

**Responses
To
End-of-Clerkship Feedback
And
Year Three Appraisal**

(Academic Year 2020-2021 / Class of 2022)

**Departments of:
Emergency Medicine
Family and Community Medicine
Surgery**

*Presented to the Year Three Curriculum Advisory Committee
October 25, 2021*

(Prepared by the Office of Education and Curriculum)

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**Response to Feedback
Department of Emergency Medicine
Academic Year 2020 – 2021
Y3 Class of 2022**

Year Three Appraisal: N= 18

End of Clerkship Feedback: N= 33

Category	Class 2018	Class 2019	Class 2020	Class 2021	Class 2022	Class 2023	Class 2024
Organization	86%	100%	96%	97%	NA		
Adequate patient contact	94%	98%	100%	97%	NA		
Sufficient patient variety	90%				NA		
Workload appropriate	98%	96%	100%	98%	NA		
Actively participated in patient care	92%	96%	100%	98%	NA		
Opinions were listened to	86%	98%	98%	100%	NA		
Assigned Responsibilities were commensurate with training	98%	100%	100%	98%	NA		
My history & physical exam improved	90%	98%	100%	94%	NA		
Core educational opportunities met learning needs	92%	100%	96%	94%	NA		
Preceptor contact is adequate	88%	98%	98%	94%	NA		
Preceptor provided constructive feedback	75%	92%	98%	97%	NA		
Preceptors were professional role models	98%	98%	98%	97%	NA		
Residents were effective teachers	92%	92%	100%	100%	NA		
Overall rating Y3 Appraisal	3.59	4.14	4.20	4.48	4.28		
Overall rating End of Clerkship					4.52		

There were no reported cases of student abuse.

Brief Overview of Emergency Medicine Clerkship

Emergency Medicine is a 4-week clerkship which began during the 2016-2017 academic year. On the first day of each rotation, students attend an orientation session where important items are discussed including an explanation of their schedules, rotation expectations, rotation goals & objectives and other activities occurring within the rotation. Students are given time to ask specific questions regarding their schedule and the rotation as a whole. This orientation is followed by an interactive introduction to EKGs and a suturing skills procedural lab.

Currently, students work at 3 separate emergency department locations. One week is done at the main ED of Memorial Medical Center, one at the main ED at St. John's, and one week at one of the rural locations of Decatur, Taylorville, Jacksonville, or Lincoln. The students repeat one week at either MMC or SJH. Shifts are a variety of days, nights and weekends, include a shift with the Pediatric Emergency Physicians at SJH, and a shift where the student works alongside an ED nurse.

The goal is to expose and provide students with a variety of perspectives and aspects of working in an ED. If not already working a shift, students are encouraged to attend EM Resident conferences on Thursday morning as well as focused, interactive, small group discussions. Students also join us for a critical care resuscitation SIM case in the MCLI at the end of the Clerkship. Robert Tennill, MD, is the Clerkship Director as of 2020. Eric Woods joined the team in 2019 as the coordinator. Faculty consists of SIUEM core Faculty members and multiple clinical volunteer faculty throughout the community.

Strengths

- Faculty and Residents: Faculty were noted to be engaged and welcoming educators. Students felt they were in a safe learning environment where they were challenged but at a level commensurate to their training. Residents were noted to significantly enhance the experience. Having a specific teaching resident on each month has led to greater opportunities for student engagement with our EM residents as educators. Students felt like an important member of the team, and 100% of students reported that they actively participated in patient care.
- Organization: Students cited clear expectations and strong organization frequently as strengths of the Clerkship. They know exactly what is asked of them. The Passport serves as a beneficial guide of what is expected. The clerkship coordinator does a nice job of keeping students updated.
- Patient Exposure: Students are exposed to a high volume and large variety of patients in both tertiary care and rural ED settings. They are exposed to a wide breadth of chief complaints, acuity, comorbidities, and procedures. They have ample opportunity to practice the skills of ddx, OCPs, workup, management, and interpersonal communication.
- Feedback: Overall both verbal and written OTF feedback was noted to be strengths. Students felt they received an appropriate amount of OTFs and that both verbal and written feedback was targeted and actionable. (There is still always room for improvement in OTF #s here).
- Small Group Learning: Interactive sessions such as Intro to EKGs, a suturing procedural lab, and an Altered Mental Status/Chest Pain didactic were highly regarded. In addition, the end of clerkship Cardiac Arrest Simulation was noted to be a strong addition and great opportunity that received unanimously positive reviews.
- Mid-Clerkship Meeting: Students felt the mid-unit meeting was especially productive with regards to discussing goals for the rotation and a targeted and actionable approach on how to achieve these clinical goals. They also noted that they appreciated the additional time dedicated to early career advising and found it very helpful to discuss aloud their current thought process regarding future career choice.
- Autonomy: The addition of medical student documentation as well as the supervised placement of orders has allowed our students greater ownership and autonomy with their patients.

Areas for Growth

- A few words regarding COVID-19: The overwhelming majority of feedback regarding areas for improvement was related to the COVID-19 pandemic. Students were initially not allowed to evaluate known COVID positive patients or PUIs. This coupled with significantly decreased ED volumes led to a large increase in downtime on shift and in number of patients able to be seen (especially those with COVID-like symptoms). This was addressed in the following manner:
 - The usual 3 ED shifts per week was reduced to 2. Less learners in the department at once -> increased patient encounters while on shift.
 - A weekly virtual simulation session was added in its place allowing for greater exposure to key ED chief complaints and their workup and management. This was highly regarded in feedback from the students. Many actually requested even more of this, however it was ultimately discontinued once patient volumes were back up and students could obtain this experience in the actual clinical ED setting.
 - Students were overwhelmingly positive on the changes made in an attempt to enhance their experience during a challenging time.

- Continuity: While some students prefer the variability of attendings and different perspectives and practice styles they see, others have noted they would prefer to spend the majority of their time with one attending, which allows for greater continuity in feedback and increased responsibility once the faculty is more comfortable with the students abilities. The nature of the ED attending schedule can pose challenges to scheduling while making sure each student gets an adequate and equal amount fo shifts. Continuity continues to be our goal, as we make active efforts to schedule students with the same attending on consecutive shifts throughout the rotation.

- OTF Feedback: While improvement has been made here and reviews were much more positive this year, this is still a major area for improvement. Students have been advised that they must send an OTF within 24 hours of each shift and that a specific format reminding faculty/residents of the shift and the verbal feedback that was given must be used in the top student comments section of the My Progress OTF. Our program coordinator also consistently sends reminder emails to the faculty throughout each rotation.

- Scheduling: Students would like the date and time of all didactic/simulation sessions sent out with increased notice to help them plan ahead. This is certainly reasonable and while sometimes scheduling challenges make this difficult, we are actively trying to provide this information by the first day of the Clerkship.

Changes During 2021-2022 Academic Year/Plans Moving Forward

EHR: In the last year great strides have been made to increase student documentation. Students are now fully able to document in the MMC ED (excluding the procedure section) and our documentation with our MS4s has increased > 20 fold. We are actively working to bring this same success to SJH and to our MS3 students. We also plan to continue to work towards having full EHR access at all of our rural sites.

Orders: While the closely supervised placement of orders was initially targeted towards our MS4s, we recognize the benefit this can add to developing our students, particularly with the manager stage, and hope to expand this to more frequent use with our MS3s.

PEP: Over the next few years we hope to expand our PEP offerings as our SIUEM faculty grows in numbers. For this next cycle, if approved, we will be adding a 5 week procedural streamer focused on core EM procedures.

**Response to Feedback
Department of Family and Community
Academic Year 2020 – 2021
Class of 2022**

Year Three Appraisal: N= 18

End of Clerkship Feedback: N= 56

FCM Year 3 Appraisal	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
FCM Clerkship Overall Rating	4.20	4.40	4.10	4.43	4.34/4.22
Structure and org	98%	100%	98%	100%	NA
Adequate # of patients	98%	98%	98%	97%	NA
Variety of patient problems	94%				
Appropriate workload	96%	98%	95%	100%	98%
Comparable educ opp	94%	100%	89%	100%	NA
Adequate faculty contact	98%	100%	98%	100%	NA
Constructive faculty feedback	92%	93%	94%	100%	NA
Informed of grading criteria	NA	NA	NA	NA	NA
Faculty prof role models	98%	95%	100%	100%	NA
Active par tic in patient care	98%	96%	96%	97%	100%
Prepared for exam	NA	No Exam	No Exam	No Exam	No Exam
Improvement H & P skills	96%	100%	96%	97%	NA
Residents as teachers	NA	NA	NA	NA	NA
Student Opinions considered/discussed	100%	96%	98%	100%	NA
Responsibilities commensurate with training	94%	94%	94%	98%	100%

Brief Overview of Family Medicine Clerkship

Family medicine is a four-week clerkship with the first day scheduled for orientation and workshops. The orientation concentrates on procedural workshops where we train students on simple dermatologic procedures, shoulder/knee exams, injections, and basic ultrasound. We also have a local dentist teach common dental primary care emergencies. We keep most presentations hands on and mainly procedural. We are generally finished with this orientation by 2:30 p.m., which allows ample time for students to drive to their off-site preceptor location. They will remain at their preceptor site through Thursday of week four.

Wednesday morning of each week we do have a video conference call to discuss preventive health measures on patients at different stages of life. We also discuss what is going on at their particular clinical location. The students last day of clerkship is spent at FCM in Springfield to debrief about their clinical experiences, as well as discuss their randomized assignments. We have no formal testing at the end of this clerkship.

Identified strengths:

1. Structure and organization.
2. Patient autonomy and number and variety of patients seen during clerkship.
3. Well rounded experience--continuity of care, variety of socio-economic groups seen, developing differential diagnosis, and participation in procedures.
4. Weekly patient discussion groups.
5. Experiencing family medicine in a rural environment/home town and working with the same preceptor.
6. Active participant in patient care.
7. Responsibilities commensurate to training.
8. Clear expectations established by clerkship directors.

Areas to improve:

1. Logbooks
2. Assignments
3. Leaving the Springfield area for clerkship.
4. Complaints about preceptor assignment.
5. Requiring 4 on the fly evaluations.

Changes planned for 2021-2022.

1. Logbook documentation no longer required.
2. Attempt at shortening orientation day to get students out by 2:30pm.
3. Video conferencing for weekly patient case discussion.
4. Introduction of POCUS (Point of Care US).

Reports of student abuse:

1. A student had a negative experience in a surrounding rural community because she was African American. This was not in the clinic but in a local grocery store. This is the first complaint I have received about this location in regards to racism. For this academic year we have decided to not send minority students to this location.
2. A student complained about our previous clerkship coordinator and difficulty working with her when assigning her preceptor location. This coordinator has since left the position.

**Response to Feedback
Department of Surgery
Academic Year 2020 – 2021
Class of 2022**

Year Three Appraisal: N= 18

End of Clerkship Feedback: N= 48

1. Program Evaluation

Category	2016-17	2017-18	2018-19	2019-20	2020-21
Overall	4.2	4.0	4.14	4.16	4.54
Organization	79	93	89	79	
Adequate patient contact	88	93	96	94	
Sufficient patient variety	65				
Workload appropriate	94	96	100	91	96
Actively participated in patient care	90	93	92	94	
Opinions were listened to and discussed	90	94	98	88	
Responsibilities were commensurate with training	98	98	98	97	98
History and physical examinations improved	78	90	84	88	
Core educational opportunities met learning needs	78	89	94	88	
Faculty contact	94	92	96	88	
Constructive faculty feedback	92	96	98	88	
Faculty were role models	98	94	100	97	
Residents were effective teachers	96	98	96	94	
Learning climate enhanced my learning	90			91	

Structure

Students are assigned a faculty preceptor from one of nine specialties. The students are allowed to request their specialty choice. It is recognized that the narrow specialty focus of many of the preceptors limits a student's exposure. This however does provide for true clinical immersion as students and faculty gain confidence in the student's abilities which allows for more student autonomy. Most students do get some exposure to a few surgeries and/or clinics other than their preceptor.

Orientation includes teaching of "suturing & knot tying" and "scrubbing, gowning and gloving". This occurs in combination with the OB/Gyn clerkship students. This portion of their orientation takes place every other rotation. In addition, there is a brief surgery orientation that reviews goals, expectations, available resources, and evaluation guidelines.

Assigned activities other than those given by individual preceptors include one formal H&P. There are no end of clerkship exams.

STRENGTHS

1. Adequate patient contact
2. Actively participated in patient care
3. Responsibilities were commensurate with training
4. Faculty were role models
5. Residents are effective teachers

1. Organization

Positive

- a. This clerkship has clear goals and expectations and all the attendings, residents, and nurse educators are excellent.
- b. This clerkship was ran very well.
- c. The clerkship was extremely organized compared to many others and the expectations and schedules of the students were very straight forward.
- d. I appreciate the organization and quality of education in the surgery clerkship.
- e. I thought the clerkship was overall well organized and communication regarding deadlines and required activities was prompt.
- f. The organization and communication were two strengths.

Negative

- g. Some rotations were more organized than others. The pediatric and OBGYN rotations were the most organized and surgery was the least organized.
- h. Generally speaking the nurse educator in charge of the core clerkship (if there was one) was great about getting information out to people. I struggled to know where to go or what was expected of me most with my first rotation, surgery.
- i. Expectations were a bit unclear at the beginning from preceptors and residents despite explicitly asking

2. Adequate Pt contact

- a. I learned more than I could have ever imagined during these short 4 weeks.

3. Sufficient patient variety

- a. I got to see a wide variety of cases not only related to CT, but general surgery as well.
- b. I was able to see a wide variety of cases and experiences while rotating with ENT.
- c. I wish that we were able to see more than one specialty
- d. Surgery should be more than 4 weeks so we can see more than one specialty.
- e. I enjoyed working with the same people frequently because it gave me the opportunity to really get to know my residents and attendings. However, I do think it is unusual to spend all of my time in surgery with a very specific subspecialty and would have appreciated the opportunity to experience other surgical specialties, even if it was just for a limited time.

4. Workload appropriate

Positive

- a. There wasn't a lot of extra tasks that we had to complete like doing questions from a question bank, assigned readings, etc. This allowed us (students) to focus on our surgery rotations.
- b. I felt as though the work was appropriately challenging but never distressing. I felt sufficiently busy but never completely overwhelmed.
- c. I thought that the workload was appropriate. At times I did not feel like we needed to be there in the afternoons when there were no longer any surgeries to see or patients that needed to be attended to, but overall, I thought that it was appropriate.
- d. It was certainly a time-intensive rotation, but that allowed me to be fully involved in the care of the patients that were assigned to me.
- e. Workload was mostly independent and so was appropriately based on students' goals.

Negative

- f. The workload was definitely pretty heavy between the long days in the OR, studying learning issues once I got home, and also making sure I was adequately prepared for the next day. It might have even been a little too much, as I did not always have time to adequately prepare for all the surgical cases. I needed some time during my day to take a break.

- g. Too much time spent in the OR and not enough time allotted to research learning issues and practice surgical skills. Typically I worked from 5:30a-3p at least just on rounding/surgeries. I then worked 3-5 PM rounding. If I had a meeting that day, I wouldn't get home until after 7. This left a very small portion of time to study or research topics or do anything else that helps us be well-rounded in medicine. Although I think it was important to spend time in the OR during a surgery rotation, there were often surgeries where there was little to no learning and frankly felt like my time was better used elsewhere.

5. Actively participated in patient care

Positive

- a. Faculty were always willing to engage with questions and open to having students help with patient care.
- b. (Mentioned as the most valuable educational experience.) A day in surgery (orthopedics) - After working hard in the morning clinic and seeing many patients, the orthopedic residents (who were all great mentors) allowed me to do a lot during some operations in the afternoon. That evening we then wrote the notes. Even though it was a long day, I felt most a part of the team that day and got to participate and learn a lot.
- c. Very good at having me participate in patient care. I got to see the patients sometimes up to 6-8 per day, write notes, and put in orders. The clinics were so busy that felt like I was part of the team.

Negative

- d. In surgery I felt less involved than in other clerkships which were more clinic based

6. Opinions were listened to and discussed

- a. This clerkship made me really feel like I affected patient care and was not just a shadow for other physicians.
- b. I was assigned responsibilities that made me feel like part of the team.
- c. Really enjoyed seeing patients in clinic on my own and working with an attending to come up with a treatment plan. It felt as though I was an integral part of their care.

7. Responsibilities were commensurate with training

- a. I was able to get a clear understanding of what a surgery subspecialty entails. Was given responsibility commensurate with my experience.
- b. I felt that I was never given more responsibilities than I could handle and was often given more responsibility if I asked for it, such as getting to see patients on my own rather than shadowing a resident. I could have had more responsibility/direction in learning to gain more responsibility
- c. In the operating room, I felt like the tasks I was being assigned to do were the perfect level for my current skills. In the clinic, I would have liked to see more patients on my own. Overall, my responsibilities were in line with my training though.
- d. I felt like I was pushed out of my comfort zone without being left on my own.
- e. I felt that my assigned responsibilities were appropriate for my training. I was encouraged to try new things and foster new skills but was never expected to do anything that made me (or a patient) uncomfortable.

8. History and physical examinations improved

No Comments

9. Core educational opportunities met learning needs

- a. There was early emphasis put on spending time studying the various different specialties, not just orthopedics.
- b. I think this rotation more than any other rotation help me understand disease process and medicine itself by seeing pathology up close in the OR. The conferences and M&M were very educational.
- c. I learned a lot during clerkship. I had enough experience in the OR, clinic, trauma/ICU and skills labs.
- d. I think this clerkship went well. For me I liked that I was still able to do plenty of clinical work, as I am not interested in surgery as career.

- e. Overall, it was a very good clerkship and I was excited about the opportunity to work with Dr. Garfinkel. It was very intense, and time consuming, but I was very involved, much more so than I expected. This meant I feel as if I was fully immersed into general surgery life, got to write multiple notes daily, close cases, and perform numerous other roles during procedures, which I did not think I would. This made it a fun and interesting month.
- f. Overall, the clerkship was good and educational. It provided many opportunities for hands-on learning and allowed for growth.

10. Faculty contact

- a. The orthopedics department professors were more than happy to help and meet me to discuss things.
- b. The residents and attendings were all very welcoming. They took advantage of learning opportunities to share their knowledge and incorporate me into conversations.
- c. I like the preceptor based model of this clerkship to ensure we get immersed in the field. Overall, it was a great learning experience.
- d. The faculty were not only accommodating to my presence in the OR, but happy to teach and allow me to try new things.
- e. The strengths of this clerkship were multifaceted, but centered on my attending being ready and willing to teach and discuss topics nearly every day of the clerkship.

11. Constructive faculty feedback

- a. I tried to enter this clerkship with a positive attitude and a willingness to accept feedback, and that created a very positive experience for me. I appreciated all of the positive feedback and constructive advice I received from faculty.
- b. Did not receive written narrative feedback that often, just verbal feedback.
- c. I did not receive weekly feedback, although I'm sure if I had asked I would have received it.
- d. I did get in-person feedback when I requested.
- e. I received verbal feedback constantly and did not feel the need for written feedback on a weekly basis.
- f. I was with the same preceptor for all 4 weeks, so weekly written feedback seems excessive. I feel that one on-the-fly at the end of the rotation would suffice.
- g. Made more sense to get feedback at the end of the clerkship because I was with the same people all month.

12. Faculty were role models

- a. I had a wonderful surgery clerkship. Dr. Ettema is awesome to work with. She enjoys teaching, and I feel that I learned a wealth of information this past month.

13. Residents were effective teachers

- a. The residents are all willing and eager teachers and genuinely excited to have medical students on the service.
- b. Residents were eager to teach students, and this was common of all residents during the month of rotations.
- c. The residents were all very welcoming, friendly, and allowed me to be involved and taught by them.

14. Learning climate enhanced my learning

- a. There were not any required events which allowed me to really immerse myself in the orthopedics field.
- b. The residents and attendings were generous in letting me see and write notes for patients in clinic. This was a valuable learning experience. I appreciate their extra work in checking over my notes and giving me in-person feedback.