

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

Discipline: Surgery

Site: MetroHealth

Clerkship Director(s): Kevin El-Hayek

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.

Attached

2. Attach the grading/assessment rubric used in your clerkship.
See syllabus section on grading and feedback form. The students are assessed based on the four domains: communication and teamwork, work ethic, medical knowledge and application to patient care, attitude and professionalism. Written consensus feedback is also obtained from the “core” surgery team of residents and faculty (4 week rotation and an overall grade applied. I review all online and paper feedback forms in addition, as well as those from the sub-specialty 1 week blocks (ie: ENT/Ortho/Anesthesia/Urology). The students also take an oral exam, and this is incorporated into the “Medical Knowledge” (~10%) domain.

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%:

All were completed despite the 98.41%, one must have been delayed due to COVID infection, but it was completed.

2. 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)
- Neglect (<5%)
- Mistreatment (<5%)

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

- Duty hours (>95%)

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%.

I review each survey and make changes to med student allocation based on the assessments made. I also review both commendations and examples of ineffective teaching, passing these along directly to the teachers.

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%.

I have both a mid and end of rotation feedback session with medical students and ask for direct feedback regarding their teachers (both resident and faculty). When there is a resident identified to have suboptimal teaching, I as the Clerkship Director meet with the resident to give guidance for improvement. Repeat offenders (has not happened) will be asked to not interact with residents and this feedback forwarded to their program director for further action. I also held an orientation to medical students for all the residents during their orientation. I also keep in close contact with the program director, forwarding the end of rotation evaluations regularly.

Provide Qualitative Feedback and Reflection:

6. Are there any clinical skills and/or knowledge in which students seem underprepared?
No

7. What significant changes were made in the rotation last year? Were they successful?
None

8. What themes did you identify in student feedback about strengths of the clerkship?
Strengths: teaching, hands-on for students. Didactics. Breadth of cases.

9. What themes did you identify in student feedback about areas for improvement in the clerkship?
Rigorous rotation with significant time spent in the hospitals.

10. What additional challenges exist in the clerkship?
Managing the off-cycle rotations with NEOMED. It would be great to have them all start and end at the same time.

11. What changes are planned for next year to address both feedback from students and challenges you identified?
Ongoing meetings with residents and faculties to improve effective teaching and decrease rates of mistreatment and neglect.

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.	The orientation power point/syllabus/learning objectives are shared with faculty and periodic check-ins are done to ensure new faculty are up to speed on the learning objectives.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	E-mail reports and regular meetings with the chair of surgery.

- **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: There is a residents as teachers program as part of the residency program. I will have Amanda Royan send the specific curriculum	
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Department
Who monitors participation?	Dr. Melissa Times

- **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	Library
Secure storage space	OR lockers, 5 th floor resident rooms
Call rooms availability	Still working out with new hospital opening. Please connect with Emigda Gabriel/Bob Jones.