Teaching Our Students (2023)
text transcript

Thank you for taking a few minutes to review our standards and policies for teaching our students. As a school of medicine, teaching is our most important activity, whether teaching graduate students, medical students, or other learners, we hold ourselves to the same standard of creating a supportive and inclusive learning environment. And meeting student learning goals through excellence in teaching timely feedback and role modeling, professional behavior. The learning objectives for this module will address the following. How best to prepare those who educate VCU School of Medicine students to teach in the classroom, clinic, operating room, and inpatient situations. To review and discuss the VCU School of Medicine institutional learning objectives and other relevant policies to provide training in assessment and feedback. Describe how best to create a positive and inclusive learning environment and to define student mistreatment and tools to avoid it. Medical school and especially the clinical years is an exciting time for our learners. However, it is a unique situation which they have not yet been in and can feel overwhelming and exhausting. It is vitally important that we all strive to be the best teachers for our students during their clinical time. And understand that a good teacher needs to be prepared, flexible, engaging, fair, aware, and enthusiastic. The following module will help outline the clinical years for our learners. Highlight important policies and procedures that you as their teachers need to be mindful of. If you are to be effective in your roles. Review strategies for giving good feedback. And finally, a reminder of how to help create the learning environment in which we hope to provide our students for faculty teaching in any of the PhD, Master of Science, dual degree and or certificate and post baccalaureate programs, it is essential that you review the relevant graduate faculty resources at this website. Resources include a list of roles and responsibilities for program admissions and course directors. Information on graduate curricula and research guidelines forms for student management such as degree candidacy grade changes and approving credit overloads. And lastly, committee information for graduate advisors and administrators. We will move into a brief overview of our medical school curriculum to help you understand and engage appropriately with our learners in the clinical environment. Students begin with a transition to medical school, in which they attend boot camps on basic clinical exam skills, as well as several whole class programs to build relationships amongst their peers, as well as faculty. In the first year of medical school, students will engage in the scientific foundations of medicine. Learning about the molecular basis of health and disease, principles of physiology, principles of pharmacology, fundamentals of immunology and infection, as well as the foundation of disease states. In the second semester, they will pivot to applied medical sciences looking at organ systems as related to underlying pathophysiology. Throughout all four years, there are longitudinal curricula that ensure active learning in the lens of professionalism, humanism, diversity and compassion, as well as patient centered care. Topics included in the first year include diagnostic reasoning, geriatric medicine, patient physician and society, population, health and evidence based medicine, as well as the practice of clinical medicine and a specific

ultrasound course. Year two includes completion of the Applied Medical Sciences with the remaining organ systems, as well as ongoing longitudinal threads as described previously. These students then complete the pre clinical years with a dedicated step one preparation program. Ideally planning to take step one in the spring of their second year. Students begin year three of their training. Following the completion of step one, the students will participate in a transition to the M3 year. This transition course helps bridge the gap between the pre, clinical and clinical environment. And includes whole group didactic sessions discussing that environment, understanding the role of the M3, how to successfully pass clerkships, and a host of other boot camps and teaching sessions on a variety of topics. Following this transition to M3 course, the students will embark and ultimately complete their M3 year, including all the core clerkships as well as four weeks of an elective while continuing their longitudinal curriculum in geriatrics, patient, physician and society, population health and evidence based medicine. Upon completion of their M3 year, the students will then transition to M4 year. During the M four year, they will complete advanced clinical concentrations, ultimately preparing them for the residency of their choice. As well as continuing their longitudinal threads in geriatrics and patient physician in society. At the end of their M4 year, they conclude these four years of education with a transition to residency course prior to graduation. While this is a very brief overview, hopefully it will give you a bit of context around our four year curriculum and allow a better understanding of the levels of learners that are in your clinical environment. The VCU School of Medicine has developed the following institutional learning objectives to help guide all educational experiences for our students. These overarching institutional learning objectives offer the framework by which clerkship objectives and course objectives have been created as well. It is vitally important that you familiarize yourself with our institutional learning objectives. As well as any clerkship or course objectives that may be pertinent to the students you are interfacing with. Please see the embedded hyperlink for the full list of our institutional learning objectives. The institutional learning objectives were developed to target the following competency domains. Patient care or specifically the ability to provide patient centered care that is compassionate, appropriate, and effective for the treatment of health problems. And the promotion of health knowledge for practice. Or the ability to discuss the biomedical, epidemiologic, and social behavioral aspects of clinical science and apply this knowledge to patient care, practice based learning and improvement. Or the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self evaluation and lifelong learning. Interpersonal and communication skills demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. Professionalism, a commitment to carrying out professional responsibilities and an adherence to ethical principles while developing one's professional identity. And finally, systems based practice, demonstrating the ability to navigate the health care setting and system identifying and utilizing available resources to provide optimal care for their patients. In addition to the institutional learning objectives and prior to engaging with student learners, please review

and familiarize yourself with clerkship objectives specific to your clinical environment, such as internal medicine, surgery, pediatrics, OBGYN, psychiatry, neurology, ambulatory and family medicine. Students will review these objectives at the start of the M three year, as well as prior to beginning of each of their clerkship rotations. Having a mutual understanding of the objectives between the learner and teacher is imperative to ensure a successful learning environment. We will now turn to discuss a few of the policies and standard operating procedures here at VCU School of Medicine. Please note the associated hyper link has a comprehensive list of all of our policies and standard operating procedures. Please familiarize yourself with them prior to working with our medical students. Our duty, our policy here at VCU mirrors that of the ACGME. Students will be on duty no more than 80 hours per week, averaged over four weeks. They will not spend more than 24 consecutive hours on duty. They will have one day in seven free from all educational responsibilities averaged over four weeks. They will also not be required to take overnight call two evenings prior to the end of a clerkship subject exam. Here at VCU, the students are required to fill out an absence request form. If they are to miss time in the clinical environment, they will communicate this need with both the clerkship director as well as their clinical team, and notify the Office of Medical Education. The VCU School of Medicine follows the larger Virginia Commonwealth University holiday schedule. Not the VCU health system schedule. All students will follow the larger university guidance for weather delays and cancellations. In looking at learner oversight as an integral part of our learners clinical experience, you must be aware of the student supervision policy. We must ensure both patient and student safety. And be sure the level of responsibility placed on the student is consistent with their current level of training. What do students need to see in the clinical environment? This is outlined by our required clinical experiences. All medical students must complete required clinical experiences prior to graduation. The faculty at Vis School of Medicine define the types of patients and clinical conditions that medical students are required to encounter. The skills to be performed by medical students, the appropriate clinical setting for these experiences, and the expected levels of medical student responsibility. Furthermore, our medical school has in place a system with central oversight that will monitor and ensure completion of these experiences by all medical students in the medical education program and remedies. If any identified gaps are found, please be sure to familiarize yourself with the clinical experiences and conditions students should be exposed to when working in your clinical environment. A medical school must have in place a system of fair and timely summative assessment of the medical students, achievement in each course and clerkship of the medical education program. Final grades must be made available to students within six weeks of the end of the course or clerkship to help ensure students receive the best summit of feedback possible, as well as remaining compliant with accreditation standards. Timely completion of direct observations and summative assessments is imperative. Summative evaluations will include assessment in four domains of performance. The ORIME framework is used to assess patient care. This framework is used by many clerkships across the country. The ORIME framework takes into account knowledge, skills, and attitudes of students as they progress through the four stages of reporter, interpreter, manager, and educator.

Please remember to evaluate the student based on observed behaviors and offer examples of these behaviors and skills to support the patient care rhyme designation. Students can achieve the designations of competent, not competent, or exemplary in medical knowledge, professionalism, and communication teamwork. Again, please remember to use supporting examples when completing evaluation forms. Ultimately, the students will receive honors, high pass, pass, or fail in the core clerkships based on assessments in these four domains. RIME framework. Louis Pangero first presented the RIMEmodel as a developmental framework for assessing learners in clinical settings. RIMEdescribes a progressive continuum of four performance levels. Reporter, interpreter, manager, and educator. An additional level, observer labeled rhyme, is sometimes used to serve as an introductory stage for the model. Faculty can use rhyme, or rhyme, to assess a trainee's clinical performance during case presentations. Trainees at the observer level will not yet have the skills to take a pertinent history or present a patient. These learners can listen and discover. For example, in the case of a young patient presenting with a urinary tract infection, An observer may say, Miss Jones is a 23 year old female and complains of burning pain. On urination, reporters can determine what is occurring. These trainees can reliably, respectfully, and honestly gather information, write basic notes, differentiate normal from abnormal and present their findings. The reporter may say she reports dysuria and hematuria for three days. No vomiting or flank pain. Urine dip is positive for nitrites, blood and leukocytes. Interpreters can determine why it is occurring. These trainees may be able to present a patient case, select the important issues, offer differential diagnoses and support arguments for or against various diagnoses. The interpreter may say, based on symptoms and urine dip, she may have a UTI. This may also be bacterial vaginosis, vaginal candidiasis, or an STD. Managers can address the problem. These trainees will be able to present the case, offer a differential diagnosis, and formulate diagnostic and therapeutic plans. The manager may say, I'll send urine for microscopic examination and culture, perform a vaginal exam, obtain specimens, and treat with drug X for three days. Trainees at the educator level are self directed in their learning, can define important questions, research information regarding the topic, and educate others. The educator may say the case meets criteria for a simple UTI. Research indicates drug X is more cost effective and efficacious than drug Y. Faculty at VCU School of Medicine use rhyme as an assessment method. But also utilize other tools and strategies such as direct observation in their teaching toolbox. Additional information about rhyme is located in this module's description. Overall grades for clerkships will be determined by each clerkships grading committee. Students are able to appeal grades, but please remember that students are not permitted to contact house staff or faculty directly in this regard. Please remind them to discuss grade appeals with their clerkship director and follow the policy for grade appeals is essential for students to receive not only summative assessment but formative feedback throughout the clerkship as well. Unlike summative assessments that are simply that a summary of final performance with a global assessment, including high stakes evaluations such as shelf exams, oral exams asks, Formative feedback should involve ongoing feedback to modify learner thinking or behavior with the purpose of improving learning the overall goal, and to help identify learners strengths and

weaknesses. This type of feedback should be fairly low stakes for the student. Our students receive formative assessment throughout the clerkship when house staff and faculty complete direct observations. These direct observations will include the entrustable professional activities as outlined by the AMC. Following a direct observation, the students will send you an e mail link for a short feedback form. Please be as descriptive as possible when discussing behaviors you've observed. As this is the chance for students to make real time changes and improve as the clerkship goes on. These direct observations may include observation of an entire history and physical, or specific portions of history, taking physical examination skills, discussion of a differential diagnosis or possible management plans. We understand that there are several reasons why giving feedback can be challenging. Oftentimes house staff report being too busy, feel they don't have adequate knowledge of the student. Worry about consequences if the feedback is perceived as negative. And are possibly concerned about who would be responsible for remediation after a poor evaluation and what does that process really look like. Students on the other hand, when receiving negative feedback, may become defensive, lack good understanding or context, become less participatory, or clam up and no longer be engaged. How can we remove barriers to feedback and avoid some of these challenges? Be sure the timing of the feedback works for both learner and teacher. And label the encounter as feedback based on firsthand objective knowledge. Focus on behavior performance and not personality traits. Feedback that focuses on personality traits and abilities can be destructive. Please remember that feedback should be clear and concise, not too specific and not too general. The following are comments that are not helpful in terms of feedback. Vague comments such as, good job, keep up the great work, strong student, awful, disappointing when delivering feedback. There are a few methods that can be used. Two examples are as follows. The first example is the feedback sandwich. Using this method, a positive observed behavior is commented on, followed by one in which the learner needs to improve, followed by another strength. For example, Tony, I really thought you asked good open ended questions during the HPI. However, as you move from the HPI to the review of systems, be sure to focus more on yes, no systems based questions. I will let you know, however that you ended the interview well with a brief recap of the patient's primary concern before moving on to the physical exam. You can also use the ask tell, ask method. Ask the learners self assessment questions. You could include, what do you think went well? What do you think could have gone better? What do you want to work on before next time? Then follow that with an acknowledgment, stating your observation and providing feedback and room for improvement. And end by checking the learner's understanding. For example, Tony, what went well during the interview with Mr. Smith? Tony answers, I gathered all pertinent HPI information. You respond, I agree the HPI was thorough but concise. When you move to the review of systems, be sure to use yes, no organ systems questions in a consistent order every time. Does this type of questioning make sense to you, Tony answers, Yes, it does. Thank you for the feedback. 1 minute preceptor. The 1 minute preceptor is an effective clinical teaching method that guides student engagement through four or five micro skills. By assessing student knowledge and providing timely feedback, faculty can use this method if trainees or learners

appear to be stuck or need to be moved forward. Step one requires that faculty receive a commitment from the learner. For example, faculty may ask, what do you think is occurring? Or what types of investigations should we start with? Step two requires faculty to probe more supporting evidence. For example, faculty may ask, what findings lead you to your diagnosis or what alternative diagnoses did you consider? Step three requires faculty to teach a brief or general principle, such as mentioning what to rule out during a patient presentation or describing a concept such as the pathology of neonatal jaundice and elevated TSB. Step 4.5 require faculty to reinforce what was correct and what was not correct. They must be specific and be aware of using language that is non judgmental or insensitive. For example, a faculty might conclude their 1 minute feedback session by saying, I like how the history you took from this patient included all pertinent risk factors for pulmonary embolism. More information about using the 1 minute preceptor model is available in the description of this module. Providing feedback is only one facet of creating a positive learning environment. Remember to create a safe space that is encouraging and supportive, where students are able to feel free to ask questions and actively encourages them to do so. At the start of the clinical experience, be sure to introduce yourself and your role and set clear expectations, answer and clarify any questions at the start of that experience. As we strive to create a positive learning environment, there are certain situations and behaviors that should be never events. Please remember that learners will model our behaviors and that we need to set the best examples possible. Mistreatment concerns include, but are not limited to, requirement to perform personal services, intimidation of the student, Humiliation of the student punishment, whether it be physical, social, or psychological mistreatment can lead to poor learner health, decreased performance, reduced morale, diminished quality of patient care and patient safety, and overall eroded confidence. Vcu is dedicated to providing an equitable, inclusive environment free from bias, discrimination, and harassment, where students can safely learn and thrive. The School of Medicine has a dedicated site through which all mistreatment can be reported. The report of concerns button can be found on the School of Medicine website. Students are instructed to use this button as a direct method to report any concerns. Students may also speak with whoever they feel is most appropriate. Including peer advocates for the students class, supervising residents or fellows, attending physicians, clerkship directors or administrators. Assistant Associate Deans in the Office of Medical Education, the Senior Associate Dean for Medical Education and Student Affairs, as well as the Senior Associate Dean for Diversity, Equity and Inclusion. Students should also be aware of other supporting services through the University Counseling service as well as the division of academic success. Please remind the learners of these resources. Creating a positive clinical and research environment is critical to help our students reach their highest potential match into their residency of choice and flourish as future physicians, researchers, and innovators. Thank you for taking the time to review this important orientation module. To receive credit, please take a few seconds to complete the attestation form below.