

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

Discipline: Psychiatry

Site: Main Campus and Lutheran Hospital

Clerkship Director(s): Adele Viguera, MD; Associate: Travis Krew, 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.
 - PowerPoint: TBC3 PowerPoint maintained by Neurology (Dr. Jennifer Kriegler)
 - Comprehensive orientation packet
 - Checklist (“passport”) of required experiences
 - *Welcome to Inpatient Psychiatry* supplemental packet
2. Attach the grading/assessment rubric used in your clerkship.
 - We continue to use the Basic Core 3: Medical Student Performance Parameters for the Psychiatry Clerkship as our grading/assessment rubric.
 - The Criteria for Honors in Psychiatry document provides additional guidance for given a grade of Honors.

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%: Mid-rotation feedback is provided in person by either Dr. Viguera or Dr. Krew. If the student is at Lutheran Hospital during the first two weeks of their clerkship, then Dr. Krew provides feedback. If the student is at Main Campus, then Dr. Viguera provides feedback. We remain diligent about signing off on mid-rotation SELF ASSESSMENTS submitted through CAS. I suspect our 94.74% (around average) is related to Dr. Viguera or Dr. Krew being out of the office during the week of a mid-rotation switch. One way to continue rectifying this deficit is to have Dr. Viguera or Dr. Krew do virtual check-ins when the other is out of the office. Currently, Karla Vasquez only schedules end-of-rotation feedback meetings. Historically, mid-rotation feedback meetings were also regularly scheduled by Nichole Davis. It would be beneficial to have Karla take on this responsibility as well because it increases the probability of a mid-rotation feedback meeting being scheduled.
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: Our completion rate has increased from 25.00% in 2019-2020 to 49.33% in 2020-2021 to 100%(!) in 2021-2022. This is a testament to Dr. Viguera’s

diligence. Dr. Krew provides grade recommendations in his Cumulative Assessments, and he remains available to assist with EOR assessments.

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%): The medical students are held to the duty hour policy set forth by the medical school. The medical students are *never* in danger of violating duty hours while rotating on the psychiatry clerkship. There are no overnight calls or weekends. We can mention the Duty Hour Policy during the TBC3 orientation session, and it is included in the orientation packet. These interventions appear to be effective because our average awareness has increased from 84.00% in 2020-2021 to 93.42% (above average) in 2021-2022. It will now be included as a separate attachment in our welcome emails.

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%: Our teaching facility is made up of staff and residents from the Department of Behavioral Health. Consultation-liaison psychiatrists and inpatient psychiatrists make up the majority of preceptors. Our faculty effective teaching continues to improve and remains well above average (94.67%).

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%. Residents from both the Department of Behavioral Health and the Department of Neurology are actively involved with the medical students. Our resident effective teaching continues to improve and remains above average (97.30%).

Provide Qualitative Feedback and Reflection:

6. Are there any clinical skills and/or knowledge in which students seem underprepared?

We have not observed any marked deficits. The students are remain eager to learn.

7. What significant changes were made in the rotation last year? Were they successful?

No significant changes were made in the rotation last year.

8. What themes did you identify in student feedback about strengths of the clerkship?

Our clerkship remains well-received by the students. Students continue to extol the superb organization of our rotation. The checklist (or 'passport') is the main tool used to help students keep track of clerkship requirements. We attempt to keep the CCLCM portal updated (although it is a cumbersome system). The students appreciate the opportunities to actively engage in patient care. They have opportunities to take ownership of their patients through the clinical interview, completing the initial consult/H&P, filing daily progress notes. These aspect of the clerkship helps facilitate the student's sense of self-efficacy. We are not an observational experience.

The students appreciate the frequent didactic opportunities, including C-L Journal Club, the newly-revived Lutheran Journal Club, afternoon C-L resident teaching, Wednesday teaching with the medical student liaison, evening resident teaching at Lutheran, and exceptional pharmacology lectures by one of our inpatient pharmacists. There remains a strong hierarchy of support. Medical students are supervised by a senior medical student liaison (a PGY-3 resident chosen by the clerkship directors because of their commitment to medical student education) who helps bridge the gap between the students and residents/attendings. The students enjoy seeing a variety of clinical settings, including the medical floors on C-L and the inpatient psychiatric hospital, which serve distinct patient populations. They note how the staff are approachable and helpful, and they appreciate having direct access to the clerkship director (Dr. Viguera) while at Main Campus and the associate clerkship director (Dr. Krew) while at Lutheran Hospital.

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

All students now rotate on acute inpatient psychiatric units. They have no difficulty meeting their core clinical psychiatric conditions. Some students have requested longer experiences with Psychiatry (e.g., 6 weeks). Other students have requested additional experiences with addiction psychiatry, child psychiatry, and outpatient psychiatry. Opportunities exist to build elective rotations with these specialties.

10. What additional challenges exist in the clerkship?

We identify no major challenges at this time, but we know there will be growing pains with the upcoming condensed clerkships. When the Psychiatry clerkship is reduced to three weeks, then students will spend either three weeks on consultation-liaison psychiatry or three weeks on inpatient psychiatry. Required experiences will be limited to fit the rotation. Any missed core clinical psychiatric conditions can be fulfilled through formal didactics or online modules (e.g., Aquifer). We intend to be flexible, and we will make the SOM aware of any further needs.

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

The duty hours policy will now be included as a separate attachment in our welcome emails. This will increase visibility. Karla Vasquez will be asked to schedule mid-rotation feedback meetings in addition to end-of-rotation feedback meetings. This will improve coordination between Dr. Viguera and Dr. Krew.

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.	Faculty involved with medical students are informed of learning objectives, assessment system, and required clinical encounters through email communications from the Administrative Program Coordinator (Aleksandar Jovanovic) and the clerkship directors (Dr. Viguera and Dr. Krew).
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Faculty involved with medical students are informed of issues with student performance and satisfaction through email communications from the clerkship directors (Dr. Viguera and Dr. Krew).

• **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: Residents are encouraged to become Clinical Instructors through the Lerner College of Medicine. Additionally, there are formal didactics related to education and feedback through Cleveland Clinic’s Adult Psychiatry residency program.	
Is the program optional or mandatory?	Clinical Instructor title is options; Resident didactics are mandatory
Is it sponsored by the department or institution?	Clinical Instructor (through CCLCM); Resident didactics (through the Neurological Institute)
Who monitors participation?	Clinical Instructor (Dr. Viguera and Dr. Krew); Resident didactics (Karen Jacobs, DO and Andrew Coulter, MD)

• **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

	3%	97%
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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	Medical students do not take overnight call while rotating with Psychiatry. Of note, there is a pod of computer workstations near the C-L staff offices on T2 for students rotating at Main Campus. There is a large workroom medical students share with the residents on 3D while rotating at Lutheran Hospital.
Secure storage space	N/A
Call rooms availability	N/A