me if there are any concerns about quality of teaching or other professionalism issues.
   - During students' mid-rotation feedback, I solicit any concerns around quality of teaching from the interns and residents.

   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: As noted above, July lecture series geared toward interns. 45 minute introduction about teaching responsibilities, expectations of feedback and evaluations.	
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Dept of Pediatrics
Who monitors participation?	Pediatric residency

"Potpourri Rotation" for senior residents. Continued from previous years. All senior residents spend 2-4 weeks as the teaching senior. In this capacity, they formally teach a series of "general peds" cases (very well-received by students). Additionally, they are required to observe a history, physical exam, presentation, or sign-out. Immediately following the observation, they provide the student verbal feedback. They also provide written feedback via REDCap. This allows me to confirm that the residents are observing the students. I send the students their feedback. Seniors are provided with an extensive document that outlines expectations and instructions as well as utilization of a Google Site that provides resources and expectations.	
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Dept of Pediatrics

Who monitors participation?	Pediatric Residency, Clerkship director monitors that all students are observed.

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?
   - As outlined in the attached PowerPoint, the 4 week clerkship will consist of 2 inpatient weeks (students will have the same inpatient team both weeks), 1 week in the newborn nursery, and 1 week in an outpatient clinic. There will be 3 students (as opposed to the regular 2) in the newborn nursery. Not ideal, I am willing to add the extra student for this shortened period. The newborn nursery site director has agreed to host the extra student. This configuration worked well during the COVID-shortened clerkships.
   - During inpatient, students will continue to have their small group case discussion with the teaching resident.
   - For the sake of maximizing clinical time, we will likely suspend the Core 2 Didactics on T/R evenings. I have not yet fully explored this with my OB/GYN counterpart.

7. Are there any clinical skills and/or knowledge in which students seem underprepared?
   - For this AY, the lack of the pediatric PD during their 2nd year (eliminated due to COVID) is clear. I continue to set appropriate expectations among the residents and faculty.

8. What significant changes were made in the rotation last year? Were they successful?
   - Last year was a year of tweaking. I did not have a clerkship coordinator for half the time and did not have a well-functioning coordinator the remainder of the time. This person has since quit (last day 11/18), so this will continue to limit my ability to do anything other than keep the clerkship running.
   - I tweaked the "long call" system to clearly make it optional for students who have sufficient admissions during their inpatient time. This change from required to optional has been well-received.
   - I continue to work with a med-ed resident on strengthening the cases for the T/W small group case discussions.

9. What themes did you identify in student feedback about strengths of the clerkship?
   - The most common comments related to the strength of the teaching from the residents and faculty. Separate-but-related, students appreciate having a dedicated teaching and teaching resident while on inpatient.
   - Students appreciate the organization and structure of the clerkship. Several commented on the clear goals and objectives.

- Students appreciate the diversity of experiences offered by the clerkship. Examples included exposure to RTs and PT/OT providers, the balance of inpatient/outpatient/newborn.
- Students appreciate the way they are made to feel a part of the team, the verbal feedback provided, and the positive feedback on the inpatient small group case discussions continues to grow each year.

10. What themes did you identify in student feedback about areas for improvement in the clerkship?
    - Suggestions that were or will be incorporated into the clerkship:
        - I softened the language on the requirements for utilizing Canvas and made sure students know they are welcome to contact me with any questions.
        - I made sure there were more links between Canvas assignments and critical information within Canvas.
        - I will create a summary document about the clerkship. This will be front-and-center in Canvas.
        - I will also create a "how to use Canvas for peds" guide.
    - There were no overwhelming themes identified among areas of improvement. Many of the suggestions are not feasible or reflected the COVID experience. Specifically:
        - Not feasible suggestions:
            - Several students would like to rotate on teams without an AI or with only 1 student. This is not possible during AI-heavy summer months. Rainbow does not have enough inpatient teams (in addition to NEOMED students) 3 of the 5 inpatient teams have 2 students most of the time. The two teams that only have 1 student are those with the lowest census, and I remain dedicated to protecting those with only 1 student PLUS an AI during AI-heavy summer months.
            - A couple students suggested all students be in a community pediatric site for their outpatient weeks. I do not have that many sites (see below). Similarly, a couple students suggested more continuity among providers at the Midtown Pediatric Clinic. I have been asked to limit the number of times any faculty precepts in a week. I do attempt to schedule a student with at least 2-3 faculty, 2-3 times in a 2 week period. This is the best I can do within the parameters dictated to me.
            - As always, there is a split between students who praise being with the same inpatient team all 3 weeks and those that want to rotate among teams.
                - If, due to a lack of outpatient preceptors, I have to revert to some students having 1 week of outpatient and 4 weeks of inpatient, I will strongly consider dividing these students between 2 inpatient teams. I solicited this feedback from students who had 4-week inpatient schedules, so in addition to the formal feedback provided, I am aware of this suggestion and am in favor of it.

- COVID-related suggestions:
  - There were two themes related to patient volume. One was about the volume of inpatient teams – that I should schedule students where there are the most patients. Unfortunately, I cannot predict which teams will be busiest; it fluctuates among the 5 teams. Second, the volume has substantially increased for AY 21-22. Anecdotally, I have not had complaints of low inpatient volumes. Outpatient volume was also a *big* challenge, and until students were vaccinated and had N-95s, most outpatient sites barred students from seeing pretty much any sick kid. This has changed, so student complaints about "nothing but well children" and to have more acute/sick visits have been addressed by the passage of time.

11. What current challenges exist in the clerkship?
    - I currently have no clerkship coordinator. This will limit my ability to do more than simply keep the clerkship running.
    - Outpatient preceptors remain a challenge. There has been no progress, as yet, with recruitment efforts at a level above me. I will continue to ask.
      - I have not needed a hybrid model wherein some students have 4 weeks of inpatient and 1 week of outpatient (and others have 3 and 2, respectively). This remains the back-up plan if I cannot identify sufficient pediatric clinics to host students.
    - Feedback is a perpetual challenge.
      - I will work to relaunch the resident educational skills curriculum as is possible with my schedule and the availability of med-ed residents. I do have the support of the med-ed residency track leader.
      - In the absence of consistent CAS utilization, I will continue to email to solicit the feedback of residents, fellows, and attendings with whom students worked. I will continue to include any email-gathered feedback in the EOR statement. Students are also encouraged to ask if they wish to read their feedback in its entirety (i.e. read the emails).

12. What changes are planned for next year to address both feedback from students and challenges you identified?
    - See above.
    - I will continue to strengthen the inpatient small group case discussions and am continuing to work on timing of didactics to minimize disruptions to their clinical / team time.
    - I will continue to strengthen the Core 2 didactics based on student feedback (and work on ways to increase student feedback about these cases).