What Residents Need to Know about Teaching Medical Students Summer 2015



> CHM: WHO WE ARE

- Celebrated 50th Anniversary in 2014
- Create a new kind of medical school
 - Responsive to the needs of the State of Michigan and educating students in the communities of Michigan
- Recognized nationally
 - Excellence in and commitment to primary care, patient-centered medicine and medical education



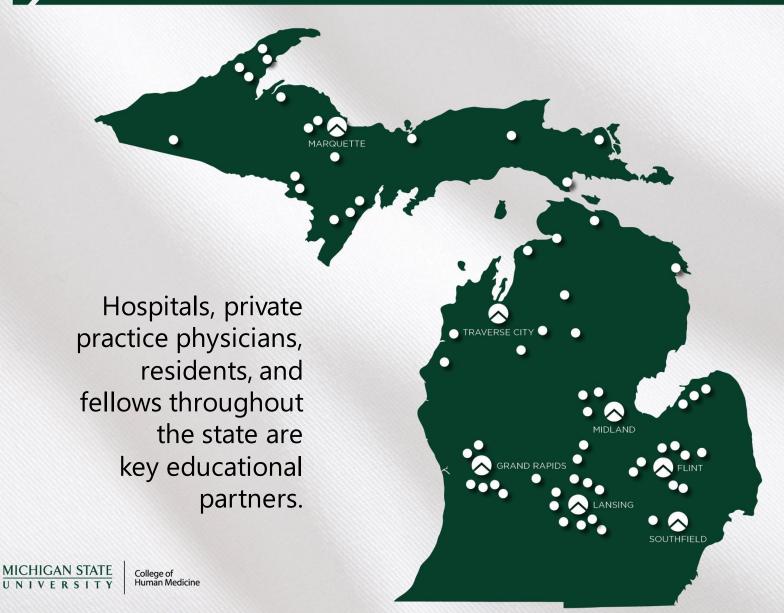
> COMMUNITY-BASED

- One of the first community based medical schools in the nation
- Clinical training occurs throughout the state in seven communities
 - Lansing
 - Flint
 - Grand Rapids
 - Midland
 - Southfield
 - Traverse City
 - Upper Peninsula





> COMMUNITY CAMPUSES & CLINICAL SITES



>HOSPITAL PARTNERS

Flint

Genesys Regional Medical Center Hurley Medical Center Lapeer Regional Medical Center McLaren Regional Medical Center

Grand Rapids

Spectrum Health Saint Mary's Health Care Pine Rest Christian Mental Health Mary Free Bed

Lansing

Sparrow Health System

Midland

MidMichigan Regional Centers in Midland, Gratiot, Gladwin, and Clare

Southeast Michigan

Providence St. Johns

Traverse City

Munson Medical Center

Upper Peninsula

UP Health System - Marquette





> PHYSICIAN EDUCATORS

- Extensive educational network:
 - 500 clinical faculty
 - Over 100 basic science faculty
 - Over 4,000 volunteer clinical faculty members
- Almost 1,000 residents and fellows



YOU ARE PART OF OUR NETWORK!





BASIC STRUCTURE

- First and second year students
 - Approximately 100 in East Lansing and 100 in Grand Rapids
- Third and fourth years
 - Spread across our 7 communities
- Your community currently has
 - 45 third year
 - 45 fourth year students





BLOCK I - FIRST YEAR

- Three semesters
- Curriculum covers
 - basic sciences
 - behavioral sciences
 - beginning clinical skills
- Delivery method
 - Primarily lecture with some small group work
- Laboratory work



BLOCK II - SECOND YEAR

- Problem-based learning (PBL)
 - Information organized into domains
- Social Context of Clinical Decision Making
 - ethics, medical humanities, health policy
- Clinical Skills
- Epidemiology
- Longitudinal Patient-Centered Experience



> BLOCK III - THIRD AND FOURTH YEARS

- Curriculum MUST be the same in all communities
- Third Year Required clerkships
 - Internal Medicine
 - Pediatrics
 - Family Medicine
 - OB/Gyn
 - Junior Surgery
 - Psychiatry





> BLOCK III REQUIREMENTS

- All third year students must be released from clerkships to attend the following core competency sessions:
 - Therapeutics
 - Virtuous Physician
 - Critical Appraisal/Analytic Medicine
 - Career Development Program
 - DiffInE
 - Occupational Health
 - Health Disparities and Cultural Competencies



> BLOCK III REQUIREMENTS

 The students on your rotation will share their Core competency schedules with you.



New Shared Discovery Curriculum

- CHM is transitioning to a new curriculum structure beginning August 2016.
- Clinical experiences will be incorporated into the medical students' curriculum from the beginning of their first year.
- Structure of the clerkships will be very similar to the legacy curriculum.



KEEP IN MIND

- Your success as a teacher will be increased if you:
 - Familiarize yourself with clerkship objectives
 - Encourage students to set educational goals
 - Balance being a good teacher and giving students independence
 - Understand the students starting point
 - Provide constructive feedback
 - Remember that students are busy even when they are not with you

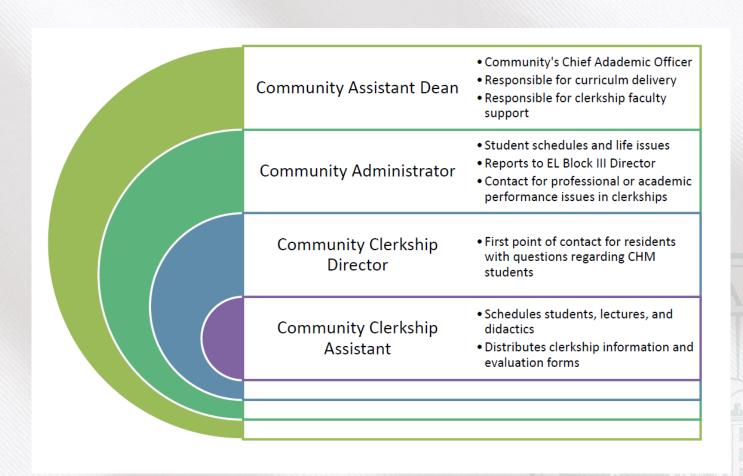


> KEEP IN MIND

- When students begin their clerkships they have not had much experience with:
 - "real" patients
 - medical records
 - inpatient experiences
- Students are given one half day off per clerkship



> COMMUNITY CAMPUS STRUCTURE





> COMMUNITY CAMPUS STRUCTURE

- Community Assistant Dean
- Dr. Renuka Gera
- Ph. 5173645897
- Email Renuka.Gera@hc.msu.edu
- Community's Chief Academic Officer
 - Responsible for curriculum delivery
 - Responsible for clerkship faculty support



> COMMUNITY CAMPUS STRUCTURE

- Community Administrator:
 - Ms. Sarah McVoy
 - Ph. 5173645896
 - Email: Sarah.McVoy@hc.msu.edu
- Responsible for student schedules and student life issues
 - Direct report to the Block III Director in East Lansing
 - Contact for professional or academic performance issues in clerkships
 - Supervises clerkship support staff



> CLERKSHIP DIRECTORS & ASSISTANTS

- Community Clerkship Directors
 - First point of contact for residents who have questions about student responsibilities and expectations, or concerns about anything to do with CHM students
- Community Clerkship Assistants
 - Schedules students, lectures and didactics and distributes clerkship information and evaluation forms through E-Value



> KEEPING STUDENTS BUSY

- Student's are responsible for being busy during down time
- Appropriate activities include:
 - other clerkship requirements
 - oral exam preparation
 - performance based assessment preparation
 - studying for shelf exam
 - CAAM project
- Students should be available at all times as assigned





- Clinical Performance Evaluation (AKA: CPE)
 - Based on ACGME competencies
 - "SCRIPT"
 - S Service
 - C Care of Patients
 - R Rationality
 - I Integration
 - P Professionalism
 - T Transformation





CPE Highlights:

- Three grades with anchors available
 - Below expectations
 - Met expectations
 - Exceeded expectations
- All comments are necessary and required
- Professionalism marks require a comment
- Evaluations are due within 2 weeks



CARE OF PATIENTS (Question 2 of 16 - Mandatory)

Students must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

NOT APPLICABLE	BELOW EXPECTATIONS 1.Incomplete histories 2.Incomplete physical examinations 3.Lacks proficiency in procedures	MET EXPECTATIONS 1. Pertinent histories 2.Usually complete physical examinations 3.Proficient in most procedures	EXCEEDED EXPECTATIONS 1. Thorough and logical histories 2.Thorough and accurate physical examinations 3.Proficient at procedures while minimizing patient discomfort
0	1	2	3

CARE OF PATIENTS COMMENTS (Question 3 of 16)

Formative feedback on strengths and areas needing improvement in the student's clinical performance. Comments on areas needing improvement will not be used in the student's final clerkship evaluation unless felt to be representative by the Clerkship Director.

- Documenting Unprofessionalism
 - Important to stop the behavior
 - More than two professionalism notations results in a "Conditional Pass"
 - More than four professionalism notations results in a "No Pass" and student must repeat the clerkship



WHAT CONSTITUTES PROFESSIONALISM?

Examples of Unprofessionalism Instances of being unwilling to accept feedback

- Repetitively being unprepared or unwilling to participate in discussions
- Failure to recognize limitations and/or call upon assistance of others when needed
- Lack of civility towards other students, faculty or staff
- Failure to respect patient confidentiality
- Comments related to sex, gender identity, race, sexual orientation, disability, religion or other identifying characteristics, which are harmful to professional relationships
- Repetitively arriving late without notifying appropriate individuals
- Repetitively being unavailable for required clinical responsibilities
- Failure to meet deadlines or follow through in a timely manner
- Failure to work effectively as part of a team
- Failure to address the fear and suffering of patients and their families
- Failure to consider important social factors that threaten the health of patients
- Any instance of dishonesty





Students may earn the following CPE grades:

- Honors:

• 100% in "Met Expectations" or "Exceeded Expectations" with no marks of unprofessionalism

– Pass:

80% in "Met" or "Exceeded" and fewer than 3 unprofessionalism notations

- Conditional Pass:

 Greater than 20% and fewer than 40% "Below Expectations" or 3-4 unprofessionalism notations

- Fail:

 More than 40% "Below" or more than 4 unprofessionalism notations



> RESIDENT CONCERNS

- What are common concerns that residents have about teaching and evaluating?
 - It takes TIME during busy duty hours
 - Fear of retribution about comments in evaluations
 - Fear of being honest and then being challenged to defend comments.
- What are YOUR concerns?



> SPECIFICS ABOUT COMMENTS

Should reflect first-hand information

- Observe and describe
 - "When we were on call together, [this student]
 did not respond to my pages," NOT "Other
 residents reported this student was hard to find."
- Provide specific examples
 - "The student did not accept feedback well. On several occasions, I made suggestions for better presentations but she kept telling me she had her own way of doing things."
 - "Student did not show up for morning report on two occasions."



> WHAT CHM CAN OFFER RESIDENTS

- The opportunity to teach
 - Preclinical and clinical
 - tutoring
 - suturing
 - casting
- CHM Resources
 - Access to CHM Electronic Library
 - Faculty development resources from CHM's Office of Medical Education, Research, and Development (OMERAD)



> WHAT CHM OFFERS RESIDENTS

- Faculty appointments
- Forum for research presentations
- Resident teaching awards



> WANT TO KNOW MORE?

Questions?

Thank you!

