

CHAIR:

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

VOTING MEMBERS:

Dale Quest, PhD; Biff Palmer, MD; Khanjani Narges, MD, PhD; Munmun Chattopadhyay, PhD; Natalia Sidhu, MD; Alexandria Melendez-Zaidi, MD; Saul Ramirez, MD; Stephanie Nemir, MD, PhD

EX-OFFICIO:

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

STUDENT REPRESENTATIVES:

Asiah Himawan MS1 (Voting); Sarah Ahmed MS1 (Ex Officio); Sami Daye MS2 (Voting); Michelle Tiji MS2 (Ex Officio); Kristina Ingles MS3 (Voting); Samuel Aldous MS3 (Ex Officio); Katherine Asmis MS4 (Voting); Joshua Salisbury MS4 (Ex Officio)

INVITED/GUESTS:

Thwe Htay; Priya Harindranathan; Claudia Cortez; Luz Luna; Tamer Fandy

REVIEW AND APPROVAL OF MINUTES

Minutes Attached

ANNOUNCEMENTS

Presenter(s): Dr. Francis

ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I Clerkship Phase Review

Presenter(s): Dr. Ramirez, Dr. Luna, Dr. Fandy, Asiah Himawan

- Team 2: Surgery, Obstetrics/Gynecology, Pediatrics

ITEM II Common Clerkship Policies AY 2026-27 Update

Presenter(s): Dr. Singh

MEMBERS IN ATTENDANCE:

Maureen Francis; Dale Quest; Biff Palmer; Narges Khanjani; Munmun Chattopadhyay; Natalia Sidhu; Alexandria Melendez-Zaidi; Saul Ramirez; Lisa Beinhoff; Charmaine Martin; Tanis Hogg; Jose Lopez; Namrata Singh; Asiah Himawan; Sarah Ahmed; Sami Daye; Michelle Tiji; Samuel Aldous; Kristina Ingles; Katherine Asmis; Joshua Salisbury

MEMBERS NOT IN ATTENDANCE:

Stephanie Nemir

PRESENTERS/GUESTS IN ATTENDANCE:

Thwe Htay; Priya Harindranathan; Claudia Cortez; Luz Luna; Tamer Fandy

INVITED/GUESTS NOT IN ATTENDANCE:

REVIEW AND APPROVAL OF MINUTES

Dr. Francis

The committee reviewed the previous meeting minutes in detail, with emphasis on clarifying language to ensure accuracy and readability for external reviewers, including LCME. The committee agreed that clarifications and contextual notes should be added where needed to improve clarity.

Regarding neurology assessment, it was clarified that the clerkship does not require an NBME exam; therefore, the absence of NBME reference in the syllabus is accurate and not an oversight.

The committee discussed the inclusion of location descriptions and clerkship leadership within syllabi. It was confirmed that this information is currently available in Elentra, and consensus was reached to retain it there rather than duplicating it in the syllabus to allow for more timely updates.

Concerns about unclear differentiation between Honors, Pass, and Fail were clarified. It was clarified that the final grading criteria are well-defined; however, additional specificity is needed at the level of individual competencies, clerkship assignments and clinical forms.

An issue regarding student access to the electronic medical record (EMR) at William Beaumont was discussed. The disruption was attributed to the implementation of a new EMR system, which limited student access. Students have not rotated at WBAMC in AY 2025-26 and will restart pending resolution.

The committee also addressed wording related to resident teaching. While documentation suggested only one annual training session, it was clarified that, in addition to the required annual training, there are ongoing formal and informal reinforcement sessions throughout the year. The language in the minutes were revised to reflect this more accurately.

Items related to professionalism, plagiarism, and respectful disagreement were discussed. It was noted that these expectations are outlined institutional policies rather than individual syllabi. Additionally, consideration will be given to revising the rubric to better align with where this information can be found.

In the Family Medicine comparability report, it was clarified that all students rotate to the Kenworthy and community sites.

For the psychiatry review, a note was added that students who rotated at Rio Vista also spend time at the UMC Consult Liaison are required to log observation of history and physical. It was also noted that student feedback for Rio Vista in the current academic year has been positive and prior concerns, particularly related to student safety, have been addressed by clerkship director.

Dr. Ramirez moves the motion for approval of the minutes with these changes.
Sami Daye seconds the motion.
No Objections: Motion was approved.

ANNOUNCEMENTS

Dr. Francis

ITEMS FROM STUDENT REPRESENTATIVES

MS1/MS2/MS3/MS4

MS1 students reported that the anonymous learning objective discrepancy form has been widely used and beneficial; however, students noted a lack of a closed

feedback loop, with limited visibility into the status or resolution of submitted concerns. To improve the feedback loop, the committee discussed implementing a shared, centralized resource (e.g., Box or a dedicated webpage) organized by class year, where students can view submitted concerns and corresponding resolutions. This resource would allow for ongoing transparency and provide a running log of updates. MS2 students stated that relying solely on a shared repository may limit awareness among students who did not submit concerns. To address this, a combination approach was suggested, including periodic summary emails highlighting identified issues and updates, alongside the centralized link.

MS3 students raised concerns about the timing and reliability of clerkship evaluations. Evaluations are sometimes completed weeks to over a month after the rotation, calling into question their accuracy in reflecting student performance and their usefulness for meaningful feedback. Students also reported variability in the evaluation process, particularly in clerkships using paper forms, where multiple evaluations may be collected and selectively submitted. Dr. Francis acknowledged the concerns raised by MS3 students and noted that she and Dr. Singh plan to meet with clerkship directors to explore potential solutions aimed at improving consistency in evaluation timing, processes, and overall quality. Dr. Ramirez added that he would welcome collaboration with students to incorporate diverse perspectives in identifying the most effective approach.

MS4 students highlighted the overall value of the Boot Camp experience and expressed appreciation for the responsiveness of faculty, noting that feedback shared with course leadership was taken seriously and implemented promptly.

Students noted that while simulations are intentionally challenging and valuable for residency preparation, there can be variability in how feedback is delivered. In some instances, feedback may feel discouraging, particularly when students are navigating unfamiliar clinical scenarios. This can create some tension with the expectation that the environment is a safe space for learning and making mistakes. Students emphasized that both positive and constructive feedback are essential and appreciated and suggested that continued attention to delivering feedback in a

supportive and constructive manner may further enhance the learning environment and overall experience. Dr. Francis encouraged students to submit concerns through end-of-course evaluations to ensure concerns are documented within the formal evaluation system and can be addressed. It was agreed that follow-up conversations outside of the meeting would be beneficial to allow for more specific information to be shared in a confidential manner. Dr. Francis expressed a commitment to addressing these concerns and reinforcing expectations for respectful, constructive feedback across all Boot Camp sessions.

MS4 students also expressed concerns regarding coordination and communication around graduation. Specific issues included inconsistent registration emails, confusion about requirements, and uncertainty around ticket timelines. While each individual issue was manageable, the combination created overall uncertainty for students. Students suggested having designated student representatives work with the commencement committee from the beginning of the fourth year to ensure timely updates and better communication. Dr. Martin acknowledged the students' concerns regarding graduation coordination and confirmed that the team is actively working to regain oversight of commencement processes to ensure a smooth experience and noted that weekly meetings are being held to monitor progress and keep everything on track.

MS2: No issues reported.

ITEM I Clerkship Phase Review

Presenter(s): Dr. Ramirez, Dr. Luna, Dr. Fandy, Asiah Himawan

*Please see attached report

Asiah Himawan presented the overall block review for the Obstetrics/Gynecology, Pediatrics, and Surgery clerkships. The block goals were rated as exceptional, as they are clearly written using strong action language and are appropriately mapped to the program goals and objectives (PGOs). Block information was rated as acceptable, with a recommendation to include a more explicit statement describing the overarching theme and goal of the interdisciplinary and longitudinal structure of the

block. While this concept is addressed within the goals section, Asiah noted it would be beneficial to highlight it earlier in the block overview.

Shared topics were also rated as acceptable. While the topics and associated content are clearly described, the review noted that rationales for why topics are integrated across disciplines were not specific. Adding explanations for the educational benefit of viewing topics from multiple specialty perspectives could strengthen this section. Shared activities were also rated acceptable, as some objectives were not mapped to core competencies or PGOs, and specific examples of recurring shared activities, such as joint rounds.

Obstetrics/Gynecology

Dr. Fandy presented the review of the OB/GYN clerkship. Within the syllabus and appendices, several areas were rated exceptional, including the clerkship locations, objectives, integration threads, session-level objective mapping, and assessments. Areas rated acceptable included the block goals, shared topics and activities, clerkship description, calendar of events, syllabus layout, student performance objectives, OP-log expectations, mid-clerkship review, and professionalism expectations. One missing item identified was the contact information in the syllabus. It was recommended adding a table of contents with hyperlinks to improve navigation and including discussion of plagiarism and artificial intelligence within the professionalism section.

In the comparability report, duty hours, mid-clerkship feedback, NBME scores, and clerkship grades were rated exceptional. However, Dr. Fandy could not locate data regarding the timely completion of final grades. OP-log entries, alternate experiences to meet encounter requirements, and comparability of experiences across sites were rated acceptable.

For student evaluations, the clerkship received exceptional ratings in overall satisfaction, quality of the clerkship, patient management opportunities, direct observation, satisfaction with oral and written feedback, and overall student

satisfaction. The learning environment and mistreatment reports were rated acceptable.

Under additional outcome measures, several elements were rated exceptional, including milestone data from the annual report, documentation of 100% observation of both history and physical, readiness for progression to the fourth year, and responsiveness to student feedback. Specifically, the clerkship director removed scheduled sonography observation time after students indicated it did not significantly contribute to their learning.

One area initially identified as unacceptable was the quantity and quality of formative feedback provided to students across competency domains, which the review team could not locate in the materials provided. Dr. Francis noted that this information is documented within faculty and resident evaluation forms and mapped in the Excel spreadsheet shared with the reviewers. It was acknowledged that the data may have been difficult to locate, and the team agreed to revisit this item after reviewing the updated spreadsheet.

Surgery

Dr. Ramirez presented the review of the Surgery clerkship. Within the syllabus and appendices, several components were rated exceptional, including the clerkship description, layout, clerkship objectives, course objective mapping to PGOs, OP-log expectations, the mid-clerkship review, and professionalism expectations. Areas rated acceptable included the calendar of clerkship events, clerkship locations, session-level objective mapping, and student performance objectives. While session objectives were well mapped in Appendix A, some sessions within the syllabus itself were missing PGO mappings. Additionally, the syllabus did not specifically state grading criteria, such as the minimum NBME score required to earn honors.

Some items were rated unacceptable due to missing information. These included the absence of contact information in the syllabus, including the clerkship director and coordinator. Integration threads were listed but did not include explanation of how they are incorporated into the curriculum. Assessment mapping to PGOs could be

clearer, as assessments were listed generally without clearly linking each competency to a specific evaluation method.

In the comparability report, duty hours, clerkship grades, and the timely completion of final grades were rated exceptional. OP-log entries, alternate experiences to meet patient encounter requirements, mid-clerkship feedback, and NBME scores were rated acceptable. One block had approximately 17% late mid-clerkship feedback due to a faculty emergency, though students were rescheduled and feedback was ultimately completed. Some clinical topics, such as endocrine, breast, oncology, vascular, and gastrointestinal surgery, required alternative assignments for a number of students due to limited exposure.

For student evaluations, the clerkship was rated exceptional in overall satisfaction, patient management opportunities, and direct observation, with 100% of students observed during patient care activities. Student satisfaction with oral and written feedback was rated acceptable, with approximately 86% satisfaction.

The student learning environment was rated acceptable, though some instances of public humiliation were reported. Under additional outcome measures, observation of the physical exam was rated exceptional. Milestone data and readiness for progression were rated acceptable, with outcomes near national averages. Observation of history-taking was initially rated unacceptable, as documentation was missing for 39 of 105 students but it was noted that evaluations were recorded on paper during the first block before transitioning to an electronic system, which explains the missing documentation.

Dr. Ramirez concluded by recommending that the clerkship continue exploring opportunities to incorporate student feedback into program improvements, as few documented changes were noted over the past two to three years.

Pediatrics

Dr. Luna presented the Pediatrics clerkship review. In the syllabus and appendices, several elements were rated exceptional, including the layout, which was described

as user-friendly with helpful graphic elements that made the information easy to navigate. The course objectives, clerkship objectives, and assessments were clearly described and mapped to PGOs. Integration threads were also clearly outlined and tied to learning activities, supported by a well-organized table. In addition, the assessments, student performance objectives, and OP-log expectations were clearly presented.

Items rated acceptable included the clerkship description, which included instructional methods and behavioral expectations but did not clearly describe what students should bring to the rotation or what to expect from each learning activity. The calendar of clerkship events primarily referenced Grand Rounds and morning report and did not include other activities that may occur during the rotation. Clerkship locations were listed but could be more specific in identifying where certain experiences occur. Some session-level objective mappings were still pending, though the clerkship director noted this in the materials. The mid-clerkship review process was described clearly but did not outline logistical details regarding scheduling or coordination.

Two items were rated unacceptable according to the rubric; professionalism expectations did not include discussion of confidentiality, respectful debate, or plagiarism, and contact information for the clerkship leadership was not included in the syllabus.

In the comparability report, several measures were rated exceptional, including OP-log completion with all patient encounter requirements met, no alternate experiences required, no duty hour violations, and timely completion of both mid-clerkship feedback and final grades. The average NBME score was above the national average, and the distribution of honors and pass grades was considered appropriate.

Student evaluations were also rated exceptional, with over 90% of students reporting that learning objectives were met, they gained useful knowledge and skills, and they were satisfied with the clerkship. More than 90% also reported sufficient patient management opportunities, direct observation of clinical work, and received

feedback. The student learning environment was rated acceptable, with two reports of public humiliation noted; however, these appeared to be isolated incidents without an identifiable pattern.

For additional outcome measures, several areas were rated exceptional, including milestone data showing graduates performing at or above national comparison post year 1. Documentation showed that 100% of students were observed performing both history-taking and physical examinations, and students were considered ready to progress to the next stage of training. The clerkship also demonstrated responsiveness to student feedback, including the removal of a community site based on student feedback. Students receive feedback throughout the rotation during patient care activities, observed encounters, presentations, and formal evaluations, with over 90% reporting that the feedback helped them improve. The clerkship leadership also emphasizes providing timely, specific, and actionable feedback to faculty and residents.

The committee discussed whether clerkship contact information should remain only in Elentra or also be included in syllabi. Consensus was reached to include contact information in both locations to improve accessibility.

Dr. Ramirez moves the motion for approval adding clerkship contacts to the syllabus.
Dr. Fandy seconds the motion.
No objections: Motion was approved.

The committee also discussed whether to include detailed clerkship location information in syllabi. Due to the frequency of location changes and the level of detail required, consensus was reached to maintain this information in Elentra only.

Dr. Ramirez moves the motion for approval of keeping clerkship locations/maps in Elentra.
Dr. Fandy seconds the motion.
No objections: Motion was approved.

Dr. Francis stated that there will be minor additions to the report, including providing a comprehensive table on grade timeliness and adding missing formative assessment details for Surgery at the next meeting. It was agreed to approve the report at this time with the understanding that these clarifications and additions will be incorporated later.

Dr. Quest moves the motion for approval of the review with the potential additions. Sami Daye seconds the motion.
No objections: Motion was approved.

ITEM II Common Clerkship Policies AY 2026-27 Update

Presenter(s): Dr. Singh

*See attached report

Dr. Singh presented proposed updates to the Common Clerkship Policies based on feedback from clerkship directors.

A key clarification discussed was that all required assignments, regardless of excused absences, must be completed by a standardized deadline. The committee agreed on more explicit language stating that all clerkship assignments are due by 5:00 PM on the first Monday of the exam period. This was intended to reduce ambiguity and prevent delays in grading.

Additional clarification was proposed regarding excused absences. The committee agreed to add language stating that excused absences may still require make-up work, as outlined in subsequent policy sections. This addresses confusion among students who may interpret excused absences as not requiring completion of missed work.

The committee also discussed professionalism and attendance. Due to concerns about students leaving sessions for extended periods, a policy update was proposed indicating that prolonged absences (greater than 15 minutes) will be considered as an unexcused absence. A sign-in/sign-out process was suggested to support monitoring.

Lastly, language was added to reinforce expectations around respectful dialogue and professionalism, particularly in situations involving disagreement, in response to themes identified during clerkship reviews.

Dr. Ramirez moves the motion for approval.
Sami Daye seconds the motion.
No Objections: Motion was approved.

Adjourned at 6:55pm



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Clerkship Phase Review

Team 2

Ob/Gyn, Pediatrics, Surgery

Dr. Tamer Fandy, Dr. Luz Luna, Dr. Saul Ramirez, Asiah Himawan

March 9th, 2026



Block Review: Syllabus & Appendices

- **Done Exceptionally:**
 - Block goals

- **Done Acceptably:**
 - Block information: missing explicit statement that describes overarching theme
 - Shared topics: missing rationales
 - For example on Airway, it does not describe the approach differences and does not highlight unique perspectives across the different fields
 - Shared activities
 - Some objectives not mapped to core competencies
 - Missing specific examples of recurring shared activities within the daily clinical setting, like joint rounds



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OB/GYN Clerkship Review



Ob/Gyn Clerkship Review: Syllabus & Appendices

- **Done Exceptionally:**
 - Clerkship locations
 - Clerkship objectives
 - Integration threads
 - Session level objective mapping
 - Assessment



Ob/Gyn Clerkship Review: Syllabus & Appendices

- **Done Acceptably:**
 - Block goals
 - Shared topics
 - Shared activities
 - Clerkship description
 - Calendar of events
 - Layout
 - Student performance objective
 - Op-log expectations
 - Mid-clerkship review
 - Professionalism expectations



Ob/Gyn Clerkship Review: Syllabus & Appendices

- **Done Unacceptably:**
 - Contacts (No contact info is provided in the syllabus)



Ob/Gyn Clerkship Review: Syllabus & Appendices

- **Comments/Questions to Clerkship Director:**
 - 1- Table of content is recommended for the syllabus with links
 - 2- Discuss plagiarism and AI use under professionalism expectations



Ob/Gyn Clerkship Review: Comparability Report

- **Done Exceptionally:**
 - Duty hours
 - Mid-clerkship feedback
 - NBME score
 - Clerkship grade
- No available data for “Timely completion of final grades”. The cutoff time is 28 days for exceptional and 42 days for acceptable.



Ob/Gyn Clerkship Review: Comparability Report

- **Done Acceptably:**
 - Op-log entries
 - Alternate experiences to fulfill encounter requirements
 - Issues related to comparability of experiences across sites



Ob/Gyn Clerkship Review: Student Evaluations of Clerkship

- **Done Exceptionally:**
 - Overall satisfaction with quality of clerkship
 - Patient management opportunities
 - Direct observation
 - Student satisfaction with oral & written feedback
 - Overall satisfaction with clerkship



Ob/Gyn Clerkship Review: Student Learning Environment

- **Done Acceptably:**
 - Learning environment report
 - Mistreatment report



Ob/Gyn Clerkship Review: Additional Outcome Measures

- **Done Exceptionally:**
 - Milestone data from annual report
 - Observation of history (100%)
 - Observation of physical (100%)
 - Readiness for progression to M4
- Response to feedback: responded to specific feedback from students and eliminated sono time with sonographs as students felt it didn't contribute to their learning.



Ob/Gyn Clerkship Review: Additional Outcome Measures

- **Done Unacceptably:**
 - Quantity of formative feedback provided in each competency domain (missing)
 - Quality of formative feedback provided in each competency domain and mechanisms to monitor (missing)



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Surgery Clerkship Review



Surgery Review: Syllabus & Appendices

- **Done Exceptionally:**
 - Clerkship description
 - Layout
 - Clerkship objectives
 - Course objecting mapping by PGO
 - Op-log expectations
 - Mid-clerkship review
 - Professionalism



Surgery Clerkship Review: Syllabus & Appendices

- **Done Acceptably:**
 - Calendar of clerkship events
 - Clerkship locations
 - Session level objective mapping
 - Student performance objectives



Session level objective mapping example:

ENT

TTUHSC: Dr. Skiles

At the end of the clerkship, students should be able to:

- To expose you to the general field of otolaryngology- head and neck surgery (2.1)
- To teach you how to evaluate and manage some common otolaryngology problems (1.2, 1.3, 1.6)
- To help determine the appropriateness of referral of future patients to an otolaryngologist (7.1, 7.2)

Bariatrics Surgery

THOP: Dr. Chiba and Dr. Clapp

At the end of the clerkship, students should be able to:

- Demonstrate knowledge of different types of metabolic surgery including sleeve gastrectomy, gastric bypass, gastric band, and gastric balloon.
- Learn the management of upper gastrointestinal conditions addressed by laparoscopy including reflux disease, hiatal hernias, and achalasia.
- Discuss surgical complications secondary to metabolic surgery and the treatment and management of such complications.
- Learn the management of morbid obesity, including screening, diagnosis, medical and surgical treatments options, and follow-up.



Surgery Clerkship Review: Syllabus & Appendices

- **Done Unacceptably:**
 - Contacts
 - Integration threads
 - Assessment
 - Assessment Mapping to PGO



Assessment mapping to PGO

Final Clerkship Assessment

*All competencies graded as: Needs improvement, Pass, or Honors

Competency	Source
Patient Care & Procedural Skills	Ongoing Evaluations Evaluation Cards Combined/Integrated Case Presentations Clerkship Unit Coordinator Evaluation Op-Log/Procedure Log completion on time
Knowledge for Practice	
Interpersonal & Communication Skills	
Practice-Based Learning & Improvement	
System-Based Practice	
Professionalism	
Inter-professional Collaboration	
Personal and Professional Development	

OB/Gyn Final Clerkship Assessment

*All competencies graded as: Needs improvement, Pass, or Honors

Competency	Components	Source
Patient Care & Procedural Skills	- Completes an appropriate history. - Exam is appropriate in scope and linked to history. - Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings. - Provides preventive healthcare services and promotes health in patients. - Appropriately documents findings.	Clinical Evaluations, Pelvic Exams, Suture Exams, GYN OSCE
Knowledge for Practice	- Identifies biopsychosocial issues relevant to patient treatment. - Can compare and contrast normal variation and pathological states commonly encountered in Obstetrics and Gynecology. - Can independently apply knowledge to identify problem.	Clinical Evaluations, NBME
Interpersonal & Communication Skills	- Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds. - Presentations to faculty or resident are organized.	Clinical Evaluations, Continuity Patient
Practice-Based Learning & Improvement	- Takes the initiative in increasing clinical knowledge and skills. - Accepts and incorporates feedback into practice.	Clinical Evaluations
System-Based Practice	- Effectively utilizes medical care systems and resources to benefit patient health. - Demonstrates understanding of processes for maintaining continuity of care throughout transitions (change in team of providers or transfer in level of care).	Clinical Evaluations, Systems Enrichment Activities, Mock RCA, Emergent Delivery Simulation
Professionalism	- Is reliable and dependable. - Acknowledges mistakes. - Displays compassion and respect for all people. - Demonstrates honesty in all professional matters. - Protects patient confidentiality. - Dress and grooming appropriate for the setting.	Clinical Evaluations, Clerkship Coordinator, Professionalism Evaluations, Timely Op-log entries
Inter-professional Collaboration	- Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel. - Is an important, contributing member of the assigned team.	Clinical Evaluations, Emergent Delivery Simulation
Personal and Professional Development	Recognizes when to take responsibility and when to seek assistance.	Clinical Evaluations



Surgery Clerkship Review: Comparability Report

- **Done Exceptionally:**
 - Duty hours
 - Clerkship grade
 - Timely completion of final grades



Surgery Clerkship Review: Comparability Report

- **Done Acceptably:**
 - Op-log entries
 - Alternate experiences to fulfill patient encounter requirements
 - Mid-clerkship feedback (block 1: 17% late)
 - NBME score (75% average)



Surgery Clerkship Review: Student Evaluations of Clerkship

- **Done Exceptionally:**
 - Overall satisfaction with quality of the clerkship
 - Clerkship patient management opportunities
 - Direct observation
 - Overall satisfaction with the clerkship



Surgery Clerkship Review: Student Evaluations of Clerkship

- **Done Acceptably:**
 - Student satisfaction with oral and written feedback



Surgery Clerkship Review: Student Learning Environment

- **Done Acceptably:**
 - Learning environment report
 - Mistreatment report



Surgery Clerkship Review: Additional Outcome Measures

- **Done Exceptionally:**
 - Observation of physical exam



Surgery Clerkship Review: Additional Outcome Measures

- **Done Acceptably:**
 - Milestone data for this clerkship
 - Readiness for progression



Surgery Clerkship Review: Additional Outcome Measures

- **Done Unacceptably:**
 - Observation of history (no documentation for 39 out of 105 students)



Surgery Clerkship Review: Syllabus & Appendices

- **Comments/Questions to Clerkship Director:**

No significant changes have been made over the last 2 to 3 years in response to student feedback.

Appreciate exploration of avenues to improve clerkship using student feedback



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Pediatrics Clerkship Review



Pediatrics Clerkship Review: Syllabus & Appendices

- **Exceptional:**

- Layout– user friendly with graphic elements, information easy to find
- Course objectives, clerkship objectives, and assessment– clear and mapped to PGOs
- Integration threads– clear and tied to learning activities
- Assessment, student performance objectives, and oplog expectations– clear



Pediatrics Clerkship Review: Syllabus & Appendices

- **Acceptable**

- Clerkship description– included content, instructional methods, behavioral expectations discussed in separate section. Did not identify what students should bring, what to expect.
- Calendar of clerkship events– Discusses only ground rounds and morning report
- Clerkship location– recommend specifying if nursery is at UMC, wards at EPCH, specialty clinics, etc.
- Session level objective mapping– Some learning activities have mapping pending
- Mid-clerkship review– Clear, does not explain logistics



Pediatrics Clerkship Review: Syllabus & Appendices

- **Unacceptable**
 - Professionalism expectations– clear. Does not discuss confidentiality, respectful debates, and plagiarism.

- **Missing**
 - Contacts and contact information– not specified



Pediatrics Clerkship Review: Comparability Report

- **Exceptional**

- OpLogs– all patient encounter requirements met
- No alternate experiences needed
- No violations of duty hours
- Mid-clerkship feedback and final grades completed on time
- NBME exam score average above national average
- Appropriate percent of honors/pass



Pediatrics Clerkship Review: Student Evaluations

- **Exceptional:**

- >90% of students agree that clerkship met the learning objectives, provided useful knowledge/skills, and were satisfied with the clerkship
- >90% of students had enough patient management opportunities
- >90% of students were observed delivering patient care
- >90% of students received feedback



Pediatrics Clerkship Review: Student Learning Environment

- **Acceptable:**
 - Two students reported being publicly humiliated
 - No pattern, appears to be isolated situations



Pediatrics Clerkship Review: Additional Outcome Measures

- **Exceptional:**
 - Milestone data– graduate performance is at or above the national comparison at post year 1
 - Observation of history and physical exam– 100% of students were observed
 - Readiness for progression – students are ready for next level



Pediatrics Clerkship Review: Additional Outcome Measures

- **Exceptional:**
 - Response to student feedback– Directors removed one community site based on student feedback
 - Students receive feedback throughout rotation in patient care, and at specific key times like MCF, observed clinical encounters, presentations. Students also receive written evaluations
 - >90% of students received feedback that helped them improve
 - Discussion of timely, specific, and actionable feedback to residents and faculty



Additional Comments / Questions

Clerkship Phase Review Team 2