

RUTGERS

Robert Wood Johnson
Medical School

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."

L. Mansnervus. The New York Times. November 7, 1993: Section 4A



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



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 women 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 you think is going on?”
 - Resist the urge to tell the learner what is 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*



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: _____

1. Medical Interviewing Skills (REQUIRED)
 1 2 3 4 5 6 7 8 9
 UNSATISFACTORY SATISFACTORY SUPERIOR

2. Physical Examination Skills (REQUIRED)

Check organ system(s) examined:

- HEENT/Neck
- Pulmonary
- GU-female
- Neuro
- Cardiovascular
- GI
- Lymph nodes
- Psych
- Breast
- GU-male
- Musculoskel
- Skin

1 2 3 4 5 6 7 8 9
 UNSATISFACTORY SATISFACTORY SUPERIOR

3. Humanistic Qualities/Professionalism (Not Observed)
 1 2 3 4 5 6 7 8 9
 UNSATISFACTORY SATISFACTORY SUPERIOR

4. Clinical Judgment (Not Observed)
 1 2 3 4 5 6 7 8 9
 UNSATISFACTORY SATISFACTORY SUPERIOR

5. Counseling Skills (Not Observed)
 1 2 3 4 5 6 7 8 9
 UNSATISFACTORY SATISFACTORY SUPERIOR

6. Organization/Efficiency (Not Observed)
 1 2 3 4 5 6 7 8 9
 UNSATISFACTORY SATISFACTORY SUPERIOR

7. Overall Clinical Competence (Not Observed)
 1 2 3 4 5 6 7 8 9
 UNSATISFACTORY SATISFACTORY SUPERIOR

I received specific suggestions to improve my physical diagnosis skills.

- Yes
- No

2. Physical Examination Skills (REQUIRED)

Check organ system(s) examined:

- HEENT/Neck
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- Breast
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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**