

CEPC MEETING AGENDA

5:00 PM - 6:30 PM

02/13/2023

CHAIR:

Dr. Maureen Francis, MD, MACP, MS-HPed

VOTING MEMBERS:

Colby Genrich, MD; Fatima Gutierrez, MD; Houriya Ayoubieh, MD; Jessica Chacon, PhD, Munmun Chattopadhyay, PhD; Patricia Ortiz, MD; Khanjani Narges, MD, PhD; Dale Quest, PhD; Wajeeha Saeed, MD

EX-OFFICIO:

Lisa Beinhoff PhD; ; Martin Charmaine, MD; Tanis Hogg, PhD; Jose Lopez

STUDENT REPRESENTATIVES:

Kristina Ingles MS1 (Voting); Joshua Salisbury MS1 (Ex Officio); Rowan Sankar MS2 (Voting); Nikolas Malize MS2 (Ex Officio); Whitney Shaffer MS3 (Voting); Rohan Rereddy MS3 (Ex Officio); Miraal Dharamsi MS4 (Voting); Daniel Tran MS4 (Ex Officio);

INVITED/GUESTS:

Richard Brower, MD, FAAN; Christiane Herber-Valdez, PhD; Jose Manuel de la Rosa, MD; Priya Harindranathan, PhD; Ellen Dudrey, MD; Wajeeha Saeed, MD; Khanjani Narges, MD; Jensen Edwards; Patricia Rojas – Mendez, MD; Ajay Pratap Singh, MD; Joanna Wojciechowska, MD; John Lawrence, MD; Grace Ng, MD

APPROVAL OF MINUTES

Minutes will be attached.

ANNOUNCEMENTS

Presenter(s):

CEPC 02/13/2023



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ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I Clerkship Phase Review Process AY 2021/22 – OB/GYN

Presenter(s): Dr. Rojas

ITEM II Clerkship Phase Review Process AY 2021/22 – Pediatrics

Presenter(s): Dr. Singh

ITEM III Clerkship Phase Review Process AY 2021/22 – Surgery

Presenter(s): Dr. Lawrence

ITEM IV Clerkship Phase Review Process AY 2021/22 – Review Team II

Presenter(s): Dr. Dudrey, Dr. Saeed or Dr. Narges

ITEM V Policy Updates

Presenter(s): Dr. Francis

- Clerkship Administration
- Educational Value Unit (EVU) System Policy
- Course Evaluation & Reporting
- Faculty and Resident Evaluation & Reporting
- Annual Evaluation Reporting

OPEN FORUM

ADJOURN

MEMBERS IN ATTENDANCE:

Maureen Francis, Colby Genrich, Fatima Gutierrez, Jessica Chacon, Munmun Chattopadhyay, Khanjani Narges, Dale Quest, Wajeeha Saeed, Lisa Beinhoff, Charmaine Martin, Tanis Hogg, Jose Lopez, Kristina Ingles, Joshua Salisbury, Miraal Dharamsi

MEMBERS NOT IN ATTENDANCE:

Houriya Ayoubieh, Patricia Ortiz, Rowan Sankar, Nikolas Malize, Whitney Shaffer, Rohan Rereddy, Daniel Tran

PRESENTERS/GUESTS IN ATTENDANCE:

Richard Brower, Priya Harindranathan, Ellen Dudrey, Wajeeha Saeed; Khanjani Narges, Jensen Edwards, Patricia Rojas-Mendez, Joanna Wojciechowska, John Lawrence, Thwe Htay

INVITED/GUESTS NOT IN ATTENDANCE:

Christiane Herber-Valdez, Jose Manuel De La Rosa, Ajay Pratap Singh, Grace Ng

REVIEW AND APPROVAL OF MINUTES

Dr. Francis, CEPC Chair

- Meeting minutes from the January 9, 2023 were adopted.

Decision:

Dr. Quest moves the motion for approval.

Dr. Chacon seconds the motion.

No objections: Motion was approved.

ITEMS FROM STUDENT REPRESENTATIVES

- No comments or issues to report

ITEM I Clerkship Phase Review Process AY 2021/22 – Pediatrics

Presenter(s): Dr. Wojciechowska

Dr. Wojciechowska presented an overview of the Pediatrics Clerkship

*Presentation is attached

Block Objectives: Recognize the signs, and symptoms of common pediatric problems



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- Health supervision from birth through adolescence all sick visits and all well visits
- Children have one visit every year from birth to 18 years and students participate in those visits
- Cover growth, development, behavior, nutrition, issues unique to adolescence, issues unique to newborns, common acute pediatric illness/common pediatric complaints, common chronic illnesses and disability
- Therapeutics with specific pediatric dosing of medications. Students are taught how to write prescriptions, how to calculate doses of medication by weight, and how to calculate the liquid medications
- Fluids and electrolytes, pediatric emergencies and child abuse

Op Log Requirements (6.2; 8.6)

- Students need to conduct three well child visits for infants less than one-year-old, one for toddlers, one for school age children, one for adolescents
- Provided list of requirements of specific conditions (slide 4)

Combined Integrated & Longitudinal Experiences (9.3) – (slide 5 includes the complete list)

- Longitudinal (Continuity) experience - students have one pregnant patient assigned; they attend prenatal visits, the birth and conduct newborn exam and one follow up visit in the clinic
- Discharge plan and activities are done with OB/GYN if a patient case is complicated
- Vertical integration in clinical education (VICE) activity involves OB/GYN and Basic Science faculty
- Inter-Professional Educational Activity with UTEP medical professional students. Students participate in activities that cover homelessness, transgender or immigrant issues at UTEP.

Clinical Experiences (6.2; 5.6; 6.4; 8.7)

- Newborn Nursery – El Paso Children’s Hospital
- Pediatric Ward – El Paso Children’s Hospital
- General Pediatric Clinics – TTUHSC, Transmountain, and community preceptors

Basic Science Examples (6; 8.1; 8.3)

Basic science is integrated into didactic lectures, individualized learning plan, VICE session, etc.

IPE Examples (7.9)

At UTEP students work with other professionals such as social workers, immigration officials, etc.

Selectives (6; 10.9)

Not offered; selectives have been incorporated into ambulatory clinics and specialty clinics

Portfolio of Assessments (9)

- Two assessment forms are used; Pediatric clinical assessment form (long form), and the Assessment card
- Students get a short form assessment every time they have an encounter with a resident or faculty)
- Long form is required by the wards

Preparation of Department Faculty & Residents to Teach (3.1; 4.5; 9.1)

Clerkship director meets with faculty, residents, and residency director at least twice a year to discuss the best teaching approach

Block Evaluation Summary (8; 3.5; 8.5)

- Student evaluations for block 1 and block 2 showed overall satisfaction
- Faculty evaluations have minimal dissatisfaction; improvement strategies were already discussed

Learning Environment (3.5)

Dr. Wojciechowska stated that learning environment is mostly adequate.

Specific Challenges (4.1; 5.4)

- Class size expansion – more students but faculty doesn't expand
- Continuity with same preceptor
- Lack of clinic space at TTUHS clinics
- Not enough community preceptors – there are four right now. She noted that some preceptors get students from the New Mexico Medical School and they get paid whereas Texas Tech does not provide paid incentives.

Quality Improvement Plan (1.1)

- More than 50% encounters with same preceptor over 10 week period – concentrate more on continuity with faculty and residents in clinics
- Focus on reviewing the community faculty list and increase the pool of community preceptors by 10%

ITEM II Clerkship Phase Review Process AY 2021/22 – OB/GYN

Presenter(s): Dr. Rojas

Dr. Rojas presented an overview of the OB/GYN Clerkship

*Presentation is attached



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Block Objectives

Objectives are based on student core competencies such as medical knowledge, patient care, interpersonal and communication skills, professionalism and ethics, practice base learning and improvement, system based practice, inter-professional collaboration, personal and professional development.

Op Log Requirements (6.2; 8.6)

- Divided into encounters based on outpatient clinics and procedures for inpatients
- Students are expected to participate, manage or observe depending on type of encounter
- Alternative Experiences – if students are not able to see a specific case/procedure they complete APGO modules
- List of requirements were provided (Slide 5)

Integrated Learning Activities (9.3)

- Longitudinal Block with Pediatrics and Surgery
- Emergency Delivery Simulation – students resuscitate mom and baby
- Longitudinal Obstetrical Continuity Patient – students follow patient through last month of pregnancy and learn continuity of care, done in conjunction with pediatric clerkship
- Root cause analysis- discuss case and develop safety improvements that can be performed
- Mock Ethics Committee Deliberation Simulation in conjunction with pediatrics- mom and fetus is involved
- Discharge Planning Activity – mom and baby with multiple issues; plan for what they will need
- Vertical Integration in Clinical Education activity- based on vertical infections in pregnancy integrated with Basic Science
- Delivery of bad news
- Didactics weekly

Longitudinal Experiences (9.3) - Friday 1/2 day didactics; individualized learning plan; FM clinics and EM shifts

Clinical Experiences (6.2; 5.6; 6.4; 8.7)

- Both outpatient and inpatient settings
- 8 weeks in ambulatory general OB/GYN clinics



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- 1 week of MFM inpatient/outpatient
- 4 weeks inpatient
- Ambulatory clinics - TTUHSC Physicians Main Campus, Transmountain
- Inpatient - UMC

Basic Science Examples (6; 8.1; 8.3)

- VICE activities
- Patient encounters
- Friday afternoon didactics
- Departmental weekly conference – students are required to participate during inpatient rotations

IPE Examples (7.9)

- Students learn the importance of good communication during *Root Case* analysis activity
- During labor and delivery rotations, students participate in TeamSTEPPS, where students work with the entire labor and delivery team
- Students get to work with other members of the team like faculty, residents, nurses, social workers, pharmacist and more during the inpatient rotations

Portfolio of Assessments (9)

- Required clerkship assignments – daily progress notes, L&D and GYN passports (required encounters signed by resident/attending), APGO modules
- Observed H and P – observed by resident or faculty performed while rotating in triage
- Admission order writing – feedback given by GYN team
- Continuity patient tracking sheet and reflection paper
- Faculty resident evaluations weekly during inpatient rotations
- Mid Clerkship Feedback – SP pelvic exam, Suture exam
- Discharge Planning activity and Ethic deliberation activities
- Op Log
- 2 PowerPoint presentations
- OSCE and NBME
- Final Clerkship Assessment

Preparation of Faculty and Residents to Teach (3.1; 4.5; 9.1)



- “Residents as teachers” and “Mistreatment” didactics presented during departmental conference (discuss skills assessments and grading rubrics)
- Residents receive weekly preparation email with instructions and roster for the following week
- Faculty development activities provided by the institution

Block Evaluation Summary (8; 3.5; 8.5)

- 2021-2022 overall satisfaction was good. Dr. Rojas noted that Transmountain had the lowest score because there were not as many clinics there. She explained that this is a private cohort of patients and sometimes they don’t like students to be involved. All of this caused some dissatisfaction.
- Compared to other years there was an improvement in student satisfaction in block 1 and block 2 in every area
- Learning environment is mostly 100%. Dr. Rojas concluded that there was a drop in block 2 in area of public humiliation but this has been addressed

Specific Challenges (4.1; 5.4)

- Faculty deficit
- Single site for labor and delivery
- Maximum capacity for GYN single site rotations, surgeries are limited due to OR space availability
- Ambulatory clinics are at capacity
- Need more sites for inpatient rotation and community doctors for ambulatory clinics

Quality Improvements and Changes Plan (1.1)

- Faculty recruitment
- Recruit community faculty to expand ambulatory rotations and increase continuity with same preceptor

ITEM III Clerkship Phase Review Process AY 2021/22 – Surgery

Presenter(s): Dr. Lawrence

Dr. Lawrence presented an overview of Surgery Clerkship

*Presentation is attached

Block Objectives: Dr. Lawrence identified the anatomical considerations at the MS3 level (Slide 7)



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Op Log requirements (6.2; 8.6) - List of requirements was presented (slide 8). Alternate assignments can be found on Wise MD

Combined Integrated & Longitudinal Experiences (9.3)

- Emergency Delivery Simulation
- Longitudinal (Continuity) Experience
- Patient Safety Mock Root Clinic Analysis
- Ethics
- Discharge Planning activity
- VICE
- Clinical reasoning sessions
- Order writing
- Inter-Professional Educational Activity with UTEP medical professional students
- Professional Identity Sessions
- Delivery of Bad news activity
- Trauma Workshop
- Systemic Racism and Implicit Bias in Healthcare

Basic Science Examples (6; 8.1; 8.3)

Basic science is incorporated into didactic lectures, Thursday lectures, individualized learning plan, VICE activity

IPE Examples (7.9)

Dr. Lawrence explained that surgery by its nature is inter professional, so working with other medical professionals across all disciplines (anesthesia, nursing, respiratory therapy etc.) is a daily occurrence.

Preparation of Departmental Faculty and Residents as Teachers (3.1; 4.5; 9.1)

- Department of Surgery schedules 4 hours of formal educational development for both residents and faculty spread out over the year for educational improvement

Block Evaluation Summary (8; 3.5; 8.5)

Dr. Lawrence highlighted the positive outcomes:

- Based on mid clerkship evaluations, students have a positive perspective about the volume and diversity of clinical cases and opportunities for having an active role in-patient care
- Teaching and interaction with residents and faculty is positive

- NBME (Shelf) exam scores rose in prior block to approach national mean

Dr. Lawrence, also, shared his concerns:

- Student perspectives in GQ survey
- Disorganized onboarding process for students at many locations
- The lack of full time faculty in various specialties
- Variability of clinical experience means much of core education in general surgery needs to be obtained through online modules or other educational resources
- Short duration of block leave faculty with the limited time to directly interact with students and provide meaningful evaluations
- Vast majority of faculty would like to see a five-week surgery continuous block

Specific Challenges (4.1; 5.4)

- Faculty time is limited for teaching, no formal tracking of “educational RVUs”
- Lack of physical space in the medical school does not allow clerkship coordinator and clerkship director to be in proximity to one another
- Recurrent openings in clerkship coordinator positions; staff is overextended or borrowed
- Dedicated time allotted for clerkship director is not practical with clinical demands (on call duties conflict with SOM educational meetings/activities)
- Many faculty teaching in surgical portion of curriculum have no accountability or regular interaction with Surgery Department

Quality Improvement Plan (1.1)

Dr. Lawrence raised the following questions:

- Are there benchmarks that we are aiming for regarding student performance on standardized exams?
- Are there benchmarks the Surgery Department should be meeting for educational goals in GQ survey or some other assessment standard? How do we assess accountability for our teaching efforts?
- Should lack of specialty options lead to linkages with other schools to allow options for students interested in those specialties (e.g. neurosurgery, ENT, urology)?

Presenter(s): Dr. Dudrey

Review Team Overview - Dr. Dudrey, Dr. Saeed, Dr. Khanjani, and student Jensen Edwards reviewed Pediatrics, Surgery and OB/GYN Clerkships

*Presentation is attached

Syllabi Findings

- Team suggested appendices to be included to shorten the length of syllabi. Block goals, objectives content, integration thread were stated clearly. All other information required for student expectations was clear.
- Assessment information provided for OB/GYN was not clear.
- Team queried if assessment items in Pediatrics could be combined. Also, the team asked how students' performance in all competencies has been tracked by each clerkship.

Comparability Report

- All students across sites were able to meet their op log requirements and duty hours were in compliance.
- Duty hours increased in all 3 clerkships but there were no violations.
- 100% mid-clerkship completion
- Timely feedback and release of grades were 100% on time.
- Medical students had comparable NBME scores for all three clerkships in the past years. Surgery, Peds, and OB/GYN were below the national average, however grades were all within 1 standard deviation of the mean.

In-patient and outpatient ratio in the clerkship and block findings and recommendations

- Overall there was an increase in the inpatient and outpatient experience in order to meet the curriculum requirements.

Block Evaluations Findings/Recommendations

- OB/GYN and Surgery more than 3 students who reported being publicly humiliated; Pediatrics had 3 cases.
- There were several negative comments in evaluations about faculty and residents across all three clerkships. Majority of unfavorable feedback was about the surgery clerkship.

Learning Environment Findings/Recommendations

- Overall students were satisfied with clerkship pacing and learning opportunities.

- The following recommendations for all three rotations were identified:
 - Encourage student participation in resident didactics
 - Doing an end- of- rotation presentation on an interesting case
 - Encourage more feedback discussions between all teaching faculty members and students
 - Consider assigning a student to one resident at the start of day to build trust and increase confidence and independence
 - Consider working with the Medical Student Teaching center (MSTC) to host review for shelf exams

Conclusion

- Syllabi need minor adjustments
- Comparability requirements have been met
- Closer attention is needed for students and faculty interactions especially in OB/GYN and Surgery
- Review the recommendations for improvement in learning environment made by the review team (slide 12)

ITEM V Clerkship Policy Updates

Presenter(s): Dr. Francis

Dr. Francis provided a brief explanation about the policy review:

- Educational Value Unit (EVU) System Policy and Clerkship administration policy overlap. EVU is more financial and was reviewed and adopted by the EVU ad hoc committee at the end of January. Dr. Francis added that Clerkship administration policy was reviewed by CEPC but not formally approved because these policies need to be congruent.
- Three evaluation policies were reviewed by Subcommittee on Evaluation of Education Programs and are ready for CEPC final approval.
- Policies will be sent out for electronic vote.

OPEN FORUM

Dr. Francis made a comment that all recommendations made by the clerkship review teams and directors will be summarized at the end of the phase review and revisited during the curriculum as a whole review phase.

ADJOURN



- o Members voted electronically and asynchronously, and adopted the following:
- Clerkship Administration
- Educational Value Unit (EVU) System Policy
- Course Evaluation & Reporting
- Faculty and Resident Evaluation & Reporting
- Annual Evaluation Reporting
- Clerkship Review Phase - Review Team II Presentation

Meeting was adjourned at 6:30pm.



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Pediatrics Clerkship Phase Review AY 2021-2022 Course Directors Overview



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Objectives: Recognize the signs, and symptoms of common pediatric problems including the following:

1. Health Supervision from birth through adolescence.
2. Growth
3. Development
4. Behavior
5. Nutrition
6. Issues unique to adolescence
7. Issues unique to newborn
8. Common acute pediatric illness/common pediatric complaints
9. Common chronic illness and disability
10. Therapeutics with specific pediatric dosing of medications
11. Fluids and electrolytes management appropriate for age and clinical situations
12. Pediatric emergencies
13. Child Abuse



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Op Log Requirements and Discussion of Alternate Experiences

	Patient Type/Clinical Condition	Level of Student Responsibility	Alternate experience
Newborn ≤ 7 days old	Well baby X 3	Assist or Manage	APC 1
	Jaundice	Assist or Manage	APC 8 and 9
Infant or Child	Abdominal Pain	Assist or Manage	APC 16, 22, and 27
	Anemia	Assist or Manage	APC 3, 5, and 30
	Asthma	Assist or Manage	APC 13
	Child abuse / Neglect	Observe, Assist , or Manage	APC 25
	Colic, infantile	Assist or Manage	Dr. Prieto's didactic
	Developmental delay or regression	Assist or Manage	APC 28
	Diabetes mellitus	Assist or Manage	APC 16
	Diarrhea	Assist or Manage	APC 15
	Exanthems	Assist or Manage	APC 3, 19, and 32
	FTT	Assist or Manage	APC 9, 18, and 26
	Heart Murmur	Assist or Manage	emurmur modules
	Obesity	Assist or Manage	APC 4
	Otitis	Assist or Manage	APC 14
	Respiratory Distress	Assist or Manage	APC 13
	Sore Throat	Assist or Manage	SOAP for encounter and Ddx
Well Child Exam	Infant (>1 year old)X3	Assist or Manage	APC 9 and 18
	Toddler	Assist or Manage	APC 3
	School-age	Assist or Manage	APC 4
	Adolescent	Assist or Manage	APC 5 and 6
			APC = Aquifer Pediatric case



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Combined Integrated & Longitudinal Experiences

1. Pediatric & Adolescent Gynecology Text 2
2. Emergency Delivery Simulation
3. Longitudinal (Continuity) Experience
4. Patient Safety Mock Root Cause Analysis
5. Ethics
6. Discharge Planning Activity
7. Vertical Integration in Clinical Education (VICE)
8. Clinical reasoning Session(s)
9. Order Writing Activities
10. Inter-Professional Educational Activity with UTEP medical professional students.
11. Professional Identity Session(s)
12. Delivery of Bad News Activity (OB/Peds/Surgery with FM)
13. Trauma Workshop
14. Systemic Racism and Implicit Bias in Healthcare
15. Individualized Learning Plan



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Clinical Experiences (Including Clinical Sites)

1. Newborn Nursery – El Paso Children’s Hospital
2. Pediatric Wards – El Paso Children’s Hospital
3. General Pediatric Clinic – TTUHSC, Trans mountain,
Community preceptors



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Basic Science Examples

1. Didactic Lectures
2. Morning Report
3. Individualized Learning Plan
4. VICE (Vertical Integration in Clinical education) session
5. Newborn Nursery – Texas newborn screening (biochemistry, genetics)



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IPE Examples

1. The student will demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population care.
2. The student will demonstrate required to sustain lifelong personal and professional growth.



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Selective (if offered)

1. Not offered



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Portfolio of Assessments - Please include observed activities

1. There are 2 assessment forms used in the Pediatric Clerkship – Pediatric Clinical Assessment form long form and the Assessment card
2. The Long Pediatric Clinical Assessment is for use on Pediatric Wards, Nursery, Subspecialty rotations and in the General Pediatric Clinic where a student has 3 encounters with the same evaluator (commutative over Clerkship)
3. Short Pediatric Clinical Assessment Card: for use with < 3 encounters in the outpatient setting.
4. Mid Clerkship Assessment – Purpose of the assessment is to provide student with feedback from the Director or Assistant Director. All assignments and evaluations will be reviewed and students are asked to prepare any issues they would like to discuss and questions that they might have



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Preparation of Department Faculty & Residents to Teach

1. Twice a year the Clerkship Director provides via lecture to the Faculty and Residents a question and answer presentation on how the Medical Students are graded.
2. Presentation and Discussion provides the following information: What is Subjective – Skills Assessment, Evaluations, Assignment grading and Our evaluation of Your professionalism What is Objective – Knowledge, NBME, OSCE
3. Review of all assessments and the grading rubric as well as the 8 competencies.



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Block Evaluation Summary

All of the points earned via assessments and required assignments are added by competencies as listed below

1. Observed H&Ps and write-ups
2. Long Form Evaluations (Wards, Ambulatory Blocks, Nursery)
3. Evaluation Cards (Ambulatory Blocks)
4. Mid-Clerkship Assessment
5. NBME
6. OSCE



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Block 1

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Negative Score / Aggregate Positive Score	Average
I was observed taking patient history	0	2	0	5	9	9	2 / 23	4.92
	0	8%	0	20%	36%	36%	8% / 92%	
I was observed performing the physical/mental status exam	0	1	0	4	10	10	1 / 24	5.12
	0	4%	0	16%	40%	40%	4% / 96%	
I was empowered to actively participate in patient care	0	0	0	1	14	10	0 / 25	5.36
	0	0	0	4%	56%	40%	0% / 100%	
Duty hour policies were adhered to strictly in this clerkship	0	0	0	1	13	11	0 / 25	5.4
	0	0	0	4%	52%	44%	0% / 100%	
The number of patient care experiences were sufficient to support my learning	0	0	2	0	10	13	2 / 23	5.36
	0	0	8%	0	40%	52%	8% / 92%	

Block 2

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Negative Score / Aggregate Positive Score	Average
The number of patient care experiences were sufficient to support my learning	1	0	1	20	51	40	2 / 111	5.12
	0.88%	0	0.88%	17.7%	45.13%	35.4%	1.77% / 98.23%	
The variety of patient care experiences were sufficient to support my learning	2	1	3	21	45	41	6 / 107	5.03
	1.77%	0.88%	2.65%	18.58%	39.82%	36.28%	5.31% / 94.69%	
I was observed taking patient history	1	0	1	11	51	46	2 / 108	5.26
	0.91%	0	0.91%	10%	46.36%	41.82%	1.82% / 98.18%	
I was observed performing the physical/mental status exam	1	0	1	12	54	42	2 / 108	5.22
	0.91%	0	0.91%	10.91%	49.09%	38.18%	1.82% / 98.18%	
I was empowered to actively	1	0	0	11	52	49	1 / 112	5.3

Block 1

MS3 Clerkship Resident Questions

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Negative Score / Aggregate Positive Score	Average
The clerkship resident provided effective teaching during the clerkship	0	0	3	3	14	21	3 / 38	5.29
	0	0	7.32%	7.32%	34.15%	51.22%	7.32% / 92.68%	
The clerkship resident gave me constructive feedback on my clinical skills	0	1	0	5	15	20	1 / 40	5.29
	0	2.44%	0	12.2%	36.59%	48.78%	2.44% / 97.56%	
The clerkship resident treated students with respect	0	1	0	2	15	23	1 / 40	5.44
	0	2.44%	0	4.88%	36.59%	56.1%	2.44% / 97.56%	
The clerkship resident encouraged questions	0	1	0	2	18	20	1 / 40	5.37
	0	2.44%	0	4.88%	43.9%	48.78%	2.44% / 97.56%	

Block 2

MS3 Clerkship Resident Questions

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Negative Score / Aggregate Positive Score	Average
The clerkship resident provided effective teaching during the clerkship	0	0	0	3	17	21	0 / 41	5.44
	0	0	0	7.32%	41.46%	51.22%	0% / 100%	
The clerkship resident gave me constructive feedback on my clinical skills	0	0	0	5	16	20	0 / 41	5.37
	0	0	0	12.2%	39.02%	48.78%	0% / 100%	
The clerkship resident treated students with respect	0	0	0	2	18	20	0 / 40	5.45
	0	0	0	5%	45%	50%	0% / 100%	
The clerkship resident encouraged questions	0	0	0	2	18	21	0 / 41	5.46
	0	0	0	4.88%	43.9%	51.22%	0% / 100%	

Faculty Block 1

	Never	Almost Never	Sometimes	Fairly Often	Very Often	Always	Aggregate Negative Score / Aggregate Positive Score	Average
Faculty respected patient confidentiality	0	0	0	3	9	30	0 / 42	4.64
	0	0	0	7.14%	21.43%	71.43%	0% / 100%	
Faculty used professional language/avoided derogatory language	0	0	1	2	9	30	1 / 41	4.62
	0	0	2.38%	4.76%	21.43%	71.43%	2.38% / 97.62%	
Faculty was respectful of house staff and other physicians	0	0	0	2	11	29	0 / 42	4.64
	0	0	0	4.76%	26.19%	69.05%	0% / 100%	
Faculty respected diversity	0	0	1	1	10	30	1 / 41	4.64
	0	0	2.38%	2.38%	23.81%	71.43%	2.38% / 97.62%	
Faculty was respectful of other health professions	0	0	0	2	11	29	0 / 42	4.64

	0	0	0	4.76%	26.19%	69.05%	0% / 100%	
Faculty was respectful of other specialties	0	0	0	3	9	30	0 / 42	4.64
	0	0	0	7.14%	21.43%	71.43%	0% / 100%	
Faculty provided direction and constructive feedback	0	0	0	4	10	28	0 / 42	4.57
	0	0	0	9.52%	23.81%	66.67%	0% / 100%	
Faculty showed respectful interaction with students	0	0	1	1	10	30	1 / 41	4.64
	0	0	2.38%	2.38%	23.81%	71.43%	2.38% / 97.62%	
Faculty showed empathy and compassion	0	0	1	2	10	29	1 / 41	4.6
	0	0	2.38%	4.76%	23.81%	69.05%	2.38% / 97.62%	
Faculty was respectful of patients' dignity and autonomy	0	0	0	2	11	29	0 / 42	4.64
	0	0	0	4.76%	26.19%	69.05%	0% / 100%	
Faculty actively listened and showed interest in patients	0	0	0	2	10	30	0 / 42	4.67
	0	0	0	4.76%	23.81%	71.43%	0% / 100%	

Clerkship faculty questions: Please rate how often the following professional behaviors/attitudes are demonstrated by your medical school's faculty.

	Never	Almost Never	Sometimes	Fairly Often	Very Often	Always	Aggregate Negative Score / Aggregate Positive Score	Average
Faculty respected patient confidentiality	0	0	0	0	6	34	0 / 40	4.85
	0	0	0	0	15%	85%	0% / 100%	
Faculty used professional language/avoided derogatory language	0	0	0	0	6	34	0 / 40	4.85
	0	0	0	0	15%	85%	0% / 100%	
Faculty was respectful of house staff and other physicians	0	0	0	1	4	35	0 / 40	4.85
	0	0	0	2.5%	10%	87.5%	0% / 100%	
Faculty respected diversity	0	0	0	1	5	34	0 / 40	4.82
	0	0	0	2.5%	12.5%	85%	0% / 100%	
Faculty was respectful of other health professions	0	0	0	0	7	33	0 / 40	4.82

Faculty Block 2

	0	0	0	0	17.5%	82.5%	0% / 100%	
Faculty was respectful of other specialties	0	0	0	0	6	34	0 / 40	4.85
	0	0	0	0	15%	85%	0% / 100%	
Faculty provided direction and constructive feedback	0	0	0	0	7	33	0 / 40	4.82
	0	0	0	0	17.5%	82.5%	0% / 100%	
Faculty showed respectful interaction with students	0	0	0	0	7	33	0 / 40	4.82
	0	0	0	0	17.5%	82.5%	0% / 100%	
Faculty showed empathy and compassion	0	0	0	0	7	33	0 / 40	4.82
	0	0	0	0	17.5%	82.5%	0% / 100%	
Faculty was respectful of patients' dignity and autonomy	0	0	0	0	6	34	0 / 40	4.85
	0	0	0	0	15%	85%	0% / 100%	
Faculty actively listened and showed interest in patients	0	0	0	0	6	34	0 / 40	4.85
	0	0	0	0	15%	85%	0% / 100%	

Environment Block 1

Learning Environment: How frequently were you

	Never	Once	Occasionally	Frequently	Never / Once or more	Average
Publicly humiliated	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Threatened with physical harm	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Physically harmed (e.g., hit, slapped, kicked)	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Required to perform personal services (e.g., shopping, babysitting)	41	0	0	0	41 / 0	1
	100%	0	0	0	100% / 0%	
Subjected to unwanted sexual advances	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Asked to exchange sexual favors for grades or other rewards	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Denied opportunities	42	0	0	0	42 / 0	1

for training or rewards based on gender						
	100%	0	0	0	100% / 0%	
Subjected to offensive sexist remarks/names	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Received lower evaluations or grades solely because of gender rather than performance	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Denied opportunities for training or rewards based on race or ethnicity	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Subjected to racially or ethnically offensive remarks/names	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Received lower evaluations or grades solely because of race or ethnicity rather than performance	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	

Denied opportunities for training or rewards based on sexual orientation	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Subjected to offensive remarks/names related to sexual orientation	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Received lower evaluations or grades solely because of sexual orientation rather than performance	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	
Subjected to negative or offensive behavior(s) based on your personal beliefs or characteristics other than your gender, race/ethnicity, or sexual orientation	42	0	0	0	42 / 0	1
	100%	0	0	0	100% / 0%	

Environment Block 2

Learning Environment: How frequently were you

	Never	Once	Occasionally	Frequently	Never / Once or more	Average
Publicly humiliated	38	2	1	0	38 / 3	1.1
	92.68%	4.88%	2.44%	0	92.68% / 7.32%	
Threatened with physical harm	41	0	0	0	41 / 0	1
	100%	0	0	0	100% / 0%	
Physically harmed (e.g., hit, slapped, kicked)	41	0	0	0	41 / 0	1
	100%	0	0	0	100% / 0%	
Required to perform personal services (e.g., shopping, babysitting)	41	0	0	0	41 / 0	1
	100%	0	0	0	100% / 0%	
Subjected to unwanted sexual advances	41	0	0	0	41 / 0	1
	100%	0	0	0	100% / 0%	
Asked to exchange sexual favors for grades or other rewards	41	0	0	0	41 / 0	1
	100%	0	0	0	100% / 0%	

Denied opportunities for training or rewards based on gender	41	0	0	0	41 / 0	1
	100%	0	0	0	100% / 0%	
Subjected to offensive sexist remarks/names	41	0	0	0	41 / 0	1
	100%	0	0	0	100% / 0%	
Received lower evaluations or grades solely because of gender rather than performance	41	0	0	0	41 / 0	1
	100%	0	0	0	100% / 0%	
Denied opportunities for training or rewards based on race or ethnicity	41	0	0	0	41 / 0	1
	100%	0	0	0	100% / 0%	
Subjected to racially or ethnically offensive remarks/names	41	0	0	0	41 / 0	1
	100%	0	0	0	100% / 0%	
Received lower evaluations or grades solely because of race or ethnicity rather than performance	41	0	0	0	41 / 0	1

Specific Challenges – Class Size Expansion & Sites

1. Class Size Expansion
2. Continuity with same preceptor
3. Lack of TTUHS Clinics and Clinic Space
4. Not enough Community Preceptors



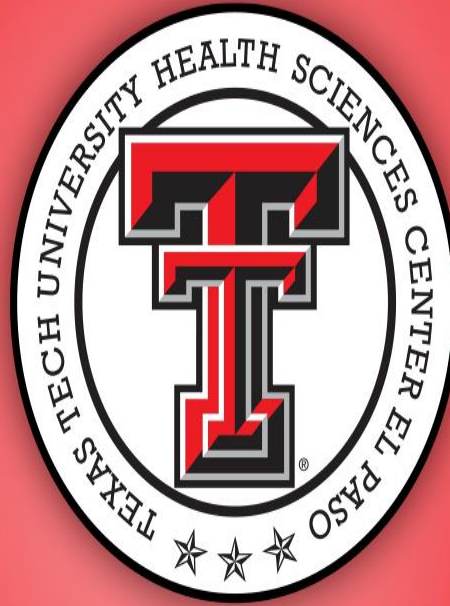
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Quality Improvement Plan - Please include changes for upcoming year and major changes anticipated in the syllabus

1. More than 50% encounters with same preceptor over 10 weeks period
2. Focus on reviewing the Community Faculty list and increasing pool of preceptor by 10%



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Course Directors Overview

OB/GYN Clerkship

Clerkship Director: Patricia Rojas-Mendez, MD

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Block Objectives

Medical Knowledge

The student will demonstrate the ability to acquire critically interprets and apply medical knowledge.

Patient Care

The student will be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health

Interpersonal And Communication Skills

The student will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

Professionalism / Ethics

The student will demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.



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Block Objectives

Practice Base Learning and Improvement

The student will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices

System Based Practice

The student must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources to provide optimal care.

Inter-Professional Collaboration

The student will demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population care.

Personal and Professional Development

The student will demonstrate required to sustain lifelong personal and professional growth.



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Log Requirements and Discussion of Alternate Experiences

Essential Procedures (Level of involvement required is noted as: O = observe, A = Assist, M = Manage)	GYN Clinic – Outpatient Procedures (Level of involvement required is noted as: O = observe, A = Assist, M = Manage)
Vaginal delivery (2) – (A, M) Observed H and P (1) – (M) Annual exam in any age group (1) – (A, M)	Colposcopy (1) – (O, A) Pap smear (1) – (A, M) Cryo/LEEP Endometrial Biopsy Transvaginal U/S IUD Subdermal contraception Pessary Wet mount
GYN Clinic (Level of involvement required is noted as: O= observe, A = Assist, M= Manage)	
Abnormal uterine bleeding STI screening or management (1) – (A, M) Abdominal pain (1) – (A, M) Abnormal Pap/dysplasia Spontaneous abortion Ectopic pregnancy Molar pregnancy Menopause/perimenopause (1) – (A, M) Pelvic pain/LAP (dysmenorrhea, dyspareunia, endometriosis) (1) – (A, M) Infertility Contraceptive counseling (1) – (A, M)	Vulva lesions Vaginal lesions (not discharge) Vaginal discharge (1) – (A, M) Cervical lesions (polyps, etc. not polyp, dysplasia) Uterine abnormalities Adnexal abnormalities (cysts, masses) PCOS (1) – (A, M) SUI Pelvic floor disorders (prolapse, etc.) (1) – (A, M) Preop exam Postop exam Wound infection
Antepartum/Postpartum Care Outpatient (level of involvement required is noted as: O= observe, A = Assist, M= Manage)	Antepartum Care ER/Triage (level of involvement required is noted as: O= observe, A = Assist, M= Manage)
Routine OB (1) – (A, M) Diabetes Management (1) – (A, M) Advanced Maternal Age Abnormal Screening or U/S OB U/S Multiple Gestation High Risk OB HTN (1) – (A) High Risk OB Other Incompetent cervix Postpartum visit (1) – (A, M) Preop BTL Abdominal pain (1) – (A, M)	Eval/Rx vag dc R/O ROM Assessment of labor (1) – (A, M) Eval/Rx spontaneous abortion Eval/Rx ectopic Eval/Rx bleeding in pregnancy including previa (1) – (A) Eval/Rx UTI and pyelo Ob U/S Discomforts of pregnancy (low abd pain, round lig pain, other) (1) – (A, M) Decreased fetal movement

Log Requirements and Discussion of Alternate Experiences

Alternate experiences-(Assign APGO cases if Alternate needed)

GYN - Inpatient Procedures <i>(Level of involvement required is noted as: O= observe, A = Assist, M= Manage)</i>	
Pelvic floor surgery & suspensions (1) – (A) Laparotomy or Laparoscopy other than hysterectomy (1) – (A) Hysterectomy (vag, abd, laparoscopic) (1) – (A) Endometrial ablation Labial or vaginal procedure Postop care in bosp – uncomplicated (1) – (A, M) Postop care in bosp – complicated (1) – (O, A)	Conization of cervix Tubal ligation Hysteroscopy (1) – (A) Early pregnancy loss management or Ectopic pregnancy (1) – (A) D&C – obstetrical or Gynecological Endometriosis surgery Adnexal surgery Adhesions
Labor & Delivery/Postpartum/Antepartum: Must have an observed H & P <i>(Level of involvement required is noted as: O= observe, A = Assist, M= Manage)</i>	
Admit H&P (labor, induction, scheduled C/S) Management of labor (1) – (A) Forceps/vacuum assisted delivery Repair of episiotomy and/or laceration (1) – (A, M) Cesarean section (1) – (A) Postpartum tubal Preeclampsia/Eclampsia/HELLP Syndrome (1) – (A) PROM PPROM, Preterm labor (1) – (A) Postpartum hemorrhage Placenta previa Malpresentation (breech, transverse, etc.) Abruptio	Fetal Demise Termination Postpartum care in bosp – uncomplicated (1) – (A, M) Postpartum care in bosp – complicated (1) – (O, A) Antepartum care: Pyelo, UTI Hyperemesis Oligo Diabetes Chronic HTN Preeclampsia Gb disease Other
GYN – Inpatient or Outpatient <i>(Level of involvement required is noted as: O= observe, A = Assist, M= Manage)</i> 2 pt min to include the additional required as noted	
Eval/treatment of: Cervical dysplasia or cancer (1) (I or O, A) Uterine cancer or pathology Ovarian pathology (1) (I or O, A)	

Integrated Learning Activities

- *Emergency Delivery Simulation*
- *Longitudinal Obstetrical Continuity patient*
- *Patient Safety Mock Root-Cause Analysis*
- *Mock Ethics Committee Deliberation Simulation*
- *Discharge Planning Activity*
- *Vertical Integration in Clinical Education (VICE) Activity*
- *Delivery of Bad News activity*
- *Didactics*



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Longitudinal Experiences

- Friday ½ day Didactics
- Individualized learning plan
1 week for ILP

ILP plan is reviewed by one of the CD and then presentation reviewed by assigned faculty before is uploaded

- FM Clinics
- EM Shifts



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OB/GYN Clerkship Clinical Experiences

- The students rotate through both outpatient and inpatient settings
- General Schedule
 - 9 weeks ambulatory general Ob/Gyn clinics
 - shared with Peds, longitudinal FM clinics and EM shifts
 - TTUHSC and TM Clinics
 - 1 week of MFM inpatient/out patient (2 students per week)
 - Daily antepartum service rounding
 - High Risk OB clinic
 - Sono clinic
 - 4 weeks inpatient
 - 2 weeks of L&D (4 students per week , up to 6 with 8hrs shifts)
 - Triage and L&D
 - Postpartum rounding
 - 2 weeks of GYN (4 students per week)
 - 1 week general GYN
 - 1 week specialty GYN (GYN ONC and Uro GYN)
- Teaching sites: TTUHSC Physicians Main Campus and Transmountain, UMC inpatient



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Basic Science Experiences

- VICE activity
- During patient encounters
- Friday Afternoon didactics
- Departmental weekly conference



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IPE Examples

- Professionalism and team work is expected and evaluated through out the clerkship
- The student will learn the importance of good communication within a team and collaborate with other members to assure patient's safety during Root Case analysis activity
- While the students rotate through L&D they participate in TeamSTEPPS
 - Patients are presented and discussed as a team including-- Residents from OB and Peds, LD and postpartum nurses, Neo and OB faculty, etc.
- The student will work with other members of a team like the faculty, residents, nurses, social workers, pharmacists and more during the inpatient rotations
- Students works closely with the MAs in clinic – sometimes serves as translators



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Portfolio of Assessments :

- Required clerkship assignments-
 - Daily progress notes
 - L&D and GYN passports
 - APGO modules
- Observed H and P –observed by a resident or faculty performed while rotating in triage
- Admission order writing –feedback given by GYN team
- Continuity patient tracking sheet and reflection paper
- Faculty and resident evaluations given weekly doing inpatient rotations and
- Mid-Clerkship Feedback
 - SP pelvic Exam
 - Suture exam
- Discharge Planning activity and Ethic deliberation activities
 - Graded in conjunction with PEDs director
- Oplog
- 2 PP presentations
- OSCE and NBME
- Final Clerkship Assessment



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Preparation of Faculty and Residents to teach :

- "Residents as teachers" and " Mistreatment " didactics are presented at the beginning of the academic year during departmental conference
- Residents receive an email at the end of each week with instructions and student's roster for the following week
- Discuss Clerkship progress at monthly department faculty meeting
- Provide individualized feedback to faculty and residents after mid clerkship evaluations completed if any negative complained received from the students
- Provide end of block individual feedback provided by the students to each faculty member and resident.
- Faculty development activities/program by institution



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Block Evaluation Summary:



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AY 2021-2022 OB/GYN Student Satisfaction Data - Block 1

(scale 1 to 6)

	EPCH	TTUHSC Alberta	TTUHSC TM	UMC
Duty hour policies were adhered to strictly in this clerkship	5.20	5.26	5.26	5.13
I was empowered to actively participate in patient care	5.13	5.30	5.22	5.11
I was observed performing the physical/mental status exam	5.25	5.12	4.86	5.11
I was observed taking a patient history	5.00	4.79	4.55	5.03
The number of patient care experiences were sufficient to support my learning	5.06	5.19	4.87	5.05
The variety of patient care experiences were sufficient to support my learning	5.00	5.00	4.74	5.11

OBGYN Clerkship Evaluation results

Question	Block 1 AY 2021-2022	Block 1 AY 2019-2020	Block 1 AY 2018-2019	Block 2 AY 2021-2022	Block 2 AY 2020-2021	Block 2 AY 2019-2020
The clerkship met the identified learning objectives.	95.45%	-	-	100%	-	-
I am satisfied with the methods used to evaluate my performance	95.45%	-	-	100%	-	-
I was provided with mid-clerkship feedback (*I received useful feedback on my performance)	97.73%	-	-	100%	-	-
The feedback I received helped me to improve my performance	93.18%	87%	79%	100%	-	80%
I understand how the clerkship content is applicable to the practice of medicines	95.45%	-	-	100%	-	-
I acquired useful knowledge and/or skills during this clerkships (Overall, I learned useful knowledge and/or skills)	100%	93%	93%	100%	93%	93%
The variety of patient care experiences were sufficient to support my learning (I had enough patient management opportunities)	92.5%	97%	97%	96.74%	83%	93%
The number of patient care experiences were sufficient to support my learnings (I had enough patient management opportunities)	95%	97%	97%	97.83%	83%	93%
I was observed taking patient history (I was observed delivering patient care)	89.92%	96%	94%	93.41%	94%	96%
I was observed performing the physical/mental status exams (I was observed delivering patient care)	95.8%	96%	94%	95.51%	94%	96%
I was empowered to actively participate in patient care	95%	-	-	96.74%	-	-
Duty hour policies were adhered to strictly in this clerkship	96.64%	90%	86%	97.8%	89%	93%
I used Spanish frequently in this clerkship	95.45%	93%	96%	100%	94%	94%
Overall, I am satisfied with this clerkships	90.91%	-	-	100%	-	-

Learning Environment

Question	Block 1 AY 2021-2022	Block 1 AY 2019-2020	Block 1 AY 2018-2019	Block 2	Block 2	Block 2
	Never / Once or more	Never / Once or more	Never / Once or more	AY 2021-2022	AY 2020-2021	AY 2019-2020
	Never / Once or more	Never / Once or more	Never / Once or more	Never / Once or more	Never / Once or more	Never / Once or more
Publicly humiliated	88.37% / 11.63%	87%/12%	79%/21%	85.71% / 14.29%	98%/2%	90%/9%
Threatened with physical harm	100% / 0%	100%/0%	100%/0%	100% / 0%	100% / 0%	100% / 0%
Physically harmed (e.g., hit, slapped, kicked)	100% / 0%	100%/0%	100%/0%	100% / 0%	100% / 0%	100% / 0%
Required to perform personal services (e.g., shopping, babysitting)	100% / 0%	100%/0%	100%/0%	100% / 0%	100% / 0%	100% / 0%
Subjected to unwanted sexual advances	100% / 0%	100%/0%	100%/0%	100% / 0%	100% / 0%	100% / 0%
Asked to exchange sexual favors for grades or other rewards	100% / 0%	100%/0%	100%/0%	100% / 0%	100% / 0%	100% / 0%
Denied opportunities for training or rewards based on gender	100% / 0%	100%/0%	93%/6%	100% / 0%	100% / 0%	100% / 0%
Subjected to offensive sexist remarks/names	100% / 0%	100%/0%	90%/10%	97.62% / 2.38%	100% / 0%	97%/3%
Received lower evaluations or grades solely because of gender rather than performance	100% / 0%	97%/3%	100%/0%	100% / 0%	100% / 0%	100% / 0%
Denied opportunities for training or rewards based on race or ethnicity	100% / 0%	100%/0%	97%/3%	100% / 0%	100% / 0%	100% / 0%
Subjected to racially or ethnically offensive remarks/names	100% / 0%	100% / 0%	97%/3%	97.62% / 2.38%	100% / 0%	100% / 0%
Received lower evaluations or grades solely because of race or ethnicity rather than performance	100% / 0%	100%/0%	100%/0%	100% / 0%	98%/2%	100% / 0%
Denied opportunities for training or rewards based on sexual orientation	100% / 0%	100%/0%	100%/0%	100% / 0%	100% / 0%	100% / 0%
Subjected to offensive remarks/names related to sexual orientation	100% / 0%	100%/0%	100%/0%	100% / 0%	100% / 0%	100% / 0%
Received lower evaluations or grades solely because of sexual orientation rather than performance	100% / 0%	100%/0%	100%/0%	100% / 0%	100% / 0%	100% / 0%
Subjected to negative or offensive behavior(s) based on your personal beliefs or characteristics other than your gender, race/ethnicity, or sexual orientation	100% / 0%	-	-	100% / 0%	-	-

Specific Challenges – Class Size Expansion & Sites

Number of faculty: Currently 15

- MFM 1 (Deficit 1)
- URO GYN 2
- GYN ONC 2 (Deficit 1)
- MIS 3
- OB/GYN Generalist
 - 4 in Main campus (Deficit 2)
 - 1 from Transmountain (Deficit 3)
- Midwives 1 (Deficit 3)
- NP 1



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Specific Challenges – Class Size Expansion & Sites

Decrease Faculty number

L&D single site

- Currently can accommodate only 4 students per week
 - could accommodate a maximum of 6 per week
- Challenging during Fall semester when MS4 are rotating
- Challenging when we have residents rotating from other specialties

GYN rotation single site

- We are already at maximum capacity

Ambulatory clinics

- Multiple Providers departed and have not been replaced yet
- Limiting amount of clinic spaces available

We will need more sites for inpatient rotation and community doctors for ambulatory clinics

-



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Quality Improvement and Changes Plan

In the process of recruiting more faculty at Texas Tech

New Clerkship Director

Recruit community faculty to expand ambulatory rotations and increase continuity with same preceptor



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Surgery Clerkship Review

John Lawrence, MD

February 13th, 2023

Overview

- Format of the presentation will focus on pragmatic aspects of clerkship activities
- Metrics will be minimized
- Underlying theme will be the challenges we face as individuals, as a department and as a medical school in trying to be educators
- The opinions I express are meant to be those I hold or perceive and not necessarily indicative of any broader departmental sentiment

Background

- I have served as a clerkship director previously at a medical school for a five year period and have a long-standing interest in medical education
- Having said that, I don't profess to be an expert on educational theory or practices
- The mission of medical education should be a fundamental underpinning of our clinical enterprise, and be embraced, supported and valued at a level comparable to clinical care, research and administrative activities

What is included in the Surgery Department Educational Umbrella?

- General Surgery –undertaken at UMC, EPCH, THOP, Providence Memorial Campus and WBAMC
- Rotations within general surgery undertaken with oversight from Texas Tech faculty include trauma, plastic surgery, colorectal surgery, bariatric surgery, vascular surgery, ophthalmology and pediatric surgery
- Surgery rotation (M-3) also includes the following disciplines: anesthesia, neurosurgery, orthopedics – these are provided by a mix of community faculty and full time Texas Tech faculty
- What's missing: urology, cardiothoracic surgery, ENT – no full time TTU faculty and limited ability to access within El Paso

Who is included in educational activities?

- Clerkship director: myself, in theory, 0.5 time position
- Assistant clerkship director: Grace Ng, MD, in theory, 0.2 time position
- Clerkship coordinator: Gabriela Kutz filling in interim role, among other duties
- TTU Surgery residents
- TTU Faculty
- Community faculty – of note, probably half of faculty providing student education are not full time Texas Tech and/or in Department of Surgery and likely 30% of those providing instruction I have never met

How is curriculum structured?

- Total of five weeks in surgery block split into two rotations of two weeks each; in addition, all students spend one week on the trauma service (which typically includes mixture of acute care surgery)
- Latitude is given to students as to which rotations they prioritize/select for the two week blocks
- With increasing class size and desire to accommodate those with subspecialty interests (ie, anesthesia, neurosurgery, orthopedics, ophthalmology) and overall limited duration of block (5 weeks) it is possible for students to have only one week spent on general surgery and if one includes various holidays, continuity clinics, and required educational activities this can lead to total time on general surgery only being 3-4 days

Objectives: Recognize the signs, and symptoms of common Surgical problems including the following:

The student will know the following anatomical considerations at the MS 3 level:

1. The basic anatomy of the abdomen including its viscera and anatomic spaces
2. The anatomy of the chest, including the heart and lungs
3. The diagnostic criteria for commonly occurring disorders
4. Consistently obtain a reliable history and perform an appropriate physical examination
5. Develop a problem list, differential diagnosis, and plan for treatment
6. Actively participate in the pre-operative and post-operative management of patients examined and evaluated
7. Utilize diagnostic testing and imaging resources effectively and efficiently
8. Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and proper conduct in the operating room



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Location of where the Op Log Requirements will be encountered

Op-Log- Alternate Assignments		
Clinical Conditions for Student Encounters: Op-logs	Location Where Logs will be encountered	Alternate Assignment-WiseMD
Abdominal wall (AW)	General Surgery	Inguinal Hernia, Pediatric Hernia
Alimentary tract (AT)	General Surgery	Anorectal Disease, Cholecystectomy, Bariatric, Pancreatitis, Pyloric Stenosis
Breast (B)	General Surgery	Breast Cancer
Endocrine (E)	General Surgery	Adrenal Mass, Thyroid Mass, Hyper Calcemia
Oncology (O)	General Surgery	Breast Cancer, Lung Cancer, Colon Cancer
Skin/Soft Tissue (SS)	General Surgery	Breast Cancer, Skin Cancer
Subspeciality (SUB)	General Surgery	Pyloric Stenosis, Pediatric Hernia, Adrenal Mass, Bariatric
Trauma/Critical Care (TC)	Trauma week	Burn Management, Trauma resuscitation
Vascular/Thoracic/Cardiac (VTC)	General Surgery	Venous Thromboembolism, Lung Cancer
Hepatobiliary (HB)	General Surgery	Cholecystectomy, Pancreatitis
*** 1 module counts for 1 patient encounter required (except for Breast Cancer and Trauma/Critical Care)		

Combined Integrated & Longitudinal Experiences

1. Emergency Delivery Simulation
2. Longitudinal (Continuity) Experience
3. Patient Safety Mock Root Cause Analysis
4. Ethics
5. Discharge Planning Activity
6. Vertical Integration in Clinical Education (VICE)
7. Clinical reasoning Session(s)
8. Order Writing Activities
9. Inter-Professional Educational Activity with UTEP medical professional students.
10. Professional Identity Session(s)
11. Delivery of Bad News Activity (OB/Peds/Surgery with FM)
12. Trauma Workshop
13. Systemic Racism and Implicit Bias in Healthcare



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Basic Science Examples

1. Didactic Lectures
2. Thursday Lectures
3. Individualized Learning Plan
4. VICE (Vertical Integration in Clinical education) session



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IPE Examples

1. The student will demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population care.
2. The student will demonstrate skills required to sustain lifelong personal and professional growth.



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Preparation of Departmental Faculty and Residents as Teachers

Currently, the Department of Surgery has scheduled 4 hours of educational development content into the formal educational content of the current year's formal curriculum which is attended by both residents and faculty.

Unfortunately, there is no ability to mandate or know how much, if any, educational activity is obtained by individuals who are in other departments, other institutions, or community faculty members.

What seems to be going well in clerkship?

- Student perspectives: non-data driven feedback at time of mid-clerkship evaluation is, in aggregate, positive regarding volume and diversity of clinical cases and opportunities for assuming an active role in patient care
- Instruction and interaction with residents and faculty is also commended by many students during mid-clerkship reviews
- Objective scores on NBME (“shelf”) exam rose in prior block to approach national mean
- Most recent student feedback rated objective criteria queried as all above 5.25 (higher than I would have expected)

Course Evaluation Summary Report

Complete forms on Surgery Clerkship (LIC)

Report download date: Wed Nov 16/22 11:14 AM

Report Start Date: 2022-10-21 Report End Date: 2022-11-12

Clerkship Non-Clinical and Clinical Common Items MS3

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Negative Score / Aggregate Positive Score	Average
The clerkship met the identified learning objectives	0	0	0	5	28	24	0 / 57	5.33
	0	0	0	8.77%	49.12%	42.11%	0% / 100%	
I am satisfied with the methods used to evaluate my performance	0	0	0	3	27	27	0 / 57	5.42
	0	0	0	5.26%	47.37%	47.37%	0% / 100%	
I was provided with mid-clerkship feedback	0	0	0	2	22	33	0 / 57	5.54
	0	0	0	3.51%	38.6%	57.89%	0% / 100%	

Course Evaluation Summary Report

The feedback I received helped me to improve my performance	0	0	0	4	30	23	0 / 57	5.33
	0	0	0	7.02%	52.63%	40.35%	0% / 100%	
I understand how the clerkship content is applicable to the practice of medicine	0	0	0	1	28	28	0 / 57	5.47
	0	0	0	1.75%	49.12%	49.12%	0% / 100%	
I acquired useful knowledge and/or skills during this clerkship	0	0	0	1	26	30	0 / 57	5.51
	0	0	0	1.75%	45.61%	52.63%	0% / 100%	
I used Spanish frequently in this clerkship	0	0	2	6	19	30	2 / 55	5.35
	0	0	3.51%	10.53%	33.33%	52.63%	3.51% / 96.49%	
Overall, I am satisfied with this clerkship	0	0	0	4	30	23	0 / 57	5.33
	0	0	0	7.02%	52.63%	40.35%	0% / 100%	

What seems to not be going well in clerkship?

- Student perspectives – evaluations provided in recent GQ were abysmal for surgery department
- Onboarding process for students is disorganized at many locations leading to lack of access to building, EMR or ability to participate in patient care for hours or days
- Lack of full time faculty in various specialties (neurosurgery, ENT, urology, CT surgery) makes it extremely challenging for students who are considering careers in these fields
- Variability of clinical experience means much of core education in general surgery needs to be obtained indirectly through online modules or other educational resources
- Second block last year had one quarter of class in lowest 10% nationally on shelf exam

What is not going well in clerkship?

- Faculty perspectives: recurring sentiment expressed is duration on surgery overall and in given blocks is too short
- Short duration of blocks (1-2 weeks) mean faculty have limited time to directly interact with a student, don't feel they know students well, and rarely provide meaningful evaluations
- Distinct preference by vast majority of faculty for a dedicated 5 week continuous block in order to have coordinated educational experience
- Impact on grading is that seldom have meaningful faculty evaluations of students, minimizing ability to have clinical performance incorporated into final grade

Block Evaluation Summary

All of the points earned via assessments and required assignments are added by competencies as listed below

1. Long Form Assessments
2. Procedure Cards
3. Mid-Clerkship Assessment
4. NBME
5. OSCE



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	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Texas Tech-Foster
GQ Report Item #10: Quality of Clerkships Rate the quality of your educational experience in the following clerkships. If you participated in an integrated clerkship, please answer the question in terms of your educational experience in each discipline. (Percent answering "Good" or "Excellent")						
Emergency medicine	73.8	80.8	88.2	93.2	96.0	85.1
Family medicine	74.3	81.2	86.4	91.5	93.4	30.4
Internal medicine	81.4	87.8	92.0	95.1	97.2	69.6
Neurology	62.7	73.1	80.4	87.6	90.8	50.7
Obstetrics-Gynecology/Women's Health	64.2	72.2	78.9	83.5	88.9	55.1
Pediatrics	75.8	81.5	87.1	92.6	94.9	52.2
Psychiatry	76.8	83.3	88.4	92.5	95.7	73.9
Surgery	69.5	77.1	81.6	86.6	90.2	40.6

Percentiles are based on the ordered data from 152 schools. The 10th percentile = the data from school number 16 of 152; 25th percentile = school 39; 50th percentile = average of schools 76 and 77; 75th percentile = school 114;

	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Texas Tech-Foster
GQ Report Item #11.7: Clerkship Experiences: Surgery						
Were you observed taking the relevant portions of the patient history? (Percent answering "Yes")	72.1	75.4	83.5	90.0	93.9	58.0
Were you observed performing the relevant portions of the patient physical or mental status exam? (Percent answering "Yes")	77.0	81.2	86.5	92.0	95.5	63.8
Were you provided with mid-clerkship feedback? (Percent answering "Yes")	86.4	91.5	95.0	98.1	100.0	91.3
Faculty provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	62.4	70.0	74.5	80.0	86.3	33.3
Residents provided effective teaching during the clerkship: (Percent answering "Agree or Strongly agree")	69.2	75.3	80.8	86.2	90.9	52.2

Percentiles are based on the ordered data from 152 schools. The 10th percentile = the data from school number 16 of 152; 25th percentile = school 39; 50th percentile = average of schools 76 and 77; 75th percentile = school 114; and 90th percentile = school 137.

What is not going well in clerkship?

- Faculty time for teaching is limited on many services, and no formal tracking of “educational RVUs” exist
- Lack of physical space in the medical school doesn’t allow clerkship coordinator and clerkship director to be in proximity to one another
- Recurrent openings in clerkship coordinator positions has led to staff being overextended or borrowed; should these positions be valued at a higher level than they are currently?
- Dedicated time as allotted for clerkship director positions is not practical with clinical demands, and on call duties mean it is often not practical to attend meetings pertinent to educational activities in SOM
- Many of faculty doing teaching in surgical portion of curriculum have no accountability to, or regular interaction with, Surgery Department at PLFSOM

Questions to consider

- Are there benchmarks that we are aiming for regarding our students performance on standardized exams? (Shelf exam average at 10% vs. 25% vs. 50% or more nationally?)
- Are there benchmarks the Surgery Department should be meeting for educational goals in GQ survey or by some other assessment standard? More broadly, how do we assess accountability for our educational efforts?
- Should lack of specialty options within the PLFSOM lead to linkages with other schools to allow for options for students interested in neurosurgery, ENT, and urology to rotate elsewhere?
- How can educational roles and contributions within the department be given greater (or appropriate) value for the time invested in teaching or in curriculum development?



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Clerkship Phase Review (OB/GYN-Pediatrics-Surgery)

AY 2021-2022

Review Team: Dr. Ellen Dudrey, Dr. Wajeeda Saeed, Dr. Narges Khanjani.

Clerkship Directors: Dr. Patricia Rojas-Mendez, Dr. Lynn Hernan, Dr. Karinn Chambers

Medical Student: Jensen Edwards



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Review Team Charge (Template for reporting)

- Syllabus
- Comparability reports
 - Site-specific data (*5.4 Sufficiency of Buildings and Equipment; 5.5 Resources for Clinical Instruction; 1.4 Affiliation Agreements; 8.7 Comparability of Education/Assessment*)
 - Mid-clerkship completion (*9.7 Formative Assessment and Feedback*)
 - Fair and timely release of grades (*9.8 Fair and Timely Summative Assessment*)
 - NBME results compared to national data (*8.4 Evaluation of Educational Program Outcomes*)
- Inpatient /outpatient ratio in the clerkship and block (*6.4 Inpatient/Outpatient Experiences; 6.2 Required Clinical Experiences; 5.5 Resources for Clinical Instruction*)
- Block evaluations (*Standard 8: Curricular Management, Evaluation, and Enhancement; 8.5 Medical Student Feedback*)
- Learning environment surveys (*3.5 Learning Environment*)
- Conclusions



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1- Syllabus (Findings/Recommendations)

1. Block goals and objectives are clearly stated. OK
2. Clerkship director and coordinator clearly identified. OK
3. Clerkship description and content stated. OK
4. Integration thread section is clearly provided. OK
5. Assessment information is provided.

OB/GYN: On page 29 of the syllabus, the scale for each item is not clear.

Pediatrics: There are many assessment items. Are all of them necessary? How are they documenting that each student is meeting all of the competencies ?

6. Students can clearly identify expectations and policies. OK
7. Op-log Expectations are clearly delineated. OK
8. Mid Clerkship review explained. OK
9. Calendar of events provided. OK. A sample block schedule is provided.
8. Professionalism expectations provided. OK

2- Comparability report (Findings/Recommendations)

- a) Site specific data (Sufficiency of Buildings and Equipment; Resources for Clinical Instruction; Affiliation Agreements; Comparability of Education/Assessment).

All students across sites were able to meet their op log requirements.

Duty hours at all sites were in compliance. (Pediatrics: Overall duty hours increased to 30 from 26hr/week from last academic year, but no violations. OB/GYN: Overall duty hours increased to 36 from 28hr/week from last academic year, but no violations. Surgery: Overall duty hours increased to 52 from 45hr/week from last academic year, but no violations.)

Students were more satisfied with the WBAMC location, and grades were higher in surgery at the WBAMC location; however, the number of students in this site was small.

All current sites have active affiliation agreements.

- b) Mid-clerkship completion. All had 100% completion.

- c) Timely feedback and release of grades. Timely feedback was OK, 100% on time.

Our in house rule is 28 days for the release of grades, and LCME is 42 days. OB/GYN was late in AY2019/20 and the final grade was entered in 13-38 days and this is marked.

- d) Medical students have comparable NBME scores for all three clerkships and past years.

Surgery in AY 21/22 is below the national average, Pediatrics in AY 21/22 Block 1 & 2 and AY 2021/2022 is below national average. OB/GYN in AY 21/22 Block 2 and AY 21/22 is below the national average, but the grades are within 1 standard deviation from the mean.

3- Inpatient /outpatient ratio in the clerkship and block. (Findings/Recommendations)

Pediatrics: 66%/33%. Outpatient: 4 clinics per week over 8 weeks. Inpatient: 2 weeks inpatient (Wards + nursery).

OB/GYN: 60%/40%. Outpatient: week MFM + 2 clinics per week for 8 weeks. Inpatient: 2 weeks GYN Surg + 2 weeks L&D.

Surgery: 20%/80%. Outpatient: 1 clinic per week. Inpatient: 4 weeks (2 weeks general inpatient surgery and two week selective) + 1 week trauma.

Overall there has been an increase in the inpatient and outpatient experience in order to meet the curriculum requirements.

4- Block evaluations (Findings/Recommendations)

- In OB/GYN and Surgery a high number of students (>3) reported being publicly humiliated. In Pediatrics there were 3 cases.
- Many negative comments for clerkship faculty questions and residential comparison block, especially in Surgery.
- Surgery faculty has issues with all aspects of interaction with medical students. Lacking interest in teaching medical students; fail to treat students with respect; lack of empathy and compassion. Faculty were judged to not provide adequate info to the patient.
- All residents mostly encouraged questions and taught; they gave feedback on student skills as well. Most students thought the residents helped them. But, Surgery residents were judged not approachable for help and didn't model professional behavior.



	OB/GYN	Surgery	Pediatrics
	# Never /Once or More	# Never /Once or More	# Never /Once or More
Publicly humiliated	38/5	38/4	42/0

Numbers higher than 3
are shown in red.

	OB/GYN	Surgery	Pediatrics
	# Never /Once or More	# Never /Once or More	# Never /Once or More
Publicly humiliated	36/6	32/10	38/3

Clerkship Faculty Questions Block 1

	OB/GYN		Surgery		Pediatrics	
	# - /+	Average	# - /+	Average	# - /+	Average
Faculty provided effective teaching during the clerkship	1 / 43	5.09	7 / 35	4.57	1 / 41	5.24
The clerkship faculty encouraged questions	2 / 42	4.95	7 / 35	4.64	0 / 42	5.38
The clerkship faculty showed interest in student learning	3 / 41	4.95	8 / 34	4.5	0 / 42	5.36
Faculty respected patient confidentiality	0 / 44	4.57	1 / 41	4.4	0 / 42	4.64
Faculty used professional language/avoided derogatory language	2 / 42	4.43	10 / 32	3.71	1 / 41	4.62
Faculty was respectful of house staff and other physicians	0 / 44	4.55	7 / 35	3.86	0 / 42	4.64
Faculty respected diversity	0 / 44	4.55	2 / 40	4.21	1 / 41	4.64
Faculty was respectful of other health professions	0 / 44	4.48	6 / 36	3.9	0 / 42	4.64

Faculty was respectful of other specialties	0 / 44	4.52	4 / 38	3.95	0 / 42	4.64
Faculty provided direction and constructive feedback	0 / 44	4.39	8 / 34	3.64	0 / 42	4.57
Faculty showed respectful interaction with students	2 / 42	4.36	5 / 37	3.93	1 / 41	4.64
Faculty showed empathy and compassion	0 / 44	4.36	9 / 33	3.69	1 / 41	4.6
Faculty was respectful of patients' dignity and autonomy	0 / 44	4.5	2 / 40	4.12	0 / 42	4.64
Faculty actively listened and showed interest in patients	1 / 43	4.52	6 / 36	3.9	0 / 42	4.67
Faculty advocated appropriately on behalf of his/her patients	1 / 43	4.45	5 / 37	3.88	0 / 42	4.62
Faculty took time and effort to explain information to patients	1 / 43	4.41	8 / 34	3.69	0 / 42	4.62
Faculty resolved conflicts in ways that respect the dignity of all involved	0 / 44	4.5	7 / 34	3.71	0 / 42	4.62

Clerkship Faculty Questions Block 2

	OB/GYN		Surgery		Pediatrics	
	# - /+	Average	# - /+	Average	# - /+	Average
Faculty provided effective teaching during the clerkship	0/42	5.29	4/38	4.98	0/40	5.5
The clerkship faculty encouraged questions	0/42	5.31	5/36	4.88	0/40	5.53
The clerkship faculty showed interest in student learning	1/40	5.22	4/38	4.95	0/40	5.55
Faculty respected patient confidentiality	0/42	4.6	1/41	4.4	0/40	4.85
Faculty used professional language/avoided derogatory language	1/41	4.52	8/34	3.81	0/40	4.85
Faculty was respectful of house staff and other physicians	1/41	4.5	7/34	3.93	0/40	4.85
Faculty respected diversity	0/41	4.66	4/37	4.15	0/40	4.82
Faculty was respectful of other health professions	0/42	4.52	5/36	3.98	0/40	4.82
Faculty was respectful of other specialties	0/42	4.57	5/36	3.93	0/40	4.85

Faculty provided direction and constructive feedback	1/41	4.55	8/33	3.8	0/40	4.82
Faculty showed respectful interaction with students	1/41	4.5	6/35	3.9	0/40	4.82
Faculty showed empathy and compassion	1/41	4.5	7/34	3.85	0/40	4.82
Faculty was respectful of patients' dignity and autonomy	1/41	4.48	2/39	4.29	0/40	4.85
Faculty actively listened and showed interest in patients	0/42	4.55	2/39	4.17	0/40	4.85
Faculty advocated appropriately on behalf of his/her patients	0/42	4.48	3/36	3.97	0/40	4.78
Faculty took time and effort to explain information to patients	0/42	4.57	2/39	4.2	0/40	4.82
Faculty resolved conflicts in ways that respect the dignity of all involved	0/42	4.57	5/36	3.98	0/40	4.85

Residential comparison Block 1 and 2

	OB/GYN		Surgery		Pediatrics	
	# - /+	Average	# - /+	Average	# - /+	Average
The clerkship resident provided effective teaching during the clerkship	2/41	5.05	4/36	4.72	3/38	5.29
The clerkship resident gave me constructive feedback on my clinical skills	1/41	5.16	5/35	4.72	1/40	5.29
The clerkship resident treated students with respect	1/41	5.14	3/37	4.97	1/40	5.44
The clerkship resident encouraged questions	2/40	5.07	4/36	4.78	1/40	5.37
The clerkship resident showed interest in student learning	0/42	5.19	4/36	4.68	1/40	5.39
The clerkship resident were approachable for help	2/40	5.05	4/36	4.7	1/40	5.41
The clerkship resident modeled professional behavior	0/42	5.12	5/35	4.8	1/40	5.46

	OB/GYN		Surgery		Pediatrics	
	# - /+	Average	# - /+	Average	# - /+	Average
The clerkship resident provided effective teaching during the clerkship	1/41	5.21	2/39	5.02	0/41	5.44
The clerkship resident gave me constructive feedback on my clinical skills	0/42	5.26	3/28	5.02	0/41	5.37
The clerkship resident treated students with respect	1/41	5.14	3/38	5.05	0/40	5.45
The clerkship resident encouraged questions	1/41	5.12	3/38	4.93	0/41	5.46
The clerkship resident showed interest in student learning	1/40	5.1	4/37	4.93	0/40	5.45
The clerkship resident were approachable for help	2/40	5.02	7/34	4.78	0/41	5.51
The clerkship resident modeled professional behavior	1/40	5.17	5/36	4.88	0/41	5.49

5 - Learning environment surveys (Findings/Recommendations)

Findings:

Students seem mostly satisfied with clerkship pacing & learning opportunities.

Recommendations for all three rotations:

Encourage student participation in resident didactics.

Doing an end-of-rotation presentation on an interesting case might be beneficial.

Encourage more expectations/feedback discussions between all teaching faculty members and students.

Consider assigning a student to one resident at the start of the day to build relationship and trust allowing more independence and increased learning.

Consider working with MSTC to host a review before Shelf Exams.

Pediatrics:

More than 48% of students did not like e-Murmur. Recommend re-evaluation of its benefit. (e-Murmur has been discontinued).

Some students valued the VICE activity. But one student thought it was too long, and did not prefer group set up. Students complained about ending up working with other people on different services or found it hard to meet for group work due to scheduling difficulties.

Surgery:

Some students thought that the rotation schedule was an issue and preferred for it to be provided ahead of time.

Some students did not find some of the didactic sessions and assignments helpful .

Students suggested reviewing didactics for a more meaningful learning experience.

OB/GYN:

The discharge activity was difficult to perform, because there was no example provided.

6- Conclusion

- Syllabus needs minor improvement.
- Evaluations seem to suggest scheduling issues with Elentra, but those issues have now been resolved.
- Comparability requirements seem to be met.
- Attention should be given to faculty and student interaction, especially in OB/GYN and Surgery.
- Look into the recommendations for improvement in the learning environment made by the review team.