

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

Discipline: Surgery

Site: VA

Clerkship Director(s): Katherine Kelly

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%: The students reported that they received mid-rotation feedback less than 100% of the time. Students meet with the clerkship director halfway through their rotation for a check-in. Oftentimes this meeting is relatively short and is mostly a chance for the clerkship director to see how the student feels he/she is doing. Typically there are no written evaluations to review from faculty as this occurs only 2 ½ weeks after starting service and the forms have not yet been submitted. One way to improve in this metric would be for the meeting to be scheduled (rather than informal) and better labeled as “mid-rotation feedback session.”
2. Your average rate of EOR completion within 4 weeks is provided. Describe your plan for improvement if <100%: Grades are often delayed due to having a paucity of written feedback in CAS for the final grades to be based on. When there are few to no evaluations present the clerkship director has been soliciting feedback directly from attendings, residents and advanced practice nurses through phone calls, emails, and face to face discussions. This unfortunately takes time. I’m trying to increase the number of evaluations submitted in CAS by actively encouraging faculty and residents to complete these ASAP.
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)
 - Neglect (<5%)
 - Mistreatment (<5%)

I speak with students on their first day of the rotation about the importance of coming to me with any concerns about neglect or mistreatment (from attendings, residents, nurses, OR staff) sooner rather than later. Frankly, no

student has ever come to me in person or reported by email that they feel they've been neglected or mistreated. I will continue to encourage the students to seek help early rather than suffer through perceived neglect or mistreatment on their own.

Once a complaint is made, we do our best to address it with the offending person (if identified).

Duty hours (>95%) The students are routinely told that they must adhere to the 80 hour/week rules. I'm not sure why they aren't all reporting it.

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%.

Our faculty generally like teaching medical students and do so effectively. I talk to the students about which specific attendings they've worked with and found to be instructive. Our rating is >80%.

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%.

The residents generally do a very nice job of taking time to educate the students. Our rating is >80%

Provide Qualitative Feedback and Reflection:

6. Are there any clinical skills and/or knowledge in which students seem underprepared? Students are generally underprepared with the concise and organized patient presentation on rounds. They don't seem well practiced in the SOAP method for presenting on daily rounds.
7. What significant changes were made in the rotation last year? Were they successful? We have been through several administrative coordinators for our students. WE've finally identified a dedicated person and I believe this will provide clarity to students for onboarding and logistics.
8. What themes did you identify in student feedback about strengths of the clerkship? Students generally identify the residents as teachers and the general surgery attendings as strengths. The broad exposure to General surgery that they receive is also noted.
9. What themes did you identify in student feedback about areas for improvement in the clerkship?

Logistical issues of onboarding and feedback have been identified by students as lacking. Having a dedicated administrative coordinator will help alleviate the first concern. I will continue to work with the residents and faculty to get CAS forms submitted.

10. What additional challenges exist in the clerkship?

The students are on service for a very short time. This limits the willingness of residents and faculty to give them more responsibility. They also leave the VA campus multiple times in the week for didactic that limit the time they can do PM rounds with the team and have more casual/informal teaching with residents and faculty.

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

Dedicated administrative coordinator.

Formal scheduling of mid-rotation and end-rotation feedback sessions.

An emphasis on faculty completion of CAS evaluations.

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.	The faculty meet weekly to discuss service issues. The medical student rotation is often a topic of discussion at this meeting. Also the Residency program has an annual clerkship update at our Department Meeting each August that reviews the learning objectives, assessments, and requirements. All faculty from UH and the VA are invited to this meeting.	
What methods do you use to ensure that faculty receive information about student performance and satisfaction?	Faculty receive written comments about them regularly. Their evaluations in CAS as well as written comments from the EOR feedback are included in annual performance reviews.	

• **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: The residents at the VA are the same as those that are at UH. From Dr. Steinhagen’s report of the UH program... “There are 3 workshops per year as part of the Residents as Teachers program. Last year, these included Questions as a Teaching Tool, Creating Effective Teaching Presentations, and Mistreatment in the Surgical Learning Environment. This year, the first topic given during our introduction to the year was an introduction to teaching,
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‘You are Now a Teacher’, which aimed to inspire interns, show them what they could already teach, and introduce them to techniques for teaching on the wards. There will be 3 topics again this year, some of which will repeat from previous years. These have included: Setting Expectations and Creating a Positive Learning Environment, Giving Effective Feedback, Teaching on the Wards, Teaching in the Operating Room, Promoting Psychological Safety. Other topics may be developed depending on resident and student needs.
The impact of our Residents as Teachers program is routinely evaluated systematically via feedback on the workshops.”

Is the program optional or mandatory?	mandatory
Is it sponsored by the department or institution?	department
Who monitors participation?	Residency program 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
	15	85

- **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 are cubicles in the surgical services suite with computers that can be used for studying. There is also an on-site library that the students can access.
Secure storage space	There are lockers for student belongings.
Call rooms availability	There is no overnight call responsibility and therefore no call rooms are needed.