

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

Discipline: Family Medicine

Site: UH/VA

Clerkship Director(s): Jason Chao

### 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%: 94.12

One student in the shortened block April-May 2022 was ill and missed a week out of the scheduled 1½ weeks for clerkship in FM. He was able to complete this work later in June, but I forgot to remind the student to submit a mid-clerkship self-evaluation in CAS to respond to. We did have ongoing e-mail and verbal discussions of his progress. This was a very unusual situation and unlikely to happen again.

2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: 96.43

There were two community preceptors over the summer 2021 that were late in providing final comments for students rotating in their offices. I had conversations with these preceptors, and there were no further late EORs the rest of the academic year.

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) 72.94

While our overall rating is still lower than 80%, it has increased slightly over last year.

Physician burnout is real, and we have had to reduce the number of students assigned to some of our best preceptors. We need help to provide additional incentives for practicing physicians in the community to teach students in the office. Time for faculty recruitment and faculty development of community physicians continues to be limited, but we plan to continue making site visits when possible.

We provide aggregate student feedback to preceptors to promote self-evaluation of their teaching, because our community faculty often will not reliably retrieve feedback

online on their own.

We plan to increase our 'resident as teacher' education for residents.

- Neglect (<5%) 0
- Mistreatment (<5%) experience 0, witness 1.2

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

There was a report of a preceptor using racist remarks. This has been shared and addressed with the preceptor.

There was an anonymous student report of a preceptor speaking sharply to a fellow medical student causing tears. I was unable to identify the preceptor, but have not received any subsequent reports.

- Duty hours (>95%) 100

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%. 82.35

Student comments are reviewed quarterly. Any specific issues are addressed immediately if warranted. Learning objectives are reviewed when new faculty are recruited, and at periodic site reviews with community faculty. New community faculty recruits are given an orientation that includes roles in teaching and assessment.

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%. 88.89

Student comments are reviewed quarterly. Any specific issues are addressed immediately if warranted. Comments are forwarded to residents semi-annually, if a specific resident is named. We supplement the resident as teacher didactics provided by the hospital for all residents, with discussion within the dept.

### **Provide Qualitative Feedback and Reflection:**

6. Are there any clinical skills and/or knowledge in which students seem underprepared?  
Students are generally uncertain about their physical exam skills.  
Students tend to be more familiar with the rare diagnoses, than the statistically more likely diagnoses for common presenting symptoms.
7. What significant changes were made in the rotation last year? Were they successful?

Didactic content was reviewed and updated. They were generally well received.  
FM Dept Resident as Teacher session was revised, incorporating more instruction on giving written feedback in CAS. Overall student ratings of resident teaching have improved slightly over last year.

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

Preceptors (both faculty and residents) were supportive and interested in teaching.  
Chance to see a wide variety of patient conditions, including acute and chronic disease, and health maintenance visits.

High volume of patients with hands-on experience was rewarding, including patient education/counseling.

Ability to see primary care in action including continuity, coordination of care, biopsychosocial approach and contextual care.

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

Long travel time to more distant practice sites.

Variable experiences working with multiple doctors in the residency clinic.

Could improve the orientation.

Aquifer online cases are not appreciated by some students.

10. What additional challenges exist in the clerkship?

Having enough clinical sites for all students, and preferably closer to University Circle. Ideally, we assign no more than 2 students to the residency practice at the same time, but we are increasingly forced to assign 3 students, because of the lack of community preceptors.

Time for faculty development.

Turnover of presenters for didactics.

There was an increase in the number of students failing the end of clerkship exam.

The Aquifer final exam is phasing out June 2022, so a new end-of-clerkship exam will need to be identified. Funding may be an issue, since the Aquifer exam is free for Case.

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

Continue to try to work on site recruitment and faculty development.

Revise orientation materials.

We are just starting to pilot test Aquifer Calibrate Testing for formative feedback for students. If successful, there should be a decrease in the number of students failing the final exam, and students should be more confident in their knowledge base.

A replacement final exam will need to be identified and implemented.

**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.	Learning objectives, assessment systems and required clinical encounters are reviewed when new faculty are recruited. New community faculty recruits are given an orientation that includes roles in office teaching and assessment. E-mail and periodic site visits are used to communicate with community faculty.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Issues related to student teaching are discussed as needed at monthly faculty meetings.

• **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: UH provides some basic resident as teacher education. We provide additional orientation to new interns and upper-level residents.	
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Both dept and institution
Who monitors participation?	Program Director and Clerkship 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.		
Required Clerkship/Site	Percentage of Total Clerkship Time	
	% Ambulatory	% Inpatient
Family Medicine / UH	99.5 - 100%	0 - 0.5%

• **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	
Secure storage space	

Call rooms availability	
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N/A for Family Medicine