

**Y3 Core Clerkship  
External Review Combined Report**

**Class of 2021  
(Academic Year 2019-2020)**

**Departments of:**

**Emergency Medicine**

**Family and Community Medicine**

**Internal Medicine**

**Medical Humanities**

**Neurology**

**Obstetrics and Gynecology**

**Pediatrics**

**Psychiatry**

**Surgery**

*April 26, 2021*

*(Prepared by the Office of Education and Curriculum)*

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**External Review Y3 Core Clerkship Feedback Report  
Department of Emergency Medicine**

Reviewers: Bilal Butt, MD (Neurology) and Cheryl Ashburn, MSN, RN (Obstetrics & Gynecology)

The Emergency Medicine Clerkship appears to be well organized and structured to give students a good clinical immersion in both busy city hospitals and rural hospitals. Students remark upon the diversity of the patients' problems and strong preceptors, residents and nurses who are willing to teach and involve them in patient care. As with most clerkships, there is no perfect schedule; but Emergency Medicine appears to work hard to arrange schedules that are similar to real life routines and this would seem to be helpful to students who are considering this career path.

The workload seems reasonable and still allows time for study.

It was noted that over eight rotations, only 44 End of Core Clerkship Evaluations were completed for the class of 2021. A suggestion to increase this number is to reinforce that the evaluations are required. Giving a completion deadline and notifying students this is part of their professionalism evaluation is one option.

We commend the hard work and dedication of the Clerkship Director, Coordinator, and staff who make this an effective and successful rotation.

## **External Review Y3 Core Clerkship Feedback Report Department of Family and Community Medicine**

Reviewers: Margaret Boehler (Surgery) and Heeyoung Han (Medical Education)

### **What has gone well**

- Full breadth of patient experience
- Clear guidance and organization
- Strong relationship with preceptors
- A lot of opportunities to practice clinical skills
- Healthy learning environment
- Continuity (working with the same team)
- High completion rate of OTF feedback at least weekly (Yes=39, No=4)

Last year, the department put the planned changes below,

1. Continue to recruit and maintain quality community preceptors.
2. Resume site visits with our community faculty for faculty development. The Corona Virus Pandemic last spring eliminated our opportunity to do that this year.
3. Improve community preceptor response on On-The-Fly Assessment forms.

The department successfully implemented the changes as there are many positive comments on preceptors, learning environments, and OTF feedback.

### **Opportunities for improvement**

Students' comments included several areas for improvement as below.

- Assignment
  - Writing assignment – make it feasible (1-2 page reflections)
  - Randomized assignment – fair work load for each topic
  - Reevaluate the busy work
    - But when we reviewed the other data, all (n=43) responded the workload was appropriate
- Guidance
  - Guidance about the books they were given, how to use them
  - Required videos -> more self-directed learning (a list of learning objectives and flexibility of resources)

### **Any suggestions you might have for the assigned clerkship**

No suggestions.

FCM had nearly perfect students evaluations of their clerkship. Of note is the fact that students report they receive great feedback and that other clerkships need to find out what they are doing to get such exceptional feedback.

## **External Review Y3 Core Clerkship Feedback Report Department of Internal Medicine**

Reviewers:

Staci Becker, RN, MSN (Psychiatry) and Yahia Zeino, MD (Obstetrics and Gynecology)

### **Strengths:**

- Organization
- Clear expectations
- Faculty/residents
- Exposure to a wide variety of patient problems and patients
- Clinical immersion
- Very hands on
- Team setting/made to feel like contributing team member
- Numerous learning opportunities
- Noon conferences
- EKG/CXR sessions

### **Areas of possible concern:**

- Swing shift/on call quality and quantity- concerns appropriately addressed by IM
- Afternoon downtime- concerns appropriately addressed by IM
- Student Abuse- concerns appropriately addressed by IM
- Weekly OTF feedback- On the end of clerkship evaluation, 22% of students (13 out of 59) reported not receiving weekly OTF feedback. It was noted many were getting adequate verbal feedback. This is a struggle across the curriculum and across all departments. Here are some of our suggestions:
  - Discuss at orientation and encourage students to be proactive and send OTF requests to residents/faculty
  - Send faculty/residents weekly OTF reminders
  - Have students keep a log of “golden feedback” to ensure nothing is lost if a faculty/resident doesn’t get it documented
  - Faculty/resident development

**External Review Y3 Core Clerkship Feedback Report  
Department of Medical Humanities**

Reviewers: Sheref Unal (Pediatrics) and Tina White (Internal Medicine)

These are the basic thoughts that Tina and I have after review of evaluations:

1. For ethics cases/discussions, the students seemed to desire smaller group discussions, but they do not want those groups to be self-selected. I think that they would prefer they be randomly assigned to help get them out of a comfort zone from a social perspective and help to make the discussions more meaningful. I also think they would desire a list of potential topics to think about before hand, and this may already be available, but at least one student who left a comment, implied that they did not have this information prior to consider.
2. There also appears to be this underlying theme, that some students feel the moderators are biased towards a particular viewpoint, and that some students don't feel free to express their opinions as a result. Continuing education for the moderators about these concerns, or possibly a blanket introduction stating that open views or opinions should all be allowed to shared freely and openly, as long as they are respectful, etc. Some type of disclaimer to allow deeper discussions so the students feel comfortable to voice their opinions in a safe space.
3. For the pharmacy student interaction that was recently introduced, there also seemed to be a small theme that while the experience was enjoyed, it may have been more meaningful if some more structure was introduced around the experience.

Overall, it seems like this is a chance for the students to be exposed to some very meaningful topics they might not otherwise see in our curriculum, that it is really enjoyed and appreciated by the students and that they are doing a wonderful job overall!

## **External Review Y3 Core Clerkship Feedback Report Department of Neurology**

Reviewers:

Christopher Gleason, MD (Family and Community Medicine) and Cathy Schwind, MSN (Surgery)

### **Neurology External Review**

Overall students seem to be happy with their Neurology Core Rotation and report great learning experiences.

#### **What went well:**

- 1) Faculty, residents and staff friendly, welcoming, enthusiastic to teach and receptive to questions.
- 2) Included students in patient care and allowed students to practice clinical skills. Allowed to see patients independently.
- 3) Having the mentor system, spending time with only one faculty member.
- 4) Variety of cases
- 5) Well organized
- 6) Constructive feedback was rated highly
- 7) H & P skills improved

#### **Opportunities for improvement:**

- 1) Students expressed they felt morning conferences were a waste of time. Students were ignored the whole time. Conferences were at too high level for students, talked over the heads. Questions were not always welcomed at the conferences. (greatest complaint)
- 2) 2 weeks not enough time
- 3) Hard to complete 2 H&P's on new patients in 2 weeks
- 4) Vastly different experiences for each student
- 5) Keep the same preceptor for both weeks
- 6) Students should be offered which service they want to be on, Inpatient vs Outpatient
- 7) Residents as effective teachers
- 8) Weekly written OTF evaluations – seems like most students get a verbal then a written at the end

#### **Suggestions:**

- 1) Stress the need for faculty/residents to do weekly written OTF for the students
- 2) Make sure the residents attend RATS (Resident As Teacher Session) to improve medical student teaching skills

The Neurology team has addressed most of the concerns of the students. The morning conferences have been removed. The overall school curriculum cannot be changed at this time to accommodate more weeks. Completing 2 H&P's in 2 weeks seems to be reasonable. Maybe making sure the students get feedback on each of the H&P's so the students know it has value not just "busy work". Keeping the same preceptor and having the students choose which service they are on has been addressed, logistically those are not possible right now for the students.

As far as students having vastly different experiences, a suggestion is explaining in orientation that each specialty is different, no student has the exact same experience as other students. With the current curriculum, getting a clinical immersion experience is the goal, not making sure they all have the same experience.

**External Review Y3 Core Clerkship Feedback Report  
Department of Obstetrics and Gynecology**

Reviewers: Martha Hlafka (Internal Medicine) and Kelly Pickrell (Pediatrics)

**Any suggestions you might have for the assigned clerkship**

After review of feedback and departmental response to feedback we feel their plans are appropriate and have no further suggestions to add.

**External Review Y3 Core Clerkship Feedback Report  
Department of Pediatrics**

Reviewers:

Debra Klamen, MD, MHPE (Education and Curriculum) and Robert Tennill, MD (Emergency Medicine)

***Strengths***

The Pediatric Clerkship has clearly been a very successful, valuable and well-reviewed experience for the students. Its rating of 4.6 overall in 2020 is extremely high and should be congratulated. It is noted to be well organized with the use of individualized Google Calendars. Students felt that the group of educators including faculty and residents are engaged, respectful, approachable, and create a supportive learning environment. Students loved the ability to feel part of a team, with excellence in teaching throughout all faculty/staff. The weekly Brown Bag lunch hour resource sessions are greatly appreciated and a helpful additional educational experience. In addition, students are exposed to a variety of pediatric patients and specialties in both the inpatient and outpatient setting.

***Potential Opportunities***

Several students mentioned they would like to have back-to-back inpatient weeks for continuity of the educational experience, if this is feasible from a scheduling perspective. As expected, students have variable preferences on the mix of inpatient/outpatient weeks, general pediatrics vs. specialty clinic, and which inpatient experiences (NICU/PICU/Newborn Nursery/General Inpatient). This is likely challenging from a scheduling perspective, however potentially students might be able to submit and receive 1 week of their top choice? This was addressed in the annual Response to Feedback that students are encouraged to come back during PEP.

We realize it is difficult to get narrative feedback through on-the-fly forms weekly, but please try.....the comments I saw say you are running about 50:50 with regards to students getting them.

Of note, **please remember** the goal of the new Year 3. That is, to provide an immersive experience in the clinical work. I believe continuity of clinical experience is MORE important than it is to 'see everything.' Therefore, I would ask Peds to schedule students with this in mind. Perhaps students wanting outpatient experiences could be scheduled for 4 continuous weeks in a clinic, and students wishing to do inpatient could do 4 weeks there? Anything that students feel they have missed can be scheduled during PEP. (Deb K)



## **External Review Y3 Core Clerkship Feedback Report Department of Psychiatry**

Reviewers: Christine Todd (Medical Humanities) and Jarrod Wall (Surgery)

This evaluation is based on review of the Year 3 Appraisal Core Clerkship Report, the End of Clerkship Combined Report and the End of Clerkship Combined Report 2 for the Class of 2021

### Positive aspects

1. Well structured and organized
2. Adequate number of patients seen
3. Workload was appropriate for the student
4. Student actively participated in patient care
5. Opinions would listen to and discussed
6. Responsibilities were commensurate with training
7. Students indicated that their history and physical skills improved over the course of the clerkship
8. Preceptor contact was adequate
9. Residents were effective teachers

### Areas for improvement

The survey responses for the class of 2021 had very limited written comments specifically related to the Psychiatry clerkship. Of the responses that were written and related to Psychiatry, all were positive, emphasizing the positive learning climate. Some students indicated that the Psychiatry clerkship was the most valuable experience, given that they had opportunities for hands-on writing of notes and reviewing with feedback from staff and residents. Also, there was a comment about the benefit of having the standardized patient at the start of the rotation with feedback provided immediately.

The Psychiatry clerkship was given an overall score of 4.3, with emphasis placed on positive comments about the staff and residents. Review of the comments did not reveal any recurrent theme that was critical of the Psychiatry clerkship.

#### 1. Optimize use of downtime for students

One student made mention that the Saturday morning rounds were not particularly beneficial for the student, given that the plan of care for the patient rarely changed over the weekend. There was another comment about not wanting to show up at 7:00 a.m. on Thursdays, since the residents had other commitments until 8:30 a.m. on those days. The department of Psychiatry might be able to provide guidance to the students about how best to utilize this downtime, such as completing the required progress notes/H&P or reviewing the MSE video.

#### 2. Standardize the student experience

There were some comments about trying to achieve a standardized experience for all students while on Psychiatry, particularly with the duration and exposure on liaison consult service versus inpatient versus outpatient. The Psychiatry clerkship team did address this when they provided a response to feedback. At the present time there is no plans to change the clerkship experience and make it exactly the same for every student. We would be supportive that it is not necessary to change the clerkship, given that it is not a requirement that all students share the exact same experience while on each individual clerkship. It is more important that they receive exposure that will improve their ability to complete a history, perform a physical examination, and accommodate to the practice of medicine. It will likely be necessary to educate the students that they should expect to have differing schedules.

**External Review Y3 Core Clerkship Feedback Report  
Department of Surgery**

Reviewers: Carolyn Holmes, MSN, RN-BC, CCHP (Neurology) and Obiora Onwuameze, MD, PhD (Psychiatry)

1. **Strengths** - The following categories received ratings greater than 90% :

- **Adequate patient contact**
- **Appropriate workload**
- **Active student participation in patient care**
- **Clerkship responsibilities commensurate with student training**
- **Surgery faculty as positive role models**
- **Surgery Residents as effective teachers**
- **The learning climate enhances student learning.**

**SELECTED COMMENTS**

*“Enjoyed many things about my surgery clerkship experience, but the most significant detail was how willing every member of the ENT team was willing to explain things to me, allow me to help with procedures, and help me learn.”*

*“The surgery clerkship was a great experience and I thoroughly enjoyed my time on the neurosurgery service. The neurosurgery attending(s) and residents were easy to work with and it was clear to me that they enjoyed teaching me about their craft.”*

*“Very educational and it made me more comfortable in the OR and with surgical complaints.”*

*“All residents and nurses on the urology service were happy and eager to teach and went out of their way to help with student learning. Even during complicated surgeries and busy clinics, attending physicians took time to teach different concepts and allow students to participate in surgery and clinic duties. I felt like a member of the team, which improved the learning process immensely.”*

2. **Challenges/Opportunities for Improvement** – The following category received a rating less than 80% :

- **Organization and scheduling**

**SELECTED COMMENTS**

*“I wish there was a way to standardize the hours or expectations for students, but, with each student in a different rotation, that is extremely difficult. Other than that, I do wish there was a day maybe once a week or twice in the clerkship that all students could get together with an attending or a resident and have a small table discussion regarding key surgical issues such as pre-op or post-op care.”*

*“I realize surgery is a very subjective field but the lack of structure is really unacceptable in my opinion. There needs to be an outlined structure for a daily work load and the clear communication that a student can leave when it is finished. This is effective and respectful to both student and the surgery team as you will get happier, more engaged students, and students will know exactly which work they can and should be doing. This outline could be, for instance” “Pre-round, round, notes, surgical cases, afternoon rounds.” It may have helped if the student put some context into this opinion/observation.*

*“I really enjoyed this clerkship. This rotation has truly been an example of socializing us into medicine. I would have ranked the overall outcome higher, but I just had an issue with hours among services. I thought I was lucky to only be doing 12 hour day minimum 5 days a week with no call or weekends. I later learned other students were sent home early in the afternoon or would not have to come in at all and still would not have to do weekends. I do not know the dynamics of each rotation, but I do wish there was a way to equalize or try to standardize the requirements more. It was hard not to become bitter on some of the longer days when my fellow students left after a quick surgery at 10am. Overall, I thought this was a great experience.”*

### **3. Suggestions for Change**

There are nine specialties represented in the Surgery core clerkship. It may be of student interest to hear from faculty in different surgical areas, (other than the assigned preceptor and specialty), to discuss and share strategies to employ in the fluid environment. Perhaps organize a “Mid-Day Boost” over a meal break on a weekly basis to identify student concerns about uncertainties in scheduling and discuss methods of coping when add-ons occur, surgery schedules shift, or generally, how different surgical areas operate.

Offer concrete tasks or actions for students to engage in during rare pockets of downtime. This is a challenge for other specialties, and, because these downtimes are often unanticipated, the general recommendation is assume it will happen and make provisions for other range of clinical educational opportunities. Are simulators portable and readily available for students to practice procedures or techniques throughout the day? Are study spaces available?

Additionally, it may be compelling for residents and attendings to offer students a glimpse into the day and night of a surgeon during Mid-Day Boosts. How do surgeons manage daily change and unpredictable demands or shifts? Offer students the tips, suggestions, and tools to use to better navigate through the Surgery core clerkship and beyond while remaining immersed in the clinical environment.

**Overall, the Surgery Core Clerkship shows solidly strong performance and is to be commended for the work reflected on the 2019-2020 program evaluation. The clerkship leadership team, faculty, residents, and staff have consistently ranked high in most evaluation categories spanning the years 2015-2020.**

**END OF REPORT**