

Joint Clinical Oversight Group – Annual Report from Clerkship Directors AY 2021-22

Discipline: EMERGENCY MEDICINE

Site: Cleveland Clinic, Main Campus

Clerkship Director(s): Venk Kambhampati, MD, FACEP

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.

No powerpoint attached or emailed to me. No significant difference from setup from last year.

2. Attach the grading/assessment rubric used in your clerkship.

The EM 3rd year clerkship is Pass/Fail. It is only a 2-week rotation so there is no shelf exam or other grading system.

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%:

No mid-rotation feedback for EM as it is a 2wk rotation. Additionally the shifts are spread out over the 12 wk LAB block.

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

100% completion.

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) YES 80.26%
- Neglect (<5%) YES
- Mistreatment (<5%) YES

- i. Only one mention in the latest evals -> a student complained that an EM Staff and some residents were discussing the mediocre performance of a medical student on the rotation, in front of another medical student. The medical student hearing the discussion thought the criticism was harsh and felt uncomfortable being present while the discussion was taking place. Remedy = an email will be sent out reminding all attendings and

residents not to discuss the performance of medical students publicly, or in front of the other medical students.

- Duty hours (>95%) 100% adherence, 77% awareness (LAB wide)

This is likely something that can be addressed by Amy McKee in the opening/intro lectures. Not specific to EM.

4. Your faculty rating for teaching is provided. Describe the process you use to review the quality of faculty teaching. Provide a specific plan for improvement if the number falls below 80%. LAB wide is 94%.
5. Your resident rating for teaching is provided. Describe the process you use to review the quality of resident teaching. Provide a specific plan for improvement if the number falls below 80%. LAB wide is 97%.

Provide Qualitative Feedback and Reflection:

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

For the most part, students are reasonably prepared for the EM rotation. Obviously they are more prepared in the later LAB blocks. There is no distinct or recurring theme or topic in which they are underprepared.

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

Only significant change was that the orientation lecture was changed from a live to a pre-recorded presentation. The first time this happened due to scheduling issues. However it was so well received that for the 22-23 year, we will continue to use the pre-recorded lecture for orientation. This also gives Amy McKee flexibility with the schedule. She also feels that the pre-recorded lecture is well received and supports using it for this year. We are collecting feedback from students as the year goes on. So far everyone seems to like the pre-recorded lecture.

8. What themes did you identify in student feedback about strengths of the clerkship?

Students always mention the autonomy that they have on the ED teams. Other themes mentioned are diversity of patients, ability to observe procedures.

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

One theme that we see is that students are often surprised that the residents are unaware of who they are working with. Since the ED runs on a shift schedule, residents

usually do not know which students is assigned to them. Residents actually do not even know which staff is working that day (until the staff shows up). Sometimes there is a little confusion on which resident to follow. However this is clearly explained in the orientation lecture.

10. What additional challenges exist in the clerkship?

No additional challenges at this time.

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

No specific changes at this time. Some of the comments we receive are based on the culture of the ED which is quite different from the rest of the hospital.

LCME Required CQI Elements

• **8.7 Comparability of Education/Assessment**

Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.	Usually I give a yearly presentation about the medical student rotations available and their respective objectives. We also delineate the responsibilities of each level of medical students (M3 vs M4/5 or AI). They fill out evals on CAS. Faculty are used to this system as it has been used for several years.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	During the meetings we will sometime share metrics of the rotation.

• **9.1 Preparation of Residents to Teach/Assess Medical Students**

Complete the table to describe the preparation programs available to residents to prepare for their roles teaching and assessing medical students:

<p>9.1 Briefly summarize the program: The residents are given at introduction/orientation lecture at Metrohealth Medical Center. I believe this is in the form of a lecture. This is performed by the emergency medicine staff/faculty at Metrohealth. Our residency is a combined MetroHealth/CCF residency, with MHMC being their homebase.</p>	
Is the program optional or mandatory?	Mandatory

Is it sponsored by the department or institution?	Dept of EM at MHMC
Who monitors participation?	MHMC EM Faculty

- **6.4 (inpatient/outpatient time)**

Table 6.4-1 Percentage Total Clerkship Time*		
Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. If the amount of time spent in each setting varies across sites, provide a range. Add rows as needed.		
<u>Required Clerkship/Site</u>	Percentage of Total Clerkship Time	
	% Ambulatory	% Inpatient
EMERGENCY MEDICINE	100% in the ED	n/a

- **5.11 Study/Lounge/Storage Space/Call Rooms**

A medical school ensures that its medical students at each campus and affiliated clinical site have adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences. Please provide this information for your clerkship/site.

Study space	n/a
Secure storage space	Students can place items in the fishbowl.
Call rooms availability	n/a