

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

Discipline: Family Medicine

Site: CCF

Clerkship Director: Robert Cain, MD and Samina Yunus, 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%: The mid-rotation feedback rate is not discipline-specific in LAB. For the entire rotation, only one student did not receive mid-rotation feedback from their LAB Advisor.**
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if **<100%: 100% of students received their EOR evaluation within 4 weeks.**
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) **92.1% of students in LAB rated their family medicine experience as excellent or very good.**
 - Neglect (**<5%**) **No significant issues were reported for neglect or mistreatment in Family Medicine in AY 2021-2022**
 - Mistreatment (**<5%**) (see above)
You must also respond to any serious or egregious report of mistreatment regardless of your benchmark.
 - Duty hours (**>95%**) **no student concerns were reported regarding duty hours in Family Medicine**
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%. There was not discipline-specific data reported for this for AY 2021-2022, but the LAB faculty as a whole was rated as effective 94.74% of the time by students. Our Family Medicine preceptors continue to provide excellent clinical teaching for students. Our preceptors completed an average of 8.7 CAS feedback requests per**

student (58% of all requests). Students in family medicine were directly observed taking a patient history and completing physical exam elements 89.47% of the time.

Faculty teaching rating (done by the students each block) are reported to Department and 4C leadership, and are reviewed individually with the faculty at the time of their Annual Professional Review.

During the 2021-2022 AY, the following Family Medicine Preceptors were recognized by students for their exceptional teaching: Drs. Allan, Boose, Cain, Cioffi, Goodman, Kirkpatrick, Rabovsky, Reddy, Shah, and Yunus.

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%. **Discipline-specific feedback was also not available for this, but residents overall were rated as providing effective feedback 97% of the time. The quality of resident feedback is reviewed by the discipline leaders, and any concerns are relayed to the residency program director.**

Provide Qualitative Feedback and Reflection:

6. Are there any clinical skills and/or knowledge in which students seem underprepared? **Early in the AY, the Lerner students have an apparent advantage in familiarity with Epic and with patient interactions compared to their University Program peers, but this is very quickly equalized.**
7. What significant changes were made in the rotation last year? Were they successful? **Some students had an 8 week experience rather than 12 weeks in order to allow more flexibility with scheduling electives. It is difficult to judge this as successful or not in terms of specific learning objectives, but it was successfully implemented. In-person didactic session were also brought back as COVID restrictions eased.**
8. What themes did you identify in student feedback about strengths of the clerkship? **The quality of preceptors, the diversity of the experience, and opportunities for longitudinal patient contact were identified as strengths.**
9. What themes did you identify in student feedback about areas for improvement in the clerkship? **The amount of travel to different sites is an issue for some students. Some students feel the LAB block should be shorter so they can schedule more electives.**
10. What additional challenges exist in the clerkship? **Finding enough preceptors remains the greatest challenge, and that has become even more difficult with recent mandated scheduling changes that remove some flexibility for teaching, etc in our daily schedules. We have lost some outstanding preceptors due to this. The**

competition for preceptor time for those who also work with students from Ohio University's Osteopathic school campus in Cleveland also remains a challenge.

11. What changes are planned for next year to address both feedback from students and challenges you identified? **The SOM continues to review scheduling options for students to permit adequate elective opportunities. I hope that faculty teaching students can have some of their flex time reinstated to accommodate the time for teaching. Driving time will remain an issue for some students. There is simply no way to condense their experience geographically while covering multiple disciplines that are primarily community-based in a several county area at our family health centers.**

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.	We send a welcome email to each preceptor in advance of their upcoming student's start date to review these topics. This is done for each block.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Faculty receive their student evaluations at their APR, and any individual concerns are addressed with the faculty by the discipline leaders during or after 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:

9.1 Briefly summarize the program:	
Is the program optional or mandatory?	Residents as teacher training is part of the residency didactic program
Is it sponsored by the department or institution?	By the residency
Who monitors participation?	Residency director

- **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
	100%	

- **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	provided
Secure storage space	available
Call rooms availability	Not needed (no on-call)