

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

Discipline: Psychiatry

Site: UH

Clerkship Director(s): Sara Goldman, M.D.

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%: 100%
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: 94.25% for UH and VA combined. Will continue to review completion at 2 weeks out, and budget to be done within 4 weeks
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) 85.42%
 - Neglect (<5%) 2.08%
 - Mistreatment (<5%) 0%

You must also respond to any serious or egregious report of mistreatment regardless of your benchmark. There was one 2-week period during which all 3 students rotating on the CL service expressed complaints that the rotation was disorganized and that the residents left them to do much of the work. This may have arisen because of a misunderstanding: 2 days each week, the psychiatry residents are routinely required to leave at 4pm to attend the psychiatry Access Clinic, and the students were not initially made aware of this. The students also noted that there was a discrepancy between the teaching done by the psychiatry residents and the neurology resident on the CL team. When I discussed this with the CL attendings, they reported that it had been unusually busy on the team during the first week of this rotation, and there may not have been as much of an explanation to the students as there usually is about the CL team schedule, including the above. This was two isolated weeks, and no complaints regarding this issue were made about any other weeks during the clerkship by these or any other students. However, the CL attendings will tell each group of students in detail about the CL schedule going forward.

- 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%. 80.85%. This number is acceptable, but it troubles me that it has dropped significantly since last year (which was 91.67), and is below the all-site average faculty teaching. My plan is to speak directly to the attendings involved to get their feedback and ideas, and then to make recommendations on how to improve the student experience.
 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%. 91.49%. Once again, this is in the acceptable range but has fallen since last year, despite my having taught the incoming intern class about how to teach medical students. I intend to speak to the residency director to see if there has been any difference in residents' desire or time to teach compared to last year, and if so, why, then make recommendations. For example, I may ask to give them a refresher lecture a few months into their intern year.

Provide Qualitative Feedback and Reflection:

6. Are there any clinical skills and/or knowledge in which students seem underprepared?
The Case students are a fantastic, bright, motivated bunch, and seemed well-prepared!
7. What significant changes were made in the rotation last year? Were they successful?
During the 3-week rotations, I had changed the clinical experience from 2 weeks of inpatient work + 2 weeks of CL work, to 2 weeks of inpatient work but only one week spent on CL, in order to accommodate the shortened time length. However, this did not work out as well as I had hoped, given that Friday didactics resulted in the students only having 4 days of CL. Since the students work with different attendings on different days, they only ended up working with each attending once or twice, and therefore could not obtain feedback about improvement over time. I am still unsure how to balance the shortened rotations, but I am considering eliminating the time spent on CL altogether, and instead using online CL teaching modules interspersed during the 3 weeks that the students would then spend on the inpatient unit. This would likely involve my participation with the students as they learn the case-based online material, and I could then provide them feedback about improvement over time as they work through the cases. This would also allow me to rotate the students once during the 3 inpatient weeks between the inpatient attendings, rather than have them stay with one attending during the inpatient work as they currently do. They would therefore work closely with 2 attendings who could give them feedback over time.
8. What themes did you identify in student feedback about strengths of the clerkship?

The students really enjoyed being given much autonomy to manage their patients' treatment, and to be able to often see a patient's entire hospitalization.

9. What themes did you identify in student feedback about areas for improvement in the clerkship? The students continue to ask about being exposed to outpatient psychiatry experiences.

10. What additional challenges exist in the clerkship? 1. It is not possible at this time to place patients at outpatient sites, which would really enhance the clerkship, but I remain hopeful for future experiences. 2. As Richmond Hospital closes, it is as yet unclear to where we are moving, and therefore where the residents and medical students will be placed for their inpatient experiences. This will become clearer as the time for the move gets closer, but I am thinking carefully about what sites will be most beneficial for the students.

11. What changes are planned for next year to address both feedback from students and challenges you identified? Discussion with other psychiatry clerkship directors about how they manage these issues, and investigating online modules to complement students' learning.

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.	An email is sent out at the beginning of each academic year disseminating this information.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	I personally speak with faculty about feedback.

- **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:

<p>9.1 Briefly summarize the program: I give a lecture during the residents' orientation about how to teach medical students, and this is addressed personally by me with individual residents as well. The psychiatry department also has a residency track which teaches interested residents about medical education, and quite a few residents are involved in that.</p>

Is the program optional or mandatory?	The orientation lectures are mandatory, the education track is optional.
Is it sponsored by the department or institution?	The psychiatry department.
Who monitors participation?	The residency director and the senior residents make sure that all residents participate in the orientation sessions.

- **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. All time is spent in the inpatient setting.		
Required Clerkship/Site	Percentage of Total Clerkship Time	
	% Ambulatory	% Inpatient
	0%	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	In the resident workroom for both CL and the inpatient unit.
Secure storage space	Available in the 4 th floor lounge for those students who choose to lock up their belongings. Otherwise, students can put their personal possessions in the main workroom.
Call rooms availability	Students do not take overnight call, but the resident call rooms is always available to them to rest when they need.