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

Discipline: Pediatrics
Site: UH RB&C
Clerkship Director: Kate Miller

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.
    - Updated November 14, 2022.
2. Attach the grading/assessment rubric used in your clerkship.
    - Last modified by the city-wide clerkship directors on November 25, 2019. Is approved bi-annually during retreats.

Respond to Quality Metrics: (The items highlighted on your individual data form are outside of benchmark range and require discussion.)

- Your average completion rate for mid-rotation feedback for the year is provided. Describe your plan for improvement if <100%: N/A
- Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: N/A
- 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
        i. One of the neglect reports for peds should have been reported to OB/GYN.
        ii. With respect to the other 2, the "residents are busy, what do you do with the student" remains a work in progress. I continue to work on this with faculty development with the residents. I additionally include suggested uses for "free inpatient time" for the students during their orientation. For example, rather than sit and study, they could instead have some bedside teaching by RTs or PTs.
        iii. The resident-specific example was handled after that rotation's report was released (see below).
    - Mistreatment (<5%)
        i. The incident with the resident who was named was addressed. I spoke with the residency program director in charge of education; she

addressed it directly with the resident. I did not hear anything negative about this resident again (and have not heard anything negative about this person who's now a chief).

ii. Of the 2 witnessed reported mistreatment incidents, the AI incident was reported to me. I was asked not to intervene. I was not told that an attending made a student cry.

- Duty hours (>95%) N/A

- 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%.
    - During mid-rotation feedback, I inquire about the student's role on the team, their verbal feedback, and their observations. This provides an opportunity to detect any issues with faculty teaching. I review all feedback provided by students (faculty named as superior and problematic), CAS evaluations, and the lecture feedback from the Core 2 (Tue/Thur evening) lectures.
- 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%.
    - During mid-rotation feedback, as I inquire about the student's role on the team, their verbal feedback, and their observations, the students provide me a window into their resident teams. Students are quite forthcoming about the quality of teaching and support of their residents. Though I rarely hear negatives, I address any issues in real time when they arise. Further, I review all feedback provided by students (residents named as superior and problematic), CAS evaluations, and feedback of the teaching residents.

Provide Qualitative Feedback and Reflection:

- Are there any clinical skills and/or knowledge in which students seem underprepared?
    - This is almost an "n/a" for pediatrics, as the pre-clinical years do not prepare students for pediatrics. I have not appreciated a significant difference in this year's group versus previous years. The COVID loss of the pediatrics PD experience was appreciable. I have not heard excess concerns about PD skills among the students to date this year.

- What significant changes were made in the rotation last year? Were they successful?
    - I now meet with all residents prior to their teaching resident time with the students. We review their two expectations: to lead the small group case discussions and to meet one-on-one with each student to observe them and

provide real-time feedback. Meeting with each has helped improve the consistency among teaching residents and ensure the observations w/feedback are being complete.

- I made some changes to the teaching attending expectation during the students' inpatient weeks. I formally changed the role of the inpatient teaching attending to that of a coach. The attending is advised to simply help the students once per week for each of the 3 inpatient weeks on whatever generic "skill of doctoring" will best help that student improve. The teaching attending does not provide any summative evaluation of the student.
- Of the resident-led case discussions during inpatient, I continued to work with a resident author to strengthen the cases. He revised all of them and made them more streamlined and thus easier for the ~20 teaching residents to teach each year. There are 5 cases during the students' 3 inpatient weeks. They are now more consistent in their formatting and better able to achieve the goal of getting the students to arrive at well-reasoned, thorough differential diagnoses. The feedback from students and the teaching residents has thus far been very strong.
- I continued to tweak Canvas. Per student recommendations, there is a "how to use Canvas for peds" button on the front page of Canvas, and there's a summative document of requirements that's readily available as well. Simple things like "bring a laptop to newborn" were added.

- What themes did you identify in student feedback about strengths of the clerkship?
    - The most significant theme related to comments about students appreciating the breadth of patient exposure. In a related but distinct comment, students appreciate the balance between inpatient and outpatient time.
    - The other predominant theme involved students repeatedly praising the residents and faculty. Specifically, they appreciated their time in teaching, the supportive learning environment they created, and their support of the student educational experience.
    - Students felt they had a "real" patient care role, commenting on the strength of the clerkship in providing them autonomy, ownership, and a chance to be involved in their patients' care.
    - Administratively, students appreciated the organization and responsiveness of the clerkship director, there were positive comments around communication and expectations, and about the mechanisms of ensuring adequate feedback.
    - Within the inpatient environment, students appreciate having a specific teaching attending and resident. The resident-led case discussions are valued and, to a lesser extent, the resident conferences are as well.

- What themes did you identify in student feedback about areas for improvement in the clerkship?
    - The most common area for improvement is "none."

- Didactics remain a common area of discussion with variable comments around the different types of didactics. Among the didactic comments, no specific comment or suggestion had more than a 5% comment rate.
    i. Comments included the Core 2 didactics being too late, too far to drive for students in clinics, that the didactics detract from inpatient care / could be consolidated, or are less useful (the resident conferences).
    ii. The OB/GYN leadership and peds will continue to work together to optimize the topics covered (namely gaps of exposure for the students and high-yield for the shelf). I will continue to focus on interactive, high-value lectures given by pediatric faculty.
    iii. I've shortened the case discussions to better align with the Core 2 lectures, and the time was selected based on feedback from prior clerkship students.
    iv. For resident lectures that are not going to be of use for the students, I will continue to work with the residency leadership to dismiss students for these lectures.
- The other theme involved the experiences at outpatient sites. A small number of students (n = 3) reported that they merely shadowed. A small number made note of a limited student role at the Rainbow clinic; a small number said the same of community sites. These comments are balanced by a similar number of "strength" comments about the Rainbow clinic and community sites. Nevertheless, I will continue to work with all sites around the roles of the third year and how to maximize said roles/meet expectations.
- The final, minor theme is one I get every year: students who want time on other inpatient teams. As has been the case in prior feedback, the number of students who wish to rotate on other teams is balanced by the number of students who comment on how they appreciate being with the same team all 3 inpatient weeks. I will continue to choose the same team for 3 weeks for the continuity it provides. Additionally, the same team translates to stronger feedback provided to students (summative to me) that stems from them knowing how the team works, that allows them to grow and develop and show improvements, and form longer relationships with their teams and patients.

- What additional challenges exist in the clerkship?
    - The perpetual "quality of feedback challenge" remains. I continue to rely on an extra-CAS method of ensuring high-quality feedback for fair grading. I also continue to put all comments garnered outside of CAS into the students' EOR milestones, so they do see all feedback from peds.
    - I continue to struggle with outpatient preceptors; I've had a sufficient number thus far, but 2-3 more would provide a great relief to the 3 sites that carry the lion's share.

- What changes are planned for next year to address both feedback from students and challenges you identified?
    - As noted above, I will continue to maximize the quality of learning provided by all didactics and keep only high-value lectures in place. I will continue to maximize the value of the resident-led case discussions and protect students from low/no-value resident didactics.
    - I will continue to define and, as needed, clarify expectations for patient care in outpatient clinics.
    - I will continue to listen the same team/different team opinions of students. This will be practically limited by half the rotations being shortened.

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 start of each academic year, all faculty receive the learning objectives and core clinical conditions. • New faculty are trained on how to evaluate students, CAS, and that they will be emailed for feedback as a back-up mechanism. I have community sites that will not use CAS. I inform students of this and then garner feedback via email. All such feedback is included in the student's EOR. • The two observations are a newborn exam and developmental assessment. The newborn nursery faculty lead is aware of the exam requirement during the students' newborn week. Outpatient sites are made aware/reminded of the developmental assessment requirement.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	• The VP of Education (Mike Dell) educates faculty on accessing their CAS evals for feedback. • I provide feedback to individual sites based on verbal feedback received from students. • The clerkship coordinator sends out rotation evaluation "praise" feedback to the folks named. • Each July, I orient new interns about the clerkship. During this orientation, we discuss strengths and areas of improvement. A series of follow-up development lectures around feedback and evaluation also address strengths and areas of improvement.

	• All faculty lecturers and the teaching residents receive evaluations on their roles in education.

- **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: July lecture series geared toward interns. 45 minute introduction about teaching responsibilities, expectations of feedback and evaluations. Two additional lectures through the year on evaluation and feedback.	
Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Dept of Pediatrics
Who monitors participation?	Pediatric residency

- **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
Rainbow Babies & Children's Hospital – inpatient team		50
Rainbow Babies & Children's Hospital – newborn nursery		16.5
Pediatric Clinic	33.5	

- **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	There is space within each inpatient and newborn nursery team room that students may use. There is also common space in the Peds Library on the 8th floor of RB&C. Pediatric clinics have work spaces; study space is clinic-specific.
Secure storage space	All of the workrooms for inpatient teams have been fitted with either touch pads or badge-swipe access (this is the same level of security provided to

	residents). Personal lockers are available in two of the workrooms. Storage space at clinic sites is clinic-specific.
Call rooms availability	Call rooms are available for the 4th year rotations that include overnight work (Peds AI; NICU; PICU). Clerkship students do not participate in call.