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

Discipline: _____Neurology_____

Site: _____UH/VA_____

Clerkship Director(s): ___Wei Xiong 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.)
Please note that I will be addressing the following metrics based on the combined stats from students that rotated through UH and the VA for Neurology. The students largely share the same experience and with the same group of residents.

1. Your average completion rate for mid-rotation feedback for the year is provided. Describe your plan for improvement if <100%: 96.6%

   - I can't explain why this number is not 100% as I've verified in CAS that every single mid-clerkship eval was completed for the entire AY21-22.

2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: 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) - 83.9%

   - Neglect (<5%) – 4.6%

   - Mistreatment (<5%) - 0

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

   - 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%.

   - 81.6% - Reviews of faculty on the survey forms are reviewed twice a year. CAS evaluation data is also reviewed. Any outstanding problems are to be discussed with the faculty individually.

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%.

   - 97.7% - Resident teaching effectiveness is reviewed each month with a feedback session at the end of each block with students. Survey results are reviewed twice a year. No residents were identified as problematic this year.

Provide Qualitative Feedback and Reflection:

6. Are there any clinical skills and/or knowledge in which students seem underprepared?
   - Students seem generally prepared for the clerkships. Some could use more initiative to tackle clinical tasks.

7. What significant changes were made in the rotation last year? Were they successful?
   - Outpatient experiences were expanded back to the usual 2 clinics per rotation. This was favorably viewed by the students, who continue to ask for more.
   - The clerkship website has been moved to a new server outside of CWRU. It's on a free webhosting platform, which is a little slow, but serves the purpose adequately.
   - We have started a new "Brain Attack Simulation" session run by a few neurology residents to help prepare students to respond to a brain attack. They have been very well-received, and the results of these sessions are being studied as education scholarship.

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

   - The clerkship was well organized, orientation was helpful, and expectations were clear from the beginning.
   - Good responsiveness to student feedback and concerns.
   - Many students commented on the effectiveness of the Friday morning didactics that were case-based vignettes. Participation in these sessions is active and guided by content experts.
   - Excellent teaching by residents and overall dedication to medical education.
   - Diverse set of experiences to choose from.
   - Noon conferences were educational (and lunches provided).

9. What themes did you identify in student feedback about areas for improvement in the clerkship?
   - Students would liked to have had more responsibilities assigned to them by the residents.
   - Several students asked for more outpatient clinic time.
   - A clearer expectation of students' roles on the teams would have been good.

- Some of the teams were a little too crowded with not enough patients and too many learners.

10. What additional challenges exist in the clerkship?
    - Getting timely VA computer access continues to be a problem that is hampering the students' involvement on the team.
    - It would be nice to have more outpatient experiences available to student.

11. What changes are planned for next year to address both feedback from students and challenges you identified?
    - To address the common desire of wanting more outpatient experiences, I plan on exploring the option of having clerkship students at UH attend some of the VA continuity clinics, even if they don't have computer access.
    - I will plan on emphasizing to the residents (as a group and individually) to make sure students are given clear expectations at the start of each rotation.
    - I plan on expanding the list of available clinical sub-rotations to include Epilepsy as now all seizure patients are being admitted to that team and not the General Neurology team. Thus the Gen Neuro team census has decreased significantly.
    - We are starting a Google Calendar that students can subscribe to so that they can stay up to date on all didactics, grand rounds, simulation activities, etc.

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 are not explicitly disseminated to the faculty. All faculty who come in direct contact with medical students are already well aware of what neurology basics a medical student should learn.
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	The core teaching faculty attend biannual meetings at the department level were all things education related are discussed including clerkship information.

- **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:
I personally do a one-hour introductory session near the beginning of each academic year on medical student roles and expectations. I emphasize proper teaching techniques and the importance of providing useful feedback. Also, learning objectives, target diagnosis list, student responsibilities, and protocol for requesting feedback are distributed. All new residents and fellows at UH are also required to complete the CWRU Resident as Teachers module.

Is the program optional or mandatory?	Mandatory
Is it sponsored by the department or institution?	Department and Hospital
Who monitors participation?	Me and the GME office

- **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
UH CMC	10%	90%
VAMC	25%	75%

- **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	Students may study in the team rooms. No dedicated neurology study space.
Secure storage space	Students can store their personal belongings in the locked team rooms.
Call rooms availability	No call rooms are provided as there are no overnight calls.