

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

**Discipline:** Family Medicine

**Site:** MHMC

**Clerkship Director(s):** Rebecca Schroeder, MD

### Update and attach Required Documents:

1. Review and update (if needed) the PowerPoint describing the current structure of the rotation. The CORE-1 CDs from MetroHealth will update & submit the Power Point together.
2. Attach the grading/assessment rubric used in your clerkship. This form is unchanged from previous years & similar to the rubric used Citywide by CCF, UH & MHMC Family Medicine CDs.

### 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%: 98.11% I must have missed one student. I'm pretty diligent about sending an email & setting up a time to review the feedback form.
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: 71.03% In my defense, they were 99% done within a day of the deadline. I struggled some with family responsibilities, which hindered my efforts around the time EORs were due. I plan to continue to orient new providers to giving more, quality, timely, written feedback, which would make EORs easier to complete in a timely 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) Actually, 69.81%. The biggest complaint is driving all over the place (Medina, Broadway, Crocker park, twins burg) with little continuity with the same provider. I will continue to raise this as an issue with the CORE-1 CDs. Also, there were 2 Attending identified as requesting students merely observe. I've since reinforced the goals & objectives of the rotation with those Attending.
  - Neglect (<5%) 5.66% One student expressed that their education in the busy family medicine clinic was not as much of a priority as they would have wished..
  - Mistreatment (<5%) 0.00%. NO serious or egregious reports made
  - Duty hours (>95%) 100%

- 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%. 84.6%
4. 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%. 85.71

**Provide Qualitative Feedback and Reflection:**

5. Are there any clinical skills and/or knowledge in which students seem underprepared? The students continue to not know the goals & objectives of the course, despite being readily available in Canvas. we do discuss them in orientation.
6. What significant changes were made in the rotation last year? Were they successful? With the MHMC LIC program, a few Attending were no longer available for the CORE-1 program. Couple that with the change in schedules to incorporate more telehealth slots and we have less LIVE clinics than previously. Additionally, due to retirement, promotion & life changes, 6 FM Attending have left the system. We have since gained 3 more, but they are further away requiring the students to drive upwards of 30-40 minutes to the clinic. We were able to replace 3 of the centrally located Attendings & plan to finish orienting them & assigning medical students for the first quarter of the year.
7. What themes did you identify in student feedback about strengths of the clerkship? Plenty of opportunities to see patients with a wide array of pathology, take histories & learn to manage the clinical conditions listed in the goals & objectives of the rotation. Friday Didactics are strong.
8. What themes did you identify in student feedback about areas for improvement in the clerkship? Driving to clinical sites is not optimal & the students requested more continuity with the providers. I think orienting the new, central located providers & adding their availability will help. Also, they are schedule to work 2-3 days with one provider & complain of the lack of longitudinal relationship with the Attending, as do the Attending with the students. I will continue to petition the Internal Medicine group to allow for a more longitudinal schedule, as previously done.
9. What additional challenges exist in the clerkship? Due to retirements & promotions, the clerkship coordinate role has changed. It's currently stable, but requires CD time to orient the new players. See #8
10. What changes are planned for next year to address both feedback from students and challenges you identified? We will work with the stability of clinical clerkship. Orient new providers & Also, We will continue to respond to the adjustments to the clerkship schedule. During shortened blocks, theMHMC CORE-1 team plans to continue with 4

weeks on IM & 4 weeks on FM/aging with one IM night float week. With the addition of Fridays in clinical in lieu of SAMI, the students should continue to have the same number of FM clinics experienced in a normal quarter.

**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.	I personally orient all new providers & review the goals & objectives, CAS system & clinical criteria for honors. When I hear remarks from students, I circle back & reinforce them. When CAS evals have not been done, I will send them out in an email as a reminder & place calls if no feedback is received.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	We distributed certificates to all of those with a feedback rating of 3.75-4.0 at our annual Family Medicine CME day.

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- **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?	Department of Family Medicine at MetroHealth
Who monitors participation?	The MHMC FM residency director

- **6.4 (inpatient/outpatient time)**

<b>Table 6.4-1   Percentage Total Clerkship Time*</b>		
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

MHMC CORE-1 Family Medicine	100	0
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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	Yes
Secure storage space	YES
Call rooms availability	N/A