

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

Discipline: Internal Medicine

Site: Cleveland Clinic

Clerkship Director(s): David V Gugliotti

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.

The information above is included in the TBC-1 Goals and Rotation Description PDF (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%: **Completion rate was 93.33%. All meetings were completed, there was on oversight in recording some of the meetings. Completion of these assessments is being monitored more closely.**
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: **This was 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): **Rating was 92%**
 - Neglect (<5%): **This was 6.67%. In review of the comments, it appears that the comments included in the report occurred on the Surgery part of the TBC-1 rotation. This included some comments related to neglect as well as concern about implicit bias and microaggression that occurred during a didactic session**
 - Mistreatment (<5%): **This was 1.33**
You must also respond to any serious or egregious report of mistreatment regardless of your benchmark.
See above
 - Duty hours (>95%): **This was 97.33%**
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%.: **Faculty rating was 94.66%**

- Faculty comments are reviewed in CAS and we make note of faculty who provide consistent and helpful feedback to students as well as faculty who need improvement in CAS feedback. Faculty teaching scores are reviewed to understand the impressions of individual Faculty teaching. We will continue to make sure faculty are aware of teaching scores and review these intermittently. We also review comments from students from surveys at the end of the rotation to help identify faculty who provide useful feedback to students or need improvement in CAS feedback
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%.: Resident rating was 90.54%
- Feedback from students is reviewed from end of rotation assessments for information about the resident’s teaching skills.
 - Comments are solicited from students during mid-rotation and end of rotation assessment meetings to get information about resident teaching as well—we take note of this information to share with the IMRP and nominate residents to be recognized for quality feedback
 - Some feedback is obtained from the Internal Medicine Residency Program about resident teaching—sometimes the Chief Medical Residents will volunteer information about residents interested in teaching or inquire about a particular residents skills in teaching or interactions with students
 - Overall, students are very happy with the teaching from residents. We get feedback from the students about how much the quality of teaching from residents and how much they appreciate the effort and energy that goes into teaching them on the ward services

Provide Qualitative Feedback and Reflection:

6. Are there any clinical skills and/or knowledge in which students seem underprepared?
- The students seem to have a very good baseline knowledge and are prepared for being successful on the Internal Medicine rotation. Physical examination skills may be a little variable, but we do not have any consistent information about this
 - Students do not seem to put the CC in the patient’s words on H&P’s, often rather using the reason for admission
7. What significant changes were made in the rotation last year? Were they successful?
- There were not any significant changes made to the rotation this past year.
 - Didactic sessions and morning reports remained virtual; this seems to be preferred by the students and presenters. We will need to continue to monitor feedback about didactics to see if adjustments needed to maintain engagement and effective delivery of objectives

8. What themes did you identify in student feedback about strengths of the clerkship?
- Students get practice in case presentation, note-writing, and physical exams.
 - Exposure to both common and unique medical conditions
 - Students learn how to navigate EPIC, write notes, and understand the day to day management of a floor service
 - Students like the opportunity to work on Cardiology for 2 weeks on the rotation; good basic skills and experience with these medical conditions
 - Students identified the willingness to teach of residents and faculty on the internal medicine services; good clinical learning environment
 - Many students mention that they appreciated the autonomy give to them in being able to take care of patients; this helped them to learn and grow in their clinical skills
 - On the LAB portion of Internal Medicine, students enjoyed the variety of patients they got to see and being able to write notes and formulate plans of care. longitudinal exposure to one preceptor.
 - On LAB, students like being able to have a graduated level of responsibility as well as being able to see some patients more than once.
 - Students on LAB enjoyed seeing the variety of styles from different areas of medicine and how they interact with one another
 - LAB is very organized and this helped to make the experience more valuable
 - Longitudinal relationships with patients as well as preceptor on LAB
9. What themes did you identify in student feedback about areas for improvement in the clerkship?
- CAS Expectations and use of CAS varies by student and preceptor
 - i. This was mentioned as a concern in the previous year, but was not mentioned for 21-22
 - ii. Efforts were made to send reminders to preceptors and help students to understand the expectations better; this may have helped, but need to continue to monitor
 - Alignment of schedules
 - i. There were a couple comments about aligning the schedule of students with residents. This is not easy to do. Staff are on 1 or 2 week rotations and residents are on 2 or 4 week rotations. Students are on 2 or 4 week blocks and have breaks and shortening of rotations that affect the timing as well.
 - ii. Attention is paid to getting as much consistency with preceptors as we can in the student schedules
 - iii. Continue to interface with Departments of Cardiology and Hospital Medicine and IMRP to better align schedules for the students
 - Evening call for the TBC-1 portion of IM

- i. There are some continued concerns about students not getting a patient consistently on call. A few students question the value of taking the evening calls or report that they have to stay too late at times, but these are not consistent
 - 1. We have worked with the Hospital Medicine Department to get more consistency in assignment of patients. If the student does not get a new patient on call this is frustrating to them
 - 2. Clearer expectations in orientation and in the rotation information are hopefully helping in continuing to address these concerns
 - 3. Monitor the feedback from students and look for ways to track this information in a more real-time way
 - Subspecialty experiences
 - i. A few students mentioned about being able to choose a subspecialty for part of the rotation—at this time Cardiology, General Internal Medicine, and Nephrology (run by GIM also) are the main services that can have students rotate on them. Some others like Oncology and Hepatology have been considered, but these would probably not be optimal learning environments at this time
 - ii. Continue to consider this concern and adapt if there are changes that would make the experiences better
 - LAB areas for improvement:
 - i. Some students were concerned that some of the clinical sites are far away and require a long drive
 - ii. Moving from clinic to clinic on the same day was challenging for some students
 - iii. Some students mentioned about having clinics spaced closer together; also questioned the need for spacing clinics to allow a patient to be seen more than once (mentioned that few patients were seen more than once during the rotation)
 - iv. Some students mentioned the set-up of LAB was not helpful to learning for them; some expressed strongly that the set-up of the rotation increased their stress level and they did not see the value in how the rotation is organized

10. What additional challenges exist in the clerkship?

- Maintain a consistent core of outpatient preceptors for the LAB rotation—this seems to be working pretty well, but need to make sure this continues
- Didactics—these are currently virtual and may remain that way for the foreseeable future; continue to monitor the engagement and feedback from students about the didactics and consider changes

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

- **Call experience**—send more consistent reminders to residents on night float, senior residents on inpatient services, and triage attending to try to make sure to get students a patient to admit on call
- **Work with IMRP and Hospital Medicine** to align schedules a little better if possible (this is not an easy thing to fix)
- **Consider more detailed survey of students** about experiences on LAB and suggestions for improvement; also meet with LAB leadership to discuss the student concerns and see if there are ways that the rotation structure can be improved to address some of the student concerns

LCME Required CQI Elements

- **8.7 Comparability of Education/Assessment**

<p>Summarize how faculty at your site are informed about learning objectives, assessment system, and required clinical encounters.</p>	<ul style="list-style-type: none"> a. Faculty are sent the goals and objectives and description of their roles at the beginning of each inpatient rotation and at the beginning of working with a student in the outpatient clinic for the 12 week LAB portion of the rotation b. Email communications are sent to faculty about student requirements for formative and summative assessments for the inpatient rotations and the outpatient rotations c. During faculty development sessions or Department meetings addressing education of medical students, the expectations for preceptors in teaching medical students are a point for discussion d. Email communication outlines expectations for the number of patients a student is expected to see in the outpatient clinic or follow on the inpatient rotation
<p>What methods do you use to ensure that faculty receive information about student performance and satisfaction?</p>	<p>General themes of student feedback about the rotation are shared with faculty preceptors. Feedback from students about the rotation are shared with faculty preceptors as part of the Annual Professional Review process</p> <p>Student performance is monitored by the Clerkship Director or Associate Clerkship Director; if there is concern about a student’s performance, the CD or ACD contacts the preceptor with information about the concern and what the preceptor’s role can be in improving this student’s performance</p>

- **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:	
<ol style="list-style-type: none"> 1. The Clerkship Director provides information at Intern orientation about working with medical students. This includes the approach to effective teaching interactions with students, understanding and setting expectations, assessment, and feedback 2. The residents receive the medical student objectives card at orientation which gives some framework for planning their interactions with students 3. Residents have a resident as teacher program through the Internal Medicine Residency Program—this is a session where volunteer students and faculty work with residents simulating a patient-based teaching encounter—observation and feedback about the encounter is provided to each resident to improve their skills 4. Role modeling and direct teaching from attending physicians about resident roles in education is a key component of resident education about teaching 5. Some residents take advantage of online resources and seminars to work on improvement in teaching skills 6. The Clinical Educator Track within the IMRP interfaces with residents about improving teaching for residents, and the CET residents in particular are involved in learning about education and teaching medical students 7. Topics related to education are part of resident conferences throughout the academic year 	
Is the program optional or mandatory?	Mix of mandatory and optional
Is it sponsored by the department or institution?	Department
Who monitors participation?	The Internal Medicine Residency Program

- **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.		
Required Clerkship/Site	Percentage of Total Clerkship Time	
	% Ambulatory	% Inpatient
-All inpatient rotations are at Cleveland Clinic Main Campus -Ambulatory clinics as part of LAB rotation are at multiple sites including Main Campus	33%	66%

and regional family health centers		
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- **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	Student have some study space in team rooms, the house staff resource area (H15) at Main Campus, the on-campus library, or in study spaces at the medical school
Secure storage space	There are team areas for secure storage; students can also use personal lockers at the medical school for secure storage. There could be improvement in the availability of secure locker storage areas in the hospitals for students.
Call rooms availability	Students are not required to take overnight call. Call rooms are available upon request if needed for rest. There are also lounge areas available for rest if needed.

Respectfully submitted 11-10-2022 by David Gugliotti, Internal Medicine Clerkship Director