

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

Discipline: Ob/Gyn
Site: University Hospitals Cleveland Medical Center
Clerkship Director: Corinne Bazella MD
Assistants: Maria Shaker MD, Sarah Tout 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.
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%: We have a mid-clerkship meeting with each student on week 3 or 4 of the clerkship.
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%:89.4%, Our EOR/Grade completion rate is 89.4. Dr. Bazella and Dr. Shaker share in the responsibility of completing grades. We have the comments and grades complete by the due date and occasionally the student will need to complete evaluations, or modify their core clinical conditions so that the grade can be submitted as complete in CAS. There were instances where we forgot to re-submit the grade after the student had completed their evaluations or re-took the shelf because re-submitting was out of our usual work flow. We will strive for improvement.
3. The following ratings are provided for your clerkship. Comment and describe your plan for improvement if outside of benchmarks, indicated below:
 - 3.1. Overall rating (>80% excellent or very good) Our overall rating is 85.7%.
 - 3.2. Neglect (<5%) Our average rate of neglect is 9.52% down from 11.9 the prior year. We have seen a steady decline in this metric over the past years even with the difficulty we have with covid and departmental changes. We hope to have continued improvement in this benchmark with continued intentional cultural change. In reviewing our end of clerkship comments, one area of concern has been our surgical volumes with the shortage of nursing that all medical centers are having. We have utilized our subspecialist services to allow for adequate exposure and minimal downtime to mitigate this phenomenon. The environment on Labor and Delivery has improved in several aspects and our department is working on a project of team building with nursing through our culture committee.

- 3.3 Mistreatment (<5%) Our average mistreatment was **1.19%**. One specific individual mentioned a comment about an empathetic statement said to a patient, this is being taken out of context.
- 3.4 Duty hours (>95%) **98.8%**
- We discuss the duty hours at Orientation. Students review our institutional policy and sign a statement that they are aware of the policy and how to report violations thereof.
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%**. **78.5%**
- 4.1. There were multiple departmental faculty departures and a few faculty were doing the jobs of many. This shortage has been rectified with new hires and we will continue to work on faculty development of teaching however I do think that this will improve with less burnout.
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%**. **80.95%**

Provide Qualitative Feedback and Reflection:

6. Are there any clinical skills and/or knowledge in which students seem underprepared? Student are well prepared for the communication aspect of our specialty, however, they continue to not to have been introduced to the common diseases of Ob/Gyn like endometriosis, abnormal uterine bleeding, and leiomyoma. The common diseases of pregnancy are similarly novel to students when they start their rotation.
7. What significant changes were made in the rotation last year? More utilization of the subspecialist gyn offices due to clinical volumes. Our Grand Rounds have been elevated with the addition of an Anti-Racism Committee to our Department. They have developed interactive learning about health disparities and racist policies in the US healthcare system that not only helps our entire department but also addresses the hidden curriculum that medical students experience. Were they successful? yes
8. What themes did you identify in student feedback about strengths of the clerkship?
- Students reported receiving hands-on instruction, enjoyed the diversity of experiences and patients that they clinical saw, and felt well-integrated into their teams. Students found opportunities to contribute directly to patient care in all learning venues.
 - Orientation was organized and prepared them for the learning environment of Ob/Gyn.
 - Our clerkship coordinator, Kink Brauer, is a standout in organization, communication, and compassion.
 - The students also commented that they appreciated the teaching efforts of the residents.

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

CAS student evaluation completion by both residents and faculty could be improved.

10. What additional challenges exist in the clerkship?

We have had “learner oversaturation” with 3rd year students, 4th year students, emergency medicine residents, and family medicine residents. We have optimism of this improving with the development of a Labor and Delivery ED staffed by a Hospitalist, resident, NP and ED resident. We also have expansion of the number of faculty members that will now be on service for an entire week to give continuity to all learners and improves learning environment.

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

There will be one big change which will be a new clerkship director who will be able to see our challenges and areas for improvement with new eyes and experience at other institutions. The addition of faculty members will have a dramatic difference to the morale of the entire department which will help our learning environment.

LCME Required CQI Elements

11.1. 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 the academic year, the core clinical conditions and learning objectives of the clerkship are emailed to all department members and discussed at the faculty meeting. At intern orientation the assessment system is introduced and the components of evaluations and feedback are discussed. At grand rounds and faculty meetings assessments and feedback is discussed quarterly.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	At departmental faculty meetings and division director meeting the Clerkship Director discusses the clerkship, the quarterly student comments from the end of clerkship survey, and updates of the clerkship.

11.2. 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: We have a quarterly “Residents as Teachers” program where a two year curriculum is cycled.

Is the program optional or mandatory?	mandatory
Is it sponsored by the department or institution?	department
Who monitors participation?	Resident Program Director

11.3. 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
UH	50	50

11.4. 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	University Hospitals Core Library
Secure storage space	Call room lockers
Call rooms availability	Available