

Joint Clinical Oversight Group – Annual Report from Clerkship Directors AY 2021-22 – UH/VA Medicine Core 1

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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 **100%**:
2. Your average rate of EOR completion **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): **100/97.6** (UH/VA)
 - Neglect (**<5%**) None
 - Mistreatment (**<5%**) 9/2%
 - i. **Student saw an interaction between an Intern and AI about the number of patients that should be distribution between the two.**
 - ii. **Student felt that many residents seemed to go over duty hours and felt that the residents were overworked**
 - iii. **Students saw an Attending ask AI to get her patient a soft drink the patient requested during patient rounds.**

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%**.
 - **Clerkship Director considers all student feedback regarding teaching. Students can be moved to another team if the**

student/teacher relationship isn't working. Clerkship Director shares expectations with faculty members.

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%**.
 - **Clerkship Director considers all student feedback regarding teaching. Students can be moved to another team if the student/teacher relationship isn't working. Clerkship Director shares expectations with interns/residents annually.**

Provide Qualitative Feedback and Reflection:

6. Are there any clinical skills and/or knowledge in which students seem underprepared?
 - **Students should practice using CAS in the preclinical years (during IQ+) or other pre-clinical programs and not have to learn how to use CAS for the first time when they are starting on the wards as a 3rd year. The College students already use CAS from their first year in medical school.**
 - **Oral presentations really need better refinement**
 - **Learning about creating differentials**
7. What significant changes were made in the rotation last year? Were they successful?
 - **We added a clinical reasoning session with senior residents serving as teaching assistants. The students love these sessions.**
 - **We no longer have a teaching attending session – replaced by the clinical reasoning sessions. We still have the students submit 4 H&Ps for formal grading.**
 - **Discharge summary workshop. Happens to be the only time these are formally evaluated for students.**
 - **Changed the Night Float responsibilities so time on call corresponds to residents' shifts and to also incorporate team didactics in addition to still having the Chiefs give feedback on oral and written write-ups. Successful.**
8. What themes did you identify in student feedback about strengths of the clerkship?
 - **Complex medical issues**
 - **Patient variety**

- **Medical student independence with oversight**
 - **Knowledgeable faculty and residents who enjoy teaching**
 - **Many educational opportunities through Clerkship and Department**
9. What themes did you identify in student feedback about areas for improvement in the clerkship?
- **Parking was dangerous and distant**
 - **Shortened 8 week rotation was suboptimal. The students recognized that they did not have enough clinical time, especially the students who were only exposed to a specialty service (wasn't feasible to switch students after two weeks). The students felt like they did not have enough patient time nor enough study time for the shelf exam.**
 - **Shelf exams and Study Time - Students acknowledge the need to be in the hospital, but wanted the Clerkship to acknowledge and provide more formal time for studying. Students follow the residents' call schedule, but because of Clerkship meetings, are not able to take advantage of a short or no call day for studying**
 - **More time on General Medicine – this is a challenge as we only have two general medicine services and 6 students per rotation so this experience is limited.**
 - **Why are didactics part of immersion in clinical medicine? They dislike being pulled out afternoons and Fridays as it negatively impacts team dynamics and their chance to be involved with direct patient care.**
10. What additional challenges exist in the clerkship?
- **Balancing clinical vs educational time.**
 - **Faculty development.**
 - **Faculty contribution / recognition for teaching.**
 - **CAS evaluations are not easy to get and current structure does not encourage students to get immediate feedback.**
11. What changes are planned for next year to address both feedback from students and challenges you identified?
- **We have parking in a closer lot**
 - **Hoping the CAS assessment committee will continue to allow Likert scale with one evaluation.**

- **Will need to have two shortened clerkship cycles over the next two years as we change the calendar so will continue to manage less time for clinical activity and for studying**
- Would love to entertain future option of doing didactics all together for maybe a week at the beginning of a core rotation or at the end with study time.**

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.	Plan is for new faculty to receive this information from the Clerkship Director / Coordinator if they are attendings involved with students. We need to come up with a more unified system here.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	In addition to the CAS reports, de-identified student feedback is shared with residents and attendings. Needs to be more formal in structure

- **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: 1. We present at orientation and at each level rising resident meeting annually in the spring. 2. Special Senior Residents take part in a weekly Clinical Reasoning Session with Clerkship Director and MS3s. 3. Our LME residents help with teaching medical students in many capacities and this sharpens their skills when they are on the wards.	
Is the program optional or mandatory?	1. Mandatory 2. Senior teaching residents apply for position 3. LME residents apply for position

Is it sponsored by the department or institution?	Department
Who monitors participation?	Clerkship Director

- **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/VA (for the 8 week blocks)	1 week	7 weeks

- **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	Team Room, Library, Student Lounge B Bolwell
Secure storage space	Team Room, Lounge (Limited lockers available)
Call rooms availability	Team Room, GME lounge has call rooms. Students in IM only stay overnight when they have Night Float – so they sleep during the day so call rooms not needed.