

**Joint Clinical Oversight Group – Annual Report from Clerkship Directors
AY 2021-22 10/15/2022**

Discipline: OB/GYN

Site: Cleveland Clinic

Clerkship Director(s): Diane Young, MD, Stacie Jhaveri, MD

OBGyn	CCF	Average (all sites)	AY20-21
Mid-Rotation Feedback	93.42	93.23	98.64
EOR Completion 4wk	100.00	96.47	100.00
Overall Rating*	71.05	69.90	71.62
Neglect	11.84	13.00	12.16
Experience Mistreatment	1.32	4.76	4.05
Witness Mistreatment	1.32	3.85	2.70
Exper/Witness Mistreatment	2.63	1.53	1.35
Duty Hours Policy Awareness	94.74	97.85	94.59
Duty Hours Adherence	97.37	98.47	97.30
Faculty Effective Teaching*	73.33	70.25	81.08
Resident Effective Teaching*	70.67	71.87	72.97

*% Agree/Strongly Agree

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%: **Students are sent a reminder to complete the mid-rotation feedback and despite this request, a small number of students do not complete task. If they do not complete mid-rotation in a timely fashion, the clerkship director will initiate a mid-rotation feedback report in CAS and provide tips to help for the remainder of the clerkship. Usually this will prompt the student to complete the mid-rotation feedback form even though it is late.**

2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: **This benchmark has been met.**
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): **The clerkship has been restructured this academic year to make the clerkship more concise and allow better alignment of clinical experiences. The CDs will continue to work with the faculty and residents to improve the clerkship rating. New faculty are informed of the needs of the clerkship during the Onboarding process. The CDs communicate needs of the clerkship with our Resident Education Chief to work to improve the resident-student dynamics as well as discuss expectations for the clerkship experience. We will continue to provide bi-annual clerkship updates to faculty and residents with discussion the metrics, strengths, needs, areas of improvement and DEI opportunities for our clerkship. We continue to have strong support from leadership to mitigate problem areas. Our Chair is helpful in providing suggestions for improvement.**
 - Neglect (<5%) **The CDs will continue working with faculty and residents to lower our neglect rate. We actively respond to any serious or egregious reports of mistreatment or neglect in real time and discuss issues with leadership. We will circle back to the students so that they know their concerns were addressed. We continue educational efforts to combat mistreatment and neglect. During our Women's Health Institute Grand Rounds in October 2022, we presented a Faculty Development Workshop Seminar addressing mistreatment and neglect in medical education. This session provided insightful and stimulating discussion as well as strategies to help. We simply need all faculty and residents to acknowledge the medical students and help them become a member of the team. We have previously had issues with neglect and mistreatment during the Gyn/Oncology rotation and with the changes of the clerkship, students are provided autonomy to select if they would like to choose a week of benign gynecology or gyn/oncology. This allows students to self-select their gyn week.**
 - Mistreatment (<5%) **This benchmark has been met.**
 - Duty hours (>95%): **Students are informed of duty hours at orientation and this information is also listed on the Portal. We are aware that a few students do not attend orientation, however, they are expected to review the duty hour and clerkship expectation information on the CCF Portal.**

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%**. **The CDs will continue to work with leadership to encourage a positive teaching environment for the students. The recent changes to the clerkship will have faculty sharing the duties of teaching students in the outpatient clinics and most faculty will have no more than 2-3 students per year. Teachers are informed in advance that they will have a student and provided expectations via email by our clerkship manager. Standout teachers are sent a “Kudos” for their teaching to acknowledge their commitment and dedication to undergraduate medical education. The respective Chair or Program Director is also copied. At graduation, we traditionally have students vote for the top resident teacher for the year and a faculty member is awarded the APGO Teacher of the Year Award. This past academic year, we added a new award for the top Fellow Teacher of the Year. At our faculty meetings, we are transparent about our needs and will continue to help faculty and residents to help improve our teaching scores.**
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%**. **The CDs will continue to work with our Resident Education Chief to improve the resident teaching rate. We meet with the residents throughout the year to discuss needs and expectations. When issues arise, we meet in real-time and address student concerns. It helps that our Assistant CD is also Assistant PD so we are able to address concerns with our residents. We continue to incentivize resident teaching by acknowledging the top resident teacher for each clerkship. The top resident teacher is voted by the students and the recipient will receive a pendant and recognition in the WHI education newsletter.**

Provide Qualitative Feedback and Reflection:

6. Are there any clinical skills and/or knowledge in which students seem underprepared?
 - **If students have not completed their general surgery clerkship, students struggle tying surgical knots. It would be great if the students can look at YouTube videos to learn to tie knots and practice before the starting the clerkship so they can practice steps at the simulation workshop**
7. What significant changes were made in the rotation last year? Were they successful?
 - **We added vaginal delivery of a baby to the simulation workshop and it was very successful**
 - **We added a formal resident didactic to teach about pelvic malignant masses and it was very successful**
 - **This academic year, we combined the outpatient and inpatient experiences in a 4 week clerkship**

- **Students have autonomy to self-select if they would like to participate in benign gynecology or gyn/oncology**
8. What themes did you identify in student feedback about strengths of the clerkship?
- **Strong clerkship leadership**
 - **Robust experience on L&D**
 - **Many hands-on patient opportunities**
 - **Diverse patient population**
 - **Strong didactics and simulation workshops**
 - **Dedicated resident, fellow and faculty teachers**
 - **Clerkship directors responsive to feedback**
 - **Clerkship is invested in student education**
9. What themes did you identify in student feedback about areas for improvement in the clerkship?
- **Make sure that the faculty and residents acknowledge students and help them feel part of the team**
 - **Work with senior residents to engaged students and set expectations. Some senior residents seem to be ignoring students. We encourage students to work with the junior residents to get the best experience since the seniors may have a lot on their plates. We will ask the seniors to at least acknowledge the student assign student to a junior resident.**
 - **Avoid degrading or insulting comments regarding students**
10. What additional challenges exist in the clerkship?
- **In addition to our 80 Case and CCLCM students, we also have 22 DO students doing their OB/Gyn clerkship requiring clinical experiences, assessments and evaluations. We have >100 students, training annually at CCF for the clerkship experience.**
11. What changes are planned for next year to address both feedback from students and challenges you identified?
- **We will look at the feedback regarding the newly designed clerkship and make improvements/changes as needed**
 - **We will utilize input from our Chair and Education Deans to improve clerkship-**

LCME Required CQI Elements

- **8.7 Comparability of Education/Assessment**

Summarize how faculty at your site are informed about learning	During Onboarding for New Faculty, when faculty are assigned an outpatient student and throughout the year during staff meetings.
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objectives, assessment system, and required clinical encounters.	
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Clerkship metrics, feedback, strengths, areas of improvement and DEI opportunities are discussed with faculty at onboarding and at bi-annual meetings.

- **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: The Clerkship Director meets with residents and fellows at matriculation to discuss and explain the clerkship structure and needs for a successful clerkship. I have the residents and fellows sign up their email in CAS so the students can request written feedback. The assessment feedback process is discussed including formative and summative written feedback. The residents are provided an educational packet and resources to jump start their teaching duties on day one. The residents are required to complete the resident-as-teachers module through the GME dept.	
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Department
Who monitors participation?	CDs, PDs, Clerkship Education Manager

- **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
	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	Available
Secure storage space	Available
Call rooms availability	Not available