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

| Discipline:Pediatrics | | |
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| Site: | Cleveland Clinic | |
| Clerkship Director(s): | Sangeeta Krishna, Parevi Majmudar, Melissa Morse and Tracy | |
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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.)

- Your average completion rate for mid-rotation feedback for the year is provided.
 Describe your plan for improvement if < 100%:
 - Our rate of completion is 97.37% for the AY 21-22. The mid-block assessment was not completed on time due to oversight by ACD. <u>Plan:</u> mid-block meetings are now set up at the beginning of the block.
- Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if < 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). *Our rating is 80.2%*
 - Neglect (<5%) *Our rate is 1.32%*
 - Mistreatment (<5%) We continue to stress the importance of reporting and discussing any concerns about neglect through direct communications to us. This is emphasized at orientation and is again discussed at mid-block meetings. One student anonymously reported being introduced as 'water boy' to a patient's family by a staff. This was addressed with the staff.
 - ***You must also respond to any serious or egregious report of mistreatment regardless of your benchmark.***
 - Duty hours (>95%). Policy awareness is noted at 92%. We note that 97.3% noted that duty hours were adhered to. Is it possible that the question was

misunderstood as adherence cannot be noted if policy specifics are not known? Plan: We will continue to reiterate duty hours policy during orientation.

- 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%. We note with gratification that our faculty rating is at 86.66%. Learning environment was respectful was noted by 97% of students. >96% reported being observed doing an H&P and physical exam- we consider this as a strong reflection of teaching commitment by our faculty and residents despite the restrictions during COVID. Student feedback, both verbal and written (CAS) is reviewed by clerkship directors. Opportunities to improve are identified and faculty development or direct interventions are directed to preceptors when appropriate. Faculty development sessions are offered via MyLearning (such as but not limited to Essentials Program for Health Professions Educators & Essentials on Demand). Individual departments encourage faculty to attend and improve skills. Opportunities are discussed via personal communications/conversations with new faculty by the CDs. We encourage our faculty, especially new faculty, to attend these faculty development sessions.
- 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 teaching is at 90.41%. We discuss quality of teaching with students at mid-block, as well as review comments in CAS. Additionally, we have four highly engaged resident liaisons who are available to students to answer questions, keep an eye on how rotations are going, and meet with us quarterly. The CDs and liaisons meet with the resident body at least once a year to answer questions and discuss ways to integrate students in the teams. A "resident as teacher" curriculum, comprised of 6 sessions, is offered to our residents. It is supervised by our Hospitalist team. Our chief residents are very engaged with student education and promptly respond to any questions or concerns raised by the students. Overall, students are very happy with the teaching from residents. We repeatedly hear how students appreciate the teaching they receive on the floors.

Provide Qualitative Feedback and Reflection:

- 6. Are there any clinical skills and/or knowledge in which students seem underprepared? Knowledge of weight-based fluid orders, newborn physical exam, and plan of care visits
- 7. What significant changes were made in the rotation last year? Were they successful? 1.COVID related transition to virtual didactics. 2.We added one additional rotation, the Intermediate Care Unit, to accommodate the increased number of students from the CWRU-SOM. Feedback has been mostly positive for this rotation and we are continuing to work and educate the faculty. 3. Students are now able to write notes on their patients and direct them to the attending for co-signature without routing via residents.
- 8. What themes did you identify in student feedback about strengths of the clerkship? Commitment to teaching by our residents and faculty and integration into the teams

- 9. What themes did you identify in student feedback about areas for improvement in the clerkship? Some questions regarding how to document requirements, variable experience of students based on the teams or location they are placed at.
- 10. What additional challenges exist in the clerkship? 1. Capacity issues, both inpatient and outpatient persist with increasing student numbers. 2. Increasing number of didactic presenters unable to block clinical time for teaching is posing a big challenge.
- 11. What changes are planned for next year to address both feedback from students and challenges you identified? 1. Recording didactics 2. Adding a pediatrics boot camp to address areas that students identify as challenging in the clerkship.

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. | Goals and objectives are reviewed with the faculty at regular staff meetings. Email communication is sent to faculty to give clarity about the expectations and suggestions for teaching adult learners, assessments and feedback. |
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| What methods do you use to ensure that faculty receive information about student performance and satisfaction? | Discussion at staff meetings, sharing info on how to review their own feedback in CAS. |

• 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:

1. 9.1 Briefly summarize the program: A resident seminar on medical student teaching is lead annually to address best practice. This includes addressing all the core competencies. De-identified past scenarios are used to generate discussion and agree on best practice. Observation, verbal and written assessments are discussed. Professionalism and avoidance of neglect/maltreatment are emphasized. This gives residents framework for planning their interactions with students. Resident liaisons are readily available as well to answer questions and provide support to the teams as needed, and work closely with us.

| Is the program optional or mandatory? | mandatory |
|---------------------------------------|----------------------|
| Is it sponsored by the department or | Pediatrics residency |
| institution? | |
| Who monitors participation? | Chief residents |

• 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 | | |
|-------------------------|------------------------------------|-------------|--|
| Required Clerkship/Site | % Ambulatory | % Inpatient | |
| | 0.1 | 0.4 | |

• 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 | Yes, resident lounge | |
|-------------------------|------------------------------------|--|
| Secure storage space | Yes, resident lounge | |
| Call rooms availability | None (no overnight call required) | |