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

Discipline: Internal Medicine

Site: MetroHealth Medical Center

Clerkship Director(s): Melissa Jenkins, Mir Ali (Asst)

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%:

   A review of CAS shows that 100% of the traditional students had a mid-rotation assessment meeting and form completed. I suspect the denominator includes the LIC students who do not have formal mid-rotation feedback due to the brief duration of their rotation and separate set of objectives through the LIC pathway.

2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: N/A

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) N/A
   - Neglect (<5%) N/A
   - Mistreatment (<5%) N/A

     You must also respond to any serious or egregious report of mistreatment regardless of your benchmark.

   - Duty hours (>95%)

     The clerkship has met the benchmark for duty hours adherence, but not duty hours awareness. In addition to the duty hours being available on the Year 3 Canvas Course, the duty hours policy is provided to students in the clerkship orientation manual. We also review it verbally when I do live orientation at the beginning of the clerkship (the powerpoint of this session which includes the duty hours is also available on Canvas). To ensure >95% awareness going forward, I will also ask the students to sign a printed copy of the duty hours policy during their 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%. n/a
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%. n/a

Provide Qualitative Feedback and Reflection:

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

   While we acknowledge that there are different formats for history and physical write-ups and SOAP notes, the students do not seem to have a standardized framework for these basics when they arrive for clerkships. While they quickly pick up it from peers and residents on the floors, this may be a missed opportunity to build best practices in documentation in clinical reasoning, as resident note styles vary and may reinforce bad habits.

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

   As discussed in last year's report, we added 6 Team-Based Learning sessions in lieu of traditional lecture-style didactics. These were well-received by the students. Last year's assistant clerkship director, Elaine Cruz, used a validated questionnaire to compare student engagement in TBL vs traditional didactics and found a statistically significant difference in favor of TBL. These data have been submitted for publication.

   We also piloted a Health Disparities and Structural Racism workshop in rotation 3 this year. This was a 4- hour workshop with a didactic followed by reflection on cases from the wards where bias, racism or health disparities played a role. The session concluded with a presentation by Kristen Berg, PhD from the MetroHealth Population Health Institute. While the pilot was not continued in the shortened 4th rotation, we plan to revisit this important area, possibly as part of the curriculum redesign.

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

   Faculty and resident teaching have always been strengths at MetroHealth. Students appreciate the time taken by preceptors to teach. In addition, the clinical learning environment provides the psychological safety for students to state their thoughts without fear of being wrong. As above, TBL sessions were well-received. In the past, didactics have been cited as an area for improvement by students, and this was not a theme this year.

Students also appreciated the depth and breadth of patients seen at MetroHealth, which allowed them to put their book learning into practice.

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

   Most of the comments regarding areas for improvement commented on the shortened duration of R4, which is beyond the control of the clerkship directors. Fortunately, this is a transient adjustment.

   There was a comment about better descriptions about each service to enable students to better choose where to spend their time. This has already been addressed, with updates made to the Core 1 powerpoint that is posted on Canvas, and adding more detailed descriptions to the email requesting preferences from the students.

   There was also negative feedback about the required H&P Assignments (students turn in 2 H&Ps for formative feedback) and clinical vignette. We respectfully disagree that these are a waste of time. In addition to providing the student with written feedback, the assignments serve to provide the clerkship directors with a tangible example of the student's work. While not formally graded, the assignments do offer additional data points to support a student's final grade.

10. What additional challenges exist in the clerkship?

    One challenge (mentioned by one student as well) is surrounding CAS Evaluations. Although we are able to get robust summative feedback on students, faculty in particular are overwhelmed and confused by the number of forms. At least 5 times per rotation, an attending does not complete a summative assessment because they say they have already filled out an evaluation (this being a formative assessment). Because attending time with each student is short, requesting multiple forms in one week is burdensome, and redundant. Formative feedback is important and should not be abandoned, but it should be more clear in CAS which form is being requested and how it will be used. It would also be useful to have the competency anchors from the grading rubric embedded within the summative form. If we are asking faculty and residents to assess students based on those anchors, they should not have to refer to a separate document to do so.

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

    This year, students will get the opportunity to experience 2 2-week selectives, rather than 4 weeks on either telemetry or stepdown. In addition, there will be a third choice, "Team 7" which is a non-resident service where students work one-on-one with an academic hospitalist. This will give them the chance to experience more different

patient types. On Team 7, they will have the opportunity to be more autonomous and involved in all aspects of patient care.

Given the shortened duration of rotations 3 and 4 this year, we have refrained from making any other major curricular shifts. Other minor enhancements in communication and transparency are planned as mentioned above.

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.	At the beginning of each academic year, a Faculty/Resident Manual is distributed to the entire staff and housestaff in IM. This manual includes the clerkship objectives, core clinical conditions and grading rubric, as well as information about preceptor expectations and assessment requests. At the beginning of each month, an email is sent to attendings and senior residents with their student assignments and reminders about key points in the orientation manual. Attendings are encouraged to contact their student prior to the rotation (or meet with them on day 1) to discuss goals and expectations. The clerkship director also reviews key clerkship policies and structure periodically in the housestaff administrative meeting, held once per month.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Faculty who are recognized as exemplary teachers by the students are acknowledged quarterly. End-of-clerkship student satisfaction with teaching are shared with the housestaff at the meeting mentioned above.

- **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 complete a mandatory online module about teaching students that is sponsored by the institution. The clerkship director also does a session during intern orientation on teaching medical students. MetroHealth's GME program has a "Resident as Teacher" series in the spring each year covering topics such as "Giving Feedback", "Learner Assessment", and "Teaching on the Fly". The clerkship director delivered the Assessment workshop, which included avoiding implicit bias in assessment.	
Is the program optional or mandatory?	The online module is mandatory; the workshops are required for residents who are on duty, but there are

	no requirements for makeup if the resident misses it due to clinical responsibilities or absence
Is it sponsored by the department or institution?	Both
Who monitors participation?	GME staff

- **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
MetroHealth Internal Med		100

- **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	The Brittingham Library at MH provides a spacious, quiet environment for studying. There are private rooms which can be reserved there as well. In the Glick Building, there are team conference rooms that can be used for studying, as well as conference rooms on each floor that can be utilized by students if not being used for another meeting. The housestaff lounge is also available as an area separate from the clinical floors where students can go for relaxation
Secure storage space	There are no assigned secure storage spaces for students in the Glick Building which opened 11/5/22. This is being addressed and will be remedied.
Call rooms availability	There are no assigned call rooms for students in the Glick Building. However, students are not assigned any overnight shifts. They are assigned to night float which extends from 10 pm to 9 am. They are not expected to sleep during this time.