

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

Discipline: \_\_\_\_\_ Neurology \_\_\_\_\_

Site: \_\_\_\_\_ UH/VA \_\_\_\_\_

Clerkship Director(s): \_\_\_ Wei Xiong 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.)

\*Please note that I will be addressing the following metrics based on the combined stats from students that rotated through UH and the VA for Neurology. The students largely share the same experience and with the same group of residents.

1. Your average completion rate for mid-rotation feedback for the year is provided. Describe your plan for improvement if <100%: 100%
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: 100%
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) - 82.6%
  - Neglect (<5%) - 4.8%
  - Mistreatment (<5%) - 1.1%, no serious or egregious reports.  
\*\*\*You must also respond to any serious or egregious report of mistreatment regardless of your benchmark.\*\*\*
  - Duty hours (>95%) – 89.6% Awareness, 96% adherence. I suspect that the low “awareness” rate is due to the nature of the survey question which asks for awareness of the clerkship duty hour policy, and there is none, outside of the general duty hours policy for all clerkships.
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.) 86.3%
  - a. Describe the process you use to review the quality of faculty teaching.

Reviews of faculty on the survey forms are reviewed twice a year. CAS evaluation data is also reviewed. Any outstanding problems are to be discussed with the faculty individually.

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

Learning objectives are not explicitly disseminated to the faculty. All faculty who come in direct contact with medical students are already well aware of what neurology basics a medical student should learn.

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

The core teaching faculty attend biannual meetings at the department level where all things education related are discussed and best practices shared.

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%. 95.5%

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?

Resident teaching effectiveness is reviewed each month with a feedback session at the end of each block with students. Survey results are reviewed twice a year. No residents were identified as problematic this year.

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:	
I personally do a one-hour introductory session at the beginning of each academic year on medical student roles and expectations. I emphasize proper teaching techniques and the importance of providing useful feedback. Also, learning objectives, target diagnosis list, student responsibilities, and protocol for requesting feedback are distributed. All new residents and fellows at UH are also required to complete the CWRU Resident as Teachers module.	
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Department and Hospital
Who monitors participation?	Me and the GME office

**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?

My plan for the shortened clerkships (3 weeks instead of 4) will be to rotate each student through three 1-week subrotation instead of two 2-week subrotations. I've

done this previously during the COVID clerkships where students were assigned to two 1-week subrotation each. The frequency of the rotation change seemed to be well tolerated and even appreciated by the students. I will also need to adjust the didactic schedules to have more didactics on each Friday didactic day in order to fit in all existing didactic sessions.

7. Are there any clinical skills and/or knowledge in which students seem underprepared? I'm concerned about the neuroanatomy knowledge of the current students which may reflect the lower knowledge for practice levels acquired during the remote year of learning secondary to the pandemic. Students have seemed much less able to answer basic neuroanatomy questions during neuroradiology teaching and on rounds.

8. What significant changes were made in the rotation last year? Were they successful? Rotations at the start of the AY were shortened, as with all clerkships. For the whole year, due to lower amounts of in-person patients in clinic and to limit crowding of the outpatient clinic space, students only attended one afternoon of neurology resident clinic instead of two. The downside was the students were exposed to less outpatient neurology and students generally felt they would have liked a little more of that.

9. What themes did you identify in student feedback about strengths of the clerkship? Common themes on the strengths of the rotation per student feedback are:

The clerkship was well organized, orientation was helpful, and expectations were clear from the beginning.

Many students commented on the effectiveness of the Friday morning didactics that were case-based vignettes. Participation in these sessions is active and guided by content experts.

Excellent teaching by residents and faculty and overall dedication to medical education.

Diverse set of experiences to choose from.

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

Several students asked for more outpatient clinic time.

Some students felt distanced from their teams as some of the earlier COVID precautions had them in separate rooms due to social distancing.

Another theme that popped up included that there were not as many patients for them to see as they would have liked, particularly on Peds Neuro and at the VA.

A couple of students complained about coming in on weekends.

11. What current challenges exist in the clerkship?

The clerkship website, which has been a source of valuable information for students in the past, has now been placed behind a firewall and the existence of which is threatened due to a dying server. At one point, the server went entirely offline and students were not able to access the content. The SOM is not eager to help with this and I may need to host this website on a private server going forward.

One main challenge remains the size of the teams, particularly the General Neurology team. Students sometimes don't get enough attention or patient care responsibilities on such a large and busy team. Also, some services have less patients than desirable, such as the peds neuro and VA services.

Getting timely VA computer access continues to be a problem that is hampering the students' involvement on the team.

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

Now that the pandemic conditions have started to improve and vaccination rates better, the number of outpatient experiences have now been increased to pre-pandemic times (twice instead of once).

The overall rating of this clerkship has gone down during AY 20-21. Based on the feedback received, lack of outpatient experiences and decreased exposure to patients are contributing factors. This may be partly pandemic related, and hopefully will improve as we come out of this crisis slowly.