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

Discipline: SURGERY
Site: UNIVERSITY HOSPITALS
Clerkship Director(s): Emily Steinhagen

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. – See attached
2. Attach the grading/assessment rubric used in your clerkship. – See attatched

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%:

   Each student meets with their senior resident to fill out a feedback form; they also complete a self-assessment and meet with the clerkship director. In the past year, every student has met with me and the form has been completed. In the past academic year, 2 students reported not receiving feedback. Based on my own data, I do not plan to necessarily change my practice. However, I will continue to meet with each clerkship student and encourage our residents to continue with their "Feedback Friday" practice, which is department wide initiative.

2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%:

3. My data is reported in aggregate with the VA. Carol Chalkley has shared with me that our rate is 100% at UH.

4. 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): Our rating is 86%; nevertheless, we continue to try to grow the skills of all residents and faculty as educators while addressing problems as they are reported. A description of our efforts is below.
   - Neglect (<5%): The common theme in the neglect comments had to do with a lack of direction and unclear roles on the service. Students and residents are now required to complete an "Aligning Expectations" worksheet with their residents to facilitate this conversation and make sure their role on the team is defined to both students and residents.
   - Mistreatment (<5%)

     We continue to encourage reporting and work through our Mistreatment Curriculum with the students each block.

     Several specific instances of mistreatment have been addressed: we have collaborated with the nurses in the Prentiss Operating Room area regarding their interactions with students, where both in the official reports and in other forums I had heard there were

issues. This seems to have been effective as even when I have asked specifically there is no evidence of an ongoing issue. Students also no longer rotate on the plastic surgery service. Specific individuals who were reported to mistreat students were all approached and the issues were discussed with them; in the case of a resident, it is part of her formal remediation plan.

An additional intervention is the addition of a module on Effective Teaching Via Questions to our existing Residents as Teachers Curriculum. This directly touches on positive learning environments and psychological safety. Some of the "public humiliation" that is reported has to do with the tone and nature of questions and this intervention is designed to change the way this teaching occurs and make it more productive. This training is mandatory for residents and is also offered in a voluntary session for faculty.

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

- Duty hours (>95%) n/a. Of note, students had frequently expressed concerns about long hours so I have been quantifying it over the last year and most students are working a mean & median of 56 hours per week and only one student had one instance of working >80 hours per week over the past 6 blocks.

5. 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.) Our rating is 86% strongly agree or agree that faculty provide effective teaching.

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

    In the short term: if faculty are mentioned either as exemplary educators or ineffective, they are provided feedback. The EOR feedback is looked at each block. Their division chief is also notified. If someone is mentioned more than once as ineffective, an in person discussion is required.
    Teaching scores and comments are reviewed during each faculty members' Annual Performance Review with the Department Chair.

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

    We have an annual clerkship update at our Department Meeting each August that reviews the learning objectives. In addition, nearly all faculty at CMC are included as preceptors on a rotating basis and therefore receive learning objectives via email whenever they are assigned a student.

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

    Our Department has a Faculty Development series specifically regarding education that covers a variety of topics including teaching on the wards, teaching in the operating room, feedback, and writing evaluations. In addition, we have a brief education session at least quarterly at our Department Meeting.

6. 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?

    Similar to above; residents are given their feedback when they are mentioned positively or negatively in the EOR and the program director is aware of the feedback. I meet with anyone who is mentioned more than once as ineffective.

    In the case of one specific resident, this is a specific objective in her Performance Improvement Plan and I have worked with her directly on her teaching and communication style.

    All residents participate in our Residents as Teachers Program. This program continues to evolve based on needs and our program assessment. This year it will include a half day workshop that is based on resident level, as well as two additional sessions during their weekly education curriculum.

    We are investigating the role of frequent, on the job feedback on resident teaching as part of a study. Residents are provided with their feedback every 8 weeks and given the chance to discuss it along with specific measures that they could improve.

    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: See above. Annual workshop plus additional didactic sessions.	
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Department.
Who monitors participation?	Program Director Residents as Teachers Director

Provide Qualitative Feedback and Reflection:

7. 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 will condense or eliminate some in person didactics but provide asynchronous learning opportunities to cover the material. Based on feedback from the students, they will still spend 4 weeks on a service but 1 week rather than 2 weeks on a second service. I will do my best to avoid that occurring during the last week of the clerkship to maximize the duration of this week.

The biggest assistance would be distribution of students throughout the year on the clerkship. When we have a large group, it is very difficult to make sure everyone gets to be on a service they request and to avoid doubling up students on a single service – which clearly dilutes the number of cases, clinics, and consults available to them.

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

   Students need better knowledge of scrubbing, gowning, and gloving prior to the rotation. We do a review of it but do not have sufficient time to really teach it on the clerkship.
   In addition, students are not always well prepared to advocate for their own education and perhaps could benefit from specific instruction on how to initiate conversations on expectations, feedback, and evaluations.

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

   The clerkship structure had been changed slightly to have a 4 week experience and a 2 week experience, rather than 4/1/1. This has been well received. It was done primarily to address the quality of experience on Acute Care Surgery and secondarily, to allow for better relationships between students and the team and better evaluations. This appears to have been successful as students still appreciate the diversity of experience, and the ACS team members believe the situation is better. Though some students still feel like 2 weeks is too short, it is better than two 1 week experiences.

   I started sending a weekly email of updates/reminders/check ins with the students and asked them to log their hours. While I did not receive any formal feedback on this, I was able to determine that while students are working hard, work hours are not excessive. In addition, I believe this additional touch point was useful for helping the students feel supported and made it easier for them to reach out. I sometimes received responses that were small issues or questions that otherwise might have not been brought up to me, but this facilitated them reaching out.

   We did initiate some programs designed to indirectly enhance the clerkship, such as our Faculty Development Series. Overall, our ratings are improved or stable.

   At the start of this academic year, we implemented a new end of rotation evaluation form completed by faculty and residents. This is designed to improve the quality of feedback we receive on each student. It's success will have to be measured after it has been in place for a period of time. I plan to do a qualitative comparison of the comments as well as seek out feedback from evaluators.

10. What themes did you identify in student feedback about strengths of the clerkship?
    - *Effective didactics:* "Lectures are organized and concise, I always walked out with a better understanding of the concepts presented"; "didactics were largely helpful and relevant."; "lectures were very helpful"; "high yield and interactive lectures"; " Most of the didactics were fantastic!"
    - *Organization and Structure*: "Well organized for the most part. It was nice to be a part of two different teams."; "Wonderful clear expectations"; "explicitly outlining expectations of medical students in pre-clerkship orientation" ; "Ability/option to rotate freely

between different services throughout the rotation, long-term team integration during the 4-week period,"; "excellent administrative organization"; "The overall layout of the clerkship was good too"; "I really appreciated the diversity of surgical subspecialties we were able to choose from. By rotating through at least 2 specialties, I was able to realize that although I don't see myself as being a surgeon, I could gain valuable lessons from each of m experiences."; "clear goals and objectives";" focused on the education of the medical student";

- *Hands on experiences*: "Provides students with a lot of hands on practice in the OR" ;"It was great to have time to practice suturing."; "Lots of hands on experience";"A lot of "on the job" learning, students are given opportunities to try hands on procedures."; "I felt like I improved so much in surgical skills while with them and felt very competent by the end of it"; "I was provided abundant opportunities for hands-on learning, to demonstrate my knowledge, feedback for performance improvement, and teachers were very patient and engaged."
- *Resident and Faculty teaching*: "Surgeons were welcoming into each case and engaged the student in fruitful discussions"; "Attendings were excellent at teaching in the OR and creating opportunities for students to get involved"; "Attendings provided good feedback, and there was a variety of surgeries to see"; "the residents were all very supportive and welcoming to the students."; "Attendings and residents were very helpful in the OR/gave helpful advice, expectations outlined clearly at orientation, lectures were very helpful"; "The people were amazing. Everyone was very nice, approachable, and happy to teach in various settings. I learned a lot and I will take the things I learned during this rotation and apply them when I am a surgical intern"; "Having the active teaching and feedback on areas to work on from my time in colorectal provided me with the opportunity to grow by the end of the rotation allowing me be "above the curve" by the end."; "I think that the residents were good teachers and I got to scrub in on a good number of cases."
- *Clinical learning opportunities*: "lots of exposure to surgery and issues surrounding management of post-operative issues"; "Learning anatomy and having the opportunity to assist in many varied types of surgery was an amazing aspect of this rotation."; "opportunity to participate in weekly clinic" "OR time and teaching"; "Strengths including getting to experience different surgeries and get to spend a lot of 1 on 1 time learning and developing relationships with attendings."; " Saw many different types of surgeries, had a good amount of time in the OR"; "Good hands on experience observing and learning different surgical techniques and pre and post-op care. I learned how to take more initiative."
- *Mistreatment Curriculum:* "I loved the mistreatment videos at the beginning." ;"I really loved the mistreatment talk that we had and it actually convinced me to approach another clerkship director about previous mistreatment."
- *Customizable experience/Diversity of c*ases: "I really appreciated the diversity of surgical subspecialties we were able to choose from. By rotating through at least 2 specialties, I was able to realize that although I don't see myself as being a surgeon, I could gain valuable lessons from each of my experiences." ; "The chance to choose between different electives is definitely a strength. I also really enjoyed the variety of procedures that surgical oncology offered and would highly recommend it to others."; "being able to see observe multiple services and see the differences/similarities between them"; "observing a breadth of procedures and also learning about minor procedures that can be performed on the floor"

- *Call:* “overnight call gave me adequate exposure to ACS”; “I liked having 2 calls in which I could see emergency surgeries”; “Overnight 24 hour calls were very valuable. We got to see more of the responsibilities of surgery residents as well as got to meet more residents and attendings than we otherwise would have”
- *Engagement of Clerkship Director:* “The director is the best director I have ever had in any clerkship. Please don't change”; “Clerkship director is extremely responsive to students and ensures everyone is being treated properly, and is prepared to succeed.”; “Clerkship director really car; s about students' experience. It was nice to know she had our backs.”; “Dr. Steinhagen as clerkship director is one of the biggest strengths of this clerkship -she clearly is devoted to putting her students first and the 30-minute discussion sessions she organized before lectures was extremely helpful to my growth as a student and as a future resident.”; “Dr. Steinhagen is a wonderful listener and I definitely felt supported by her”; “promptly acknowledged student concerns, prophylactically and actively prevented students from feeling lost or alone on the rotation.”; “I also loved how available Dr. Steinhagen was with her 30 minute sessions to check in on us.”; “The clerkship director is very in tune with students and their well-being throughout the clerkship.” ;“Dr. Steinhagen is awesome!! I felt like she really cares about our education.”

11. What themes did you identify in student feedback about areas for improvement in the clerkship?
    - *Faculty miss lectures at times due to emergencies* “It is inevitable that sometimes surgeons are not going to be on time for lectures due to the nature of the operating schedule and emergencies. It is important to be mindful of everyone's time and when possible let Erica know so we don't see in lecture waiting.”; “There were at least 4 lectures that were cancelled because the lecturer was stuck in the OR, which is completely understandable given the acuity of surgery. However, my suggestion for the next year would be that Erica Coleman (or anyone who can set it up) have pre-recorded lectures that can be played at a moments notice if the lecturer becomes unavailable so that students aren't just sitting around for an hour waiting for the next lecturer to arrive (who might not even be able to show up)”; “Lectures should have the option of being done from home if the lecture is over zoom.”
    - *Didactic Schedule*: “I wish didactics were more regularly scheduled, since I feel like my team was always uncertain about when I would be present or not. Some weeks where we had didactics on a Thursday and then again on the following Monday, it felt like I was taking three half days in a row (Thursday, Friday for SAMI, and then again on Monday), and I felt like the team felt that I was missing a lot of OR time.”;“I know it's tricky with scheduling, but if at all possible, it would be great if didactics were mostly on the same day!”; “ The didactics should be shorter or broken up”; “Lectures were sometimes just overviews of the doctor's field, without much teaching.”; “also would have been nice to have some surgical skills workshops.”
    - *Call* “Please, please consider taking away the 24-hour call requirement. It only added to my stress with no educational benefit in addition to what I got during the regular shift”
    - *Preceptors Schedules or Specialties*: “I also think that it would be more effective to make a student's preceptor be a general surgeon rather than a bariatric surgeon when they're on general surgery. The bariatric cases were great and I really enjoyed observing and

assisting in them, but I think the general surgery cases had more variety, and I lost a lot of flexibility to observe cool/uncommon general surgery cases to instead follow my preceptor to the endoscope lab or to watch bariatric cases that were pretty much the same week to week. I think following one of the general surgeons would have brought more variety both in clinic and in the OR. Additionally, bariatrics is somewhat separate from the rest of the general service in that the gen surg residents mostly help out with gen surg cases, and leave the bariatrics cases for the bariatrics fellows. As a result, I felt a little secluded from my team since I was often going off to help with cases that they wouldn't be involved in. Though this gave me the chance to assist and do more (which was great!!), it felt a little challenging to feel as integrated into the team as I would have liked (especially given I felt like I was often leaving in the middle of cases for didactics, as I described above).";"For colorectal surgery specifically, it was difficult initially to find a role because there are two separate teams (Barry/Hubay). Advantages are that you get to see a lot of different cases and spend time with several attendings. However, it often led to separate and often conflicting commitments. For example, it is not possible for students to round on and present patients from both the Barry and Hubay side because the teams round separately in the morning. I think it may be beneficial to make it explicitly clear that students should primarily stick with one team throughout the course of the rotation."; "Honestly I don't think peds surgery is a good learning environment for medical students"; "This is probably just a consequence of the halved COVID surgery clerkship, but I wish I had spent time in the OR with more surgeons in the service"

- *Unclear expectations at times* "They didn't make the role of the medical student very clear and it was easy to feel lost on the team."' "Make learning objectives more clear, give more direction for student roles during rounds and OR time, reduce time spent on scut work to allow for studying"
- *Inconsistent teaching between individuals and services* "2 week elective portion of surgery was difficult to form meaningful relationships with some attendings"; "My biggest difficulty was just how inconsistent the experience can be surgeon to surgeon in terms of what they expect from you and how you can participate in the OR."; "Making sure students get hands on suturing opportunities each day if able and making sure they are presenting patients with feedback at some point each day, even if there is not enough time in the morning."; "There is a large discrepancy between services. Some services have too many students, others have none. Some services have very long hours and high expectations for students, others don't. Standardizing this and making this information more transparent for students before they choose the services that they plan on rounding with would be useful."
- *Amount of time in the OR* "It would be nice to also encourage more hospital floor time for students who may be less inclined to be in the OR all day as it was still a valuable experience to see patients on the floor and help with activities such as wound dressing changes, etc."
- *Structure* "another suggestion would be to allow more rotating between teams to see a larger variety of surgical cases. Spending 4 weeks with the same surgical team has advantages (forming relationships, level of comfort), but does not support the wide breadth of knowledge that is expected on our surgery shelf. I think that seeing other cases from other teams/fields would have been beneficial." "It was challenging to get to know attendings for feedback on the 2-week rotation, as different attendings were frequently operating."

- *Presence of other learners* "There was an M4 on my service who did not have didactics, and so in comparison I felt like I gave off the impression of being less present or engaged because I was always leaving in the middle of cases while he remained behind"; " Perhaps check if a given service is going to have a bunch of outside rotating residents on it and not assign med students to that service when that is the case. This was an issue on transplant, which was compounded by the shear number of people on the team (4 PGY-2's and above, 2 interns, 1 fellow and 1 NP)." "During my last week, there was another M3 and an M4 on my service, and there weren't really enough responsibilities to go around."

12. What current challenges exist in the clerkship?

There are limited rewards for faculty who do an exceptional job in teaching and no real incentive for those that are satisfactory or good to become great. There is no mandate nor incentive to participate in faculty development that would address this, so those who need it most are less likely to participate. This is a challenge since the individual experience is so varied and based on individual interactions.

It is still sometimes difficult (though better) to get sufficient high quality evaluations. Some faculty are reluctant to write comments that are substantive and specific due to student reaction. Some faculty also feel they do not know students well enough to evaluate.

As with previous years, time remains an issue. To keep the clerkship status-quo requires at a minimum some time dedicated to logistical organization, orientation, mid rotation meetings, and completing evaluations. Doing things like providing faculty and residents with feedback, meeting with students biweekly, and working with faculty to improve didactics also take time but are all very important. Generating curricular innovations requires time to think about them, develop a plan, implement, and assess their success.

Earlier this year, there was an article circulated from the Alliance for Clinical Education that suggested a 0.5 FTE appointment for clerkship directors, support for CME activities, involvement in faculty development and educational scholarship, a clerkship budget, and other things. While I am doing many (most) things included on the list of responsibilities, financial support both for my time and to attend conferences or other programs to enhance my skills as an educator (separate from my clinical practice CME funds) from the medical school would be useful.

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

As of last year, teaching quality was included in Annual Performance Reviews. We started and will continue our faculty development series to improve teaching quality. With regards to evaluations, our Department Chair has decided that completion will be tracked and incentivized in some way; details are not yet fully worked out.

We instituted an "Aligning Expectations" Worksheet to help students and residents improve their shared understanding of the clerkship expectations; it will also remind residents more frequently of the role of the students.

There will be more coordination with other learners including acting interns, visiting students, and other health professionals to try to minimize overlap on services.

I think some of the areas for improvement are a reflection of the need to better explain some things on the clerkship. For example, the didactics always take place on either Monday or Thursday so that we can have more faculty participation. I plan to frame this in a way that helps them understand what it is like to be an attending surgeon vs a surgical resident.