Appendix D: Clinical Chair Site Visits

Chair's Site Visit

Hospital:	Date of Visit:			
Department:	Reviewer:			
Clerkship Director:	Chair:			
DME:	Med-Ed Coordinator:			
Number of Students:	3rd year:	4th year:		

NBME Average Grade for that Clerkship:

Review of the Student Feedback Questionnaire and Comment on the Strengths and Weaknesses of the Program from the Students' Point of View:

Rate the following on a scale of 1-5

5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, 1 = Poor, 0 = Not Done

Orientation to the department

Does it include; an introduction to the key faculty and coordinators, tour of the department's service areas and facilities, distribution of schedules, confirmation that students are familiar with the clinical training manual, an explanation of course objectives, introduction to web-based learning requirements, emphasis on developing communication skills, discussion of manual skills requirements, discussion of professional behavior?

5 4 3 2 1

Comments:

Daily Schedule

Is there an appropriate amount of time allotted for experience in inpatient, outpatient, and sub-specialty, urgent or emergency care?

5 4 3 2 1

Comments:

• Supervision:

Is the experience appropriately supervised in all areas of the rotation? Are the students given schedules?

Are the students taught the foundations of patient care and manual skills? Are students allowed to document charts or do they use alternative methods for documenting clinical information? Do the students participate in adequate night and weekend calls?

5 4 3 2 1

Comments:

Quality of Patient Rounds:

Are there daily rounds, are they led by a faculty member, is there student participation, are there student presentations, are there input from residents, are students assigned to a team?

5 4 3 2 1

Comments:

• Lectures, Clinical Discussions and Preceptor Sessions:

Are they adequate in number, interactive, relevant to the curriculum, include students as presenters and discussion leaders? Is there feedback to students when they are presenters or discussion leaders? Is the web-based department curriculum being completed? Are the required Drexel modules being completed, is USMLE world being utilized?

5 4 3 2 1

Comments:

• Write – ups:

Is the required number being submitted in a timely manner? Are the write-ups being critiqued and returned to students in a timely manner so that students can achieve ongoing improvement in their written expression?

1

5 4 3 2

Comments:

• Facilities:

Are the students given access to electronic medical records and laboratory data utilizing personal identification numbers? Do they have access to a library with appropriate reference material and internet access? Do they have lockers or a safe place to leave their belongings?

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Comments:

• Mid-Core Evaluations:

Are they being done midway through the clerkship or earlier as needed? Are more frequent evaluations done when problems are encountered? Are the evaluations formative? Do they include review of the electronic patient encounter logs and inquiry into manual skills experience? Is there an inquiry into progress on web-based requirements? Are the student's communication skills being assessed? Is the student made aware of his/her positive/negative behaviors as perceived by the faculty? Are the evaluations being documented and submitted?

5 4 3 2 1

Comments:

Resident Teaching:

Are the residents eager to teach, knowledgeable and do they integrate the students into the clinical activities?

5 4 3 2 1

Comments:

• Attending Physicians:

Are the Attendings available experts in their field and eager to teach? Do they motivate and inspire the students? Are they role models for professional behavior?

5 4 3 2 1

Comments:

• Integration into Clinical Activities:

Are the students integrated into the care team? Have they developed interactive relationships with the nursing staff, physician assistants, nurse practitioners, technicians and social workers? Is the staff welcoming to the students and have the students learned to seek out these relationships? Do the students dress appropriately? Do the students; behave professionally, are they punctual, responsible, understand and complete their assignments, offer their assistance to patients and peers to accomplish improved patient outcomes?

5 4 3 2 1

Comments:

• Educational Objectives and Guidelines:

Overall, how well does the clerkship meet the objectives and follow the guidelines as published in the Clinical Training Manual?

5 4 3 2 1

Comments:

Meeting with students:

• Issues raised by students:

Issues to be discussed with Faculty:

- Discuss issues raised by students and formulate a response from the faculty.
- Review and discuss the most recent Student Questionnaire and Comments.
- Discuss changes compared to the Student Questionnaire and Comments of prior site visits.
- Issues raised by faculty.
- Faculty's familiarity with the stated objectives in the Clinical Training Manuals and grading procedure and are they being followed?
- Are the students informed of the course requirements and web-based learning requirements at the start of the rotation?
- Are the students being evaluated for communication skills?
- Are the students being assessed regarding professional behavior?
- Faculty's impression of student's preparedness.
- Faculty's knowledge of the process for obtaining faculty appointments and ability to obtain appointments.

Strengths:

Weaknesses:

Corrective Actions:

Summary & Conclusions:

Miscellaneous Comments:

Print Name:

Date:

SURGERY SITE VISIT FORM

CHAIR'S SITE VISIT REPORT

Prepared BY: ______ Signature: ______

Site of Visit: _____ Date of Visit: _____

Address: ______

Program Director: ______ Number of students: _____

· FACILITIES/ACCOMMODATIONS:

On call roomsExcellent Very good Good Fair PoorLibrary FacilitiesExcellent Very good Good Fair PoorComputer accessExcellent Very good Good Fair Poor

Comments: ______

· ORIENTATION INTERVIEW:

Interview Conducted: Yes No Conducted By: Program Director Other Faculty Both Aims Objectives Outlined: Yes No Schools Manual Used: Yes No Comments:

• MIDROTATION INTERVIEW:

IV. EXIT INTERVIEW WITH PROGRAM DIRECTOR:

EXIT INTE	RVIEW:	Yes	No				
Comm	ents:						
😢 What did you think of the structure of the rotation?							
Gen Surgery	y Anesthesia	a ENT G.U.	Ophthalmolog	y Orthopedics T	rauma	Vascular	SICU 1 Week
3 weeks	1 week	1 week 1 weel	kWeeks	Weeks	Weeks	sWeeks	

Comments:_____

VI. ON-CALL SCHEDULE/ACTIVITIES:

On Call ever	y Days	24 hours o	all: Yes	No	Weekends	Weekdays
Stay Overnight: Yes No Morning Report Presentations: Yes No						
T	F			F		
Teaching:	Excellent	Very Good	G000	Fair	Poor	

VI. General Surgery, Clinic And O.R. Exposure

General Surgery

Excellent Very Good Good Fair Poor Hands On Good Teaching Variety & Volume Student Friendly Structured Clinical O.R.

Subspecialties

Excellent Very Good Good Fair Poor Hands On Good Teaching Variety & Volume Student Friendly Structured Anesthesia Orthopedics ENT Urology ICU Vascular & Trauma **Comments:**

VII. TEACHING SCHEDULE:

SCHEDULE: Didactic lecture, Interactive Sessions, Bedside, H&Ps, and Clinical skills

DIDACTIC LECTURE & INTERACTIVE SESSION

• per week

(2) (4) (5) (1) (3) Excellent	Excellent Done: Yes	: Program Director	Variable: Faculty Very good FORMAL BEDSIDE TEACH No Good		Residents Good Poor	(3) Curriculum covered: Yes No 5 Poor
Commen	ts:					
COMMEN	NTS: In SICL	J				
H&Ps						
(1) Docur	nent on cha	rts: Yes No	o (2) per rotatio	n (3) Gradec	l: Yes	No
(4) Count	ersigned by	: Residents	Attendin	g	P.A.	
Clinical Sl	kills					
(1) Done: Superv	Yes ⁄ised by: (a)	No	(2) Addressed Fo	ormally: Yes	No)
(3) Reside	ents		Attending	P.A.		
(4) Excelle	ent	Very Good	Good	Fair I	Poor	
Commen	ts:			_		

VIII. EXAMINATIONS AND EVALUATIONS

(1) Examinations and Evaluations By Program Director: Yes No

(2) One-on-one: Yes No

IX. INTERVIEW WITH PROGRAM DIRECTOR

Interview with Program Director: Yes No

No

NARRATIVE ANALYSIS

STRENGTHS:

- Teaching
- Autonomy hands/on
- Volume of cases
- Clinics

RECOMMENDATIONS

- Study time requires structure & supervision-mixed revisions
- Word of caution about autonomy to be kept in check.
- Improve on-call experience to allow all students to see acute patients and then follow to O.R.