

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

Discipline: _____ Neurology/Cleveland Clinic

Site: _____ Cleveland Clinic

Clerkship Director(s): _____ Robert Wilson, D.O., Director, Chen Yan M.D., Assistant
Director _____

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%: We have done continuous work to improve our mid rotation feedback. This is student initiated. We discuss during orientation, review in each our weekly Thursday meetings with the students on Neurology, and send a reminder of needing to complete the mid rotation feedback by the second Thursday of the rotation by 5 pm. We understand the students have many demands and this being a short rotation that time is fast for them so we try give them reminders. We have improved with completion rate in this approach of gentle understanding and reminder.
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: We will continue to ask for faculty and residents to complete CAS timely so we can do EOR in punctual manner.
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)
 - Neglect (<5%)
 - Mistreatment (<5%)
You must also respond to any serious or egregious report of mistreatment regardless of your benchmark.
 - Duty hours (>95%)

Duty hours: We are doing more work with duty hours. We have now 2 resident student liaisons that will help with communications for the students for short call of the rotation. We have been more clear in the quarterly orientation of duty hours as well each month when the students start neurology itself. We explain the hours of hospital service and office hours.

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%.
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%.

Provide Qualitative Feedback and Reflection:

6. Are there any clinical skills and/or knowledge in which students seem underprepared? They seem developed with clinical knowledge this year arriving for Clerkship. N/A

7. What significant changes were made in the rotation last year? Were they successful? Implemented Journal Club with Professor Emeritus Alex Rae Grant where students lead discussion of 2 articles in a support environment. This has been well received to navigate study design and how to do journal club.

We have 2 neurology student resident liaisons now to help support the students more with educational activities and more immediate points of contact on the hospital service.

First Wednesday of the month we have implemented a neuro exam workshop with the students and residents to practice and help adjust the neuro exam. This has been well received to help adjust the neurological exam early in the rotation for better skill. This has been well received.

Stroke Service has been popular and now have the students on 2 days of acute stroke of being with the acute stroke pager. The students suggested this role and feedback has been good to see acute stroke, exam skills, acute intervention, working closely with stroke team, and learning of stroke mimics

Friday Seminars have implemented and revised to build on what students have experienced on service and clinic. The students are looking for communication skills and insights how to navigate PTSD, Medical PTSD, Functional Neurological Disorders, and Anxiety Disorders. We implemented their feedback into our Friday seminars . Feedback has been good.

8. What themes did you identify in student feedback about strengths of the clerkship? Weekly Thursday Noon meeting for one hour with Clerkship Directors to check in for any issues and discuss cases.

Journal Club

Stroke Service

Hillcrest where students have opportunity for a week to work one on one with one with a neurology faculty. This is a regional hospital and see more straightforward cases that are doable in Clerkship. Students may do 3 consults per day at least.

Outpatient Rotation to explore various clinics, work with different doctors, practice the neuro exam more carefully, and see a different part of Neurology

Diversity/Inclusion/Bias log where student reflect of bias in health care has become a place to reflect of being an ally, advocacy, making effective change, and burnout reduction has been commented.

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

Creating more opportunities of outpatient neurology . Goal is have more outpatient neurology since this is a big part of neurology. Explore more opportunities in the regional sites since the students valued the cases as more doable for learning than some of the more extreme cases of main campus . Students have asked for more regional and outpatient.

10. What additional challenges exist in the clerkship?

Aspects of the pandemic with worker shortage and supply chain will impact demands that could impact time for education.

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

More development of outpatient opportunities and regional site development . Further listening to the students for feedback on Friday seminar

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>	<p>Clerkship Directors attend monthly meetings the CEC (second Tuesday every month 7-8:30 am) and the biannual Clerkship Retreats.</p> <p>As Clerkship Director, I attend the monthly Neurology Residency meeting last Tuesday of month 7-8 am and give updates. Here many and most of the educators attend.</p> <p>We had this Fall for the core educators 9/21/2022 1:30-5 pm: CME Neurology Faculty Development Retreat: Developing Competencies in Assessments. In this CME was reviewed Clerkship objectives, assessments, grading, clinical expectations, mistreatment/neglect, end of rotation evaluation, and Dean’s letter.</p>
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	Faculty will receive email and in person updates. New preceptors have an orientation of the learning objectives, assessment system, required clinical encounter, and understand monitoring will occur.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	<p>Via the Clinical Assessment System, we have access to student evaluation. Have utilized this to acknowledge faculty and residents in email and in person of their performance. Also have utilized this feedback in specifics to reinforce what to continue to do well and what we can implement in the rotation universally. The assessments that show concerns will lead to work with faculty or if high concerns remove the faculty.</p> <p>The quarterly report of anonymous feedback from CWRU SOM report gives information of faculty of accolade and concerns. The accolades I will recognize with an email with Neurological Institute leadership for this performance. The concerns will lead to work to help faculty if can, improvement of Clerkship, and if high concerns remove faculty from Clerkship.</p> <p>We have not had to remove anyone from teaching</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:	
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Cleveland Clinic Neurological Institute
Who monitors participation?	Blake Buletko M.D Neurology Residency Director , Maryann Mays M.D. , Neurology Chair of Education, Mostly Neurology Clerkship Directors, Robert Wilson D.O. and Chen Yan, M.D. , Clerkship Directors monitor involvement and quality in student education

- **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
	25	75

- **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	See below
Secure storage space	
Call rooms availability	<p>Hillcrest is the only Regional Site students go. Each student is paired with one staff physician. There are no residents. Duty hours are 8 am -4 pm Monday-Thursday. There are no call duties or weekend hours. This is discussed in orientation. Students have work space in the Neurological Institute. There is no need for call room. They have a place to work, belongings, food storage/fridge/microwave.</p> <p>Main Campus: Student do 2 short calls while on service. The call is Monday, Tuesday, or Wednesday. No call on Thursday since we want the students well rested for Friday seminars. Call is from 4 pm till -8 pm as a rule. Call starts at 4 pm. Goal of call is to be paired with a resident to experience the Neurology service of Hospital Consults and Stroke Service during this time and also to acquire a new patient to interview/examine with resident support to have for the morning report in the AM. Only 2 students are allowed to be on call at once since we want to make sure that the resident can support the student during this time . There is no need for call room. Meal voucher is provided. Call room not needed since</p>

	<p>once the consult is completed, we let the student leave. The student and resident are together through this time unless the student is seeing a patient, but can reach the resident</p>
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