Teaching RWJMS Clerks
Pearls of Wisdom
Resident as Teacher Introductory Session

Office of Education
June 2016
Orientation by On Line Attestation and In-service

- Professionalism and Learning Environment Policy
- School Wide Objectives
- Clerkship Specific Objectives
- Clerkship specific list of clinical encounters
- Procedures: venipuncture, IV, male and female Foley catheter
- Grading form
- Mini CEX Form
- Resident Teacher Series for all residents
Pearl # 1  Becoming a good educator is hard

"Anybody who believes that all you have to do to be a good teacher is to love to teach also has to believe that all you have to do to become a good surgeon is to love to cut."

Pearl # 2 Caring for a Clerk is not hard

When Clerks Felt Best

ORIENTED: welcomed, treated as a member of the team and not as a burden, understood role

CLINICAL SKILLS PRACTICE: saw patients first, practiced technical and problem solving skills

FEEDBACK CYCLE: received direction, felt comfortable asking questions and making mistakes, resident cared for me, my progress and my learning

LEARNING ENVIRONMENT: enthusiastic teacher expanded skills through questioning in a non-threatening way and demonstrated great bedside manner and professionalism

ROLE MODELED A PHYSICIAN IN THAT SPECIALTY

How medical students learn from residents in the workplace Karani et al. Acad Med 2014
Pearl # 3 We are all learners on the threshold, interns, fellows and medical student clerks
Pearl # 4 An Oriented X 3 Clerk is the best

- Orient to the role on the team and your expectations

- Before sending a clerk to see a patient, provide some information to keep her focused and organized
  - **EXAMPLE:** “You are going to see a post-menopausal woman who is experiencing vaginal bleeding. What are the common causes of post-menopausal bleeding?”

- Be explicit and inclusive in emergent situations
  - **EXAMPLE:** While running to evaluate a patient with hypotension, don’t leave the clerk behind bewildered: “I am going to be moving fast. Watch me and learn as much as you can. We can discuss the case later.”
Pearl # 5 There is a huge experiential knowledge chasm between the intern and the third year medical student….so the interns should not feel "dumb"

- You are the role model
- Think out loud and let them understand your clinical reasoning
- Teach one or two important points and don’t overwhelm them
- Everything is a pearl to them
Pearl # 6 Microskills of Teaching are a great way to ask questions in a non-threatening way and reinforce clinical decision making

1. Get a commitment: “what you think is going on?”
   - Resist the urge to tell the learner what is and what needs to be done next
2. Probe for supporting evidence: diagnosis of learner/patient
3. Teach general concepts
4. Reinforce what has been done correctly
5. Correct mistakes

What/Why/Teach/Good/Bad
Pearl # 7 You have to crawl before you walk

- Learn the developmental stage of your clerk
- **Reporter---Interpreter---Manager---Educator**
  - Third year medical students should learn to collect and report accurate information, develop clinical reasoning and learn management strategies and educate

1. **GATHER DATA CAREFULLY**
2. Define the patient’s central problem in the context of the background; identify salient history and exam findings
3. Generate and prioritize the differential diagnosis
4. Plan work-up based on the differential diagnosis

Likely:
Possible and High Stakes:
Possible and Low Stakes:
Unlikely:
Pearl # 7 Practice Practice Practice

- Mr. Jones is a 55 y.o. man who presented to the ED this afternoon after developing the sudden onset of chest pain after he had a coughing fit while mowing his lawn. The pain is constant and sharp, made worse with inspiration and associated with moderate dyspnea. Past history is positive for hypertension, type 2 diabetes, high cholesterol and seasonal allergies.

- Abnormal findings on physical exam: HR 120, BP 150/90, R 28, O2 sat 92% on room air. Absent breath sounds over the right chest. There is no JVD and the trachea is midline.

Expectations for an outstanding third year clerk: = accurate assessment and presentation:
52 year of man with hypertension, diabetes and elevated cholesterol presenting with acute onset of chest pain, dyspnea and absent breath sounds

Likely: pneumothorax CXR
Possible and High Stakes: acute coronary syndrome ECG
Possible and Low Stakes: muscle tear, rib contusion
Unlikely: aortic dissection, pericarditis, pneumonia
Pearl # 8 “Good Job” is not Feedback

• “…distinct from evaluation, feedback presents information, not judgment. As an integral part of the learning process it allows the student to remain on course in reaching a goal. Evaluation, on the other hand is summative. It comes after the fact and presents a judgment.”

Guidelines
• Teacher and trainer working as allies with common goals
• Well-timed
• Expected
• First hand data
• Regulated in quantity and limited to behaviors that are remediable
• Descriptive and non-evaluative language
• Specific performances, not generalizations

Ende, JAMA 1983
Pearl # 9 Two of Three Feedback Types MUST Occur Daily

• Brief: “Your percussion note is hard to discern. Let me show you how to generate a percussion note. I want you to practice this tonight. daily

• Formal: NOT done often enough and needs to be daily “How do you think the day went? What do you think you did well? Here is what I noticed….What would you like to work on? This will orient the learner to areas for improvement

• Major: The midclerkship feedback which the clerkship director must provide
Clerkship Mini-Clinical Evaluation Exercise

Student: ______________________________ Date:_______________
Evaluator: _____________________ 
[ ] Resident (≥PGY2)  [ ] Attending

Patient Problem:/dx _________________________________________

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1. Medical Interviewing Skills (REQUIRED)

2. Physical Examination Skills (REQUIRED)

Check organ system(s) examined:
- HEENT/Neck
- Cardiovascular
- Pulmonary
- GI
- GU
- GU-female
- Breast
- GU-male
- Lymph nodes
- Musculoskel
- Neuro
- Psych
- Skin

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3. Humanistic Qualities/Professionalism (Not Observed)

4. Clinical Judgment (Not Observed)

5. Counseling Skills (Not Observed)

6. Organization/Efficiency (Not Observed)

7. Overall Clinical Competence (Not Observed)

I received specific suggestions to improve my physical diagnosis skills.

[ ] Yes
[ ] No

An opportunity to provide feedback-Mini CEX
Pearl # 10 Self-Assessment is least developed in the least competent and the most confident

- Tell learners feedback should be taken as an opportunity to grow
- Ask the learners what their goals are on the rotation and areas in which they want to improve
- Tell the learner to be sure to ask for feedback if it is not occurring regularly
- Tell the learner to ask for specificity of comment
- Tell the learner to ask for specific ways to improve
Pearl # 11 You are also learners and should receive feedback

How medical students evaluate the residents:
The resident clarified roles and expectations
The resident created a conducive learning environment
The resident allowed for open communication and participation
The resident provided constructive feedback with regards to my oral, written and/or examination skills in a positive manner
The resident was able to use practical and theoretical knowledge in a wide range of clinical situations
The resident displayed professional demeanor towards patients, their families, peers, trainees and staff