On top of everything else, I am supposed to teach, too?

Insights and suggestions for Attending Physicians, CNMs, NPs & PAs regarding Medical Student Education

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The Triad of an Academic-Clinical Career

- Patient Care
- Education
- Research
The Triad of an Academic-Clinical Career

- We focus most of our time on one of the essential components
- **Practice >> Teaching >> Research**
- Obstetrics & Gynecology obligation for patient care
- Education is an essential component of effective & competent patient care; now and in future
- Research is also an essential component of patient care; research guides care of patients
The Triad of an Academic-Clinical Career

- Diverse faculty contributes to student education:
  - Advanced Practice Nurse
  - Allied Health Professional
  - Attending Physician
  - Clinical Instructor
  - Assistant Professor
  - Associate Professor
  - Professor

- When did we learn how to teach?
Topics

1. What is our curriculum and where does it come from?
2. Teacher/Student relationship
3. Student evaluation of Teachers
4. Teacher evaluation of Students
5. Improving our teaching
6. Summary Points
1. What is our curriculum and where does it come from?

- Abraham Flexner
- 1866 – 1959
- No doctoral degree
- Report published 1910 “Medical Education in the United States and Canada”
- Carnegie Foundation for the Advancement of Teaching
- Medical school curriculum 1910 – now
- “I want to influence in some measure the life of my times...through education.”
What is our curriculum and where does it come from?

- Published guidelines:
  - Undergraduate Medical Education Committee [UMEC] of the Association of Professors of Gynecology & Obstetrics [APGO]
  - APGO Medical Student Education Objectives, 9th Edition ©2009
  - “define a central body of women’s health knowledge, skills and attitudes that are fundamental to the practice of a general physician, and are intended to provide clerkship directors, faculty and students with a resource for curriculum development, teaching and learning.”
  - Establish educational objectives
What is our curriculum and where does it come from?

- **APGO Medical Student Educational Objectives:**
  - **Educational Objectives:** 17 Educational Objectives; foundation of curriculum design for Clerkship rotation; formulating minimal experiences and expectations; divided into 58 Educational Topic Areas
  - **Educational Topic Areas:** used to organize curriculum for teaching & clinical experience to assure exposure in 58 Topic Areas
  - **Intended Learning Outcomes:** define expectations for students on Clerkship.
What is our curriculum and where does it come from?

- 17 APGO Educational Objectives: by the conclusion of 3rd year medical student OB GYN clerkship, the student must understand:
  - Medical interview & physical exam of women; incorporate ethical, social & diversity perspectives
  - Prevention strategies throughout lifespan
  - Role as leader & advocate for women
  - Pre-conception care (genetics, medical conditions & environmental factors; maternal health & fetal development)
  - Normal physiologic changes of pregnancy & interpretation common diagnostic studies
  - Common problems in OB
  - Intrapartum care
  - Postpartum care of mother & newborn
What is our curriculum and where does it come from?

- 17 APGO Educational Objectives: by the conclusion of 3rd year medical student OB GYN clerkship, the student must understand (continued):
  - Menstrual cycle physiology, puberty, menopause, normal & abnormal bleeding
  - Etiology & evaluation infertility
  - Contraception, including sterilization & abortion
  - Common benign GYN conditions
  - Differential diagnosis acute abdomen & chronic pelvic pain
  - Common breast conditions; evaluation breast complaints
  - Perioperative care & GYN procedures
  - GYN malignancy (including risk factors, signs & symptoms and initial evaluation)
  - Preliminary assessment sexual concerns
What is our curriculum and where does it come from?

- UMEC APGO
  - Objectives that span the 3\textsuperscript{rd} Year OB GYN clerkship and all other clerkships
  - Part of an interdisciplinary curriculum to provide competent health care for women
  - Medical schools
  - Professional & academic medical organizations
  - Applicable government agencies (federal, state, county, municipal)
  - Public
  - These skills should be possessed by every physician regardless of practice focus or specialty
What is our curriculum and where does it come from?

- History
- Physical examination
- Diagnosis & management plan
- Pharmacology
- Preventative care
- Environmental exposures
- Immunizations
- Nutrition
- Psychiatric & behavioral problems
- Menstrual cycle & abnormalities
- Premenstrual syndrome
- Menopause
- Adolescence
- Autoimmune diseases
- Cardiovascular diseases
- Pulmonary diseases
- Neurological diseases
- Urinary tract disorders
- Gastrointestinal disorders
- Breast disease
- Vulvar & vaginal disease
- Pelvic pain
- Gynecologic malignancies
- Spontaneous abortion & ectopic pregnancy
- Maternal-fetal physiology
- Preconception, antepartum and postpartum care
- Social history
What is our curriculum and where does it come from?

- Fitting into the big picture: SUNY Upstate Medical University College of Medicine [COM], Liaison Committee on Medical Education [LCME] and the MS III OB GYN Clerkship
- The Medical Program Objectives are based on six competencies
- Each Medical Program Objective is broken down into six sub-objectives
- Each Clerkship within COM is charged to cover these Medical Program Objectives
- Bringing the objectives of UMEC APGO, LCME and COM together into a cohesive whole is our prime directive
What is our curriculum and where does it come from?

- National Board of Medical Examiners [NBME] gives Part I, II, & III exam
- NBME gives Shelf exam for OB GYN
- NBME partnered with APGO to create OB GYN curriculum
- APGO partnered with ACOG to write textbook
- Textbook framework & content matches national OB GYN curriculum
2. Teacher/Student relationship

- **Responsibility of Teachers**
  - Treat students with respect and fairness
  - Treat students equally regardless of age, gender, race, ethnicity, national origin, religion, disability or sexual orientation
  - Provide current information
  - Use an effective teaching format
  - Be on time
  - Provide timely feedback with specific constructive suggestions, opportunities for improvement or remediation when necessary
Teacher/Student relationship

- Responsibilities of Students
  - Treat other students and teachers with respect and fairness
  - Treat all other students and teachers equally regardless of age, gender, race, ethnicity, national origin, religion, disability or sexual orientation
  - Commit enough time & energy to studies necessary to achieve goals and objectives
  - Be on time for didactic, investigational and clinical activities
  - Communicate concerns, suggestions about curriculum, didactic methods, teachers, or learning environment in a respectful, professional manner
Teacher/Student relationship

- Inappropriate behavior
  - Unwanted physical contact or threat of contact
  - Sexual harassment
  - Harassment or discrimination based on age, gender, race, ethnicity, national origin, religion, disability or sexual orientation
  - Loss of personal civility
  - Requests for personal errands unrelated to didactic, investigational or clinical issues at hand
  - Evaluation based on factors unrelated to performance, effort, or level of achievement
Teacher/Student relationship

- Teacher concerned regarding a Student:
  - **Basic Level**: address situation as soon as possible, non-confrontational manner between teacher and student in real-time
  - **Next Level**: address with Clerkship Director, Division Director, and/or Department Chair
  - **Higher Level**: (most formal and serious) Associate or Assistant Dean, Office of Student Affairs where appropriate action will be assessed including referral to other offices or programs within administration of COM
Teacher/Student relationship

- **Student concerned about a Teacher:**
  - **Basic Level:** most effective method to address a situation; as soon as possible in a non-confrontational way between individuals involved
  - Offending individuals are often not aware the behavior had offended someone
  - “When you said or did (fill in description emotional response). “Please do not do that again”
  - Works as well for teacher concerned about a student
Teacher/Student relationship

- Student concerned regarding a Teacher (continued):
  - **Next Level**: Senior or Chief Resident, Clerkship Director, Division Director or Department Chair
  - **Higher Level**: Associate Dean or Assistant Dean, administration within the COM
  - **Meetings** can range from informal discussions for advice for how to deal with a situation up to a formal process or complaint as needed
3. Student evaluation of Teachers

- Understanding how students evaluate teachers helps teachers be more mindful of how they teach
- Teachers that are aware of student evaluation make adjustments to the areas of concern
- 12 areas students evaluate their teachers during a clerkship rotation
Student evaluation of Teachers

(1) Teaching skills:
- Poor performance: teacher disorganized, fragmented, explanations unclear, illogical
- Ideal performance: teacher involved, organized, enthusiastic; skill explaining difficult or complex subjects

(2) Expectations:
- Poor performance: teacher not aware of student’s educational needs or issues
- Ideal performance: teacher clearly defines student expectations from beginning of experience
Student evaluation of Teachers

(3) Supportive learning environment:
  - **Poor performance**: uncomfortable learning environment
  - **Ideal performance**: positive and supportive learning environment

(4) Feedback:
  - **Poor performance**: teacher provides no feedback or only non-constructive or non-specific feedback
  - **Ideal performance**: teacher provides constructive feedback in a timely manner
Student evaluation of Teachers

- **(5) Availability:**
  - **Poor performance:** teacher never available or highly inconvenienced to be available
  - **Ideal performance:** teacher available and approachable; makes an effort to accommodate

- **(6) Role model for patient care:**
  - **Poor performance:** teacher displays insensitivity or lack of understanding patient’s needs
  - **Ideal performance:** teacher provides respectful and compassionate care; obvious concern for patient’s needs
Student evaluation of Teachers

(7) Student participation:
- **Poor performance**: teacher unwilling to have students participate in patient care
- **Ideal performance**: teacher actively involves students in patient care and decision-making

(8) Professionalism:
- **Poor performance**: teacher frequently irresponsible, unreliable, often late
- **Ideal performance**: teacher is responsible, reliable, cooperative, respectful, on time, provides leadership
Student evaluation of Teachers

- **(9) Interaction:**
  - Poor performance: teacher does not interact well with patients, students, residents, staff, and/or colleagues
  - Ideal performance: teacher consistently caring, respectful, empathetic to all members of team

- **(10) Cultural sensitivity:**
  - Poor performance: teacher does not recognize or respect cultural, gender or socioeconomic differences; stereotypes, ridicules differences
  - Ideal performance: teacher consistently recognizes and respects cultural, gender and socioeconomic differences among patients, students and colleagues
Student evaluation of Teachers

• (11) Overall effectiveness:
  ◦ Poor performance: when a student hopes to never have to work with a teacher again ever
  ◦ Ideal performance: when a student would enthusiastically work with a teacher again and recommends the teacher to other students

• (12) Mistreatment:
  ◦ When a student has reported that he or she has personally been mistreated by a teacher
  ◦ Refer to addressing concerns on basic, next and higher levels
4. Teacher evaluation of Students

- How do we comment and grade a clinical learning experience with a student?
- What specific areas are we asked to comment and grade and why?
- The Accreditation Council on Graduate Medical Education [ACGME]
  - Established six medical competencies
  - Measurable goals or outcomes
  - Universal language for all teachers in all departments across the United States as a whole
  - Document competence in a number of areas beyond medical knowledge or technical skill
Teacher evaluation of Students

| Individual Faculty/Resident Evaluation of Student Competencies | 
|---|---|
| Student’s Name | Clerkship |
| Data Covered By Report | Faculty Member or Resident Completing Form |
| HISTORY TAKING | | |
| 1. Likelihood of symptoms, onset, duration, and previous or concurrent disorders. Failure to recognize or diagnose potential problems. |
| 2. History of all medical problems, current medications, and previous hospitalizations. |
| PHYSICAL & MENTAL STATUS EXAMINATION | | |
| 3. Knowledge of patients’ responses to examination, communication and test results. |
| 4. Knowledge of patients’ responses to examination, communication and test results. |
| RECORD KEEPING OR NOTES | | |
| 5. Adequacy of notes, entries, and charts. |
| ORAL PRESENTATIONS | | |
| 6. Adequacy of oral presentations and/or written reports. |
| FUND OF KNOWLEDGE/UNDERSTANDING OF DISEASE MECHANISMS | | |
| 7. Knowledge of basic science, including anatomy, physiology, and biochemistry. |
| PROBLEM SOLVING AND CLINICAL APPLICATION | | |
| 8. Ability to identify and describe diagnostic and therapeutic options. |
| RELATIONSHIPS WITH PATIENTS | | |
| 9. Ability to establish rapport, trust, and communication with patients. |

**Outpatient**

1. **Surgical Skills**
   - **Technique:** Precision, speed, and efficiency.
   - **Surgical Results:** Minimal complications, efficient recovery.

2. **Anesthesia Management**
   - **Skills:** Pain management, patient comfort.
   - **Complications:** Low incidence of post-operative issues.

3. **Teamwork and Communication**
   - **Interdisciplinary Interaction:** Effective communication with other healthcare professionals.
   - **Patient Education:** Clear and thorough instructions provided.

4. **Emergency Preparedness**
   - **Response Time:** Quick and decisive action.
   - **Outcome:** Minimal delay in critical care situations.

**Inpatient**

1. **Bedside Skills**
   - **Patient Care:** Continuous monitoring and adjustment of care.
   - **Symptom Management:** Effective pain control and symptom management.

2. **Documentation**
   - **Accuracy:** Complete and timely documentation of patient care.
   - **Clarity:** Easy to read and follow for medical staff.

3. **Equipment Management**
   - **Functionality:** Proper maintenance and use of medical equipment.
   - **Safety:** Ensuring patient safety while using equipment.

4. **Pressure Ulcer Prevention**
   - **Prevention Strategies:** Implementing evidence-based protocols.
   - **Outcome:** Reduction in pressure ulcer incidence.

5. **Infection Control**
   - **Procedures:** Adherence to standard precautions.
   - **Outcome:** Low incidence of hospital-acquired infections.
Teacher evaluation of Students

- ACGME six medical competencies:
  1. Patient care [PC]
  2. Medical knowledge [MK]
  3. Practice-based learning & improvement [LI]
  4. Interpersonal & communication skills [CS]
  5. Professionalism [PR]
  6. System-based practice and population health [PH]

- These 6 items are incorporated into the Individual Faculty/Resident Evaluation of Student Competencies form used for each student, all clerkship rotations, both campus sites of COM
Teacher evaluation of Students

- **(1) Patient care:**
  - Use information technology to support patient education and decision-making
  - Perform appropriate medical and surgical procedures within the scope of OB GYN medical student practice
  - Provide additional care with the goal of prevention & health maintenance
  - Demonstrate ability to work effectively within the team providing coordinated & disciplined care
Teacher evaluation of Students

- **Patient care (continued):**
  - Communicate effectively; demonstrate caring respectful behaviors with patient and family
  - Gather accurate essential information
  - Make informed decisions regarding diagnostic and therapeutic interventions; take into account patient preferences, recent evidence, clinical judgment
  - Develop and carry out management plans
  - Develop skills communicating with patient and family
Teacher evaluation of Students

(2) Medical knowledge:
- Demonstrate investigatory and analytical thinking in approach to clinical issues as they arise
- Understand how the basic and clinical sciences appropriate for OB GYN practice apply in OB GYN practice
Teacher evaluation of Students

(3) Practice-based learning & improvement:
- Analyze experience and perform practice-based improvement using systematic methodology
- Locate, appraise & assimilate evidence from literature related to the patient’s health problem
- Obtain & use information about patient population & general population
- Apply knowledge regarding study design & statistics to evaluate evidence-based literature
- Use information technology to support education
- Facilitate learning for other students and colleagues
Teacher evaluation of Students

• (4) Interpersonal & communication skills:
  ◦ Create and sustain a therapeutic & ethically sound relationship with patient and family
  ◦ Develop effective listening skills; be able to obtain & provide information using non-verbal, explanatory, questioning and writing skills
  ◦ Work effectively with others as a member or a leader of the health care team
Teacher evaluation of Students

- **(5) Professionalism:**
  - Demonstrate respect, compassion & integrity; demonstrate responsiveness to needs of patients, society that supersedes self-interest, demonstrates accountability to patients, society & profession; commitment to excellence & ongoing professional development
  - Demonstrate commitment to ethical principles pertaining to providing or withholding care, confidentiality, informed consent, business practice
  - Demonstrate sensitivity & responsiveness to cultural, age, gender & disabilities
Teacher evaluation of Students

(6) Systems-based practice:
- Understand how an individual’s practice might affect other practitioners, the health care organization & society at large and how the larger system impacts locally and with individual
- Know how different types of medical practice differ from each other, including measures to control cost
- Practice cost-effective health care & distribution of limited resources that limits impact on quality of care
- Advocate for quality care; assist patients with system complexity
- Know how to partner with health care managers & other providers to assess, coordinate & improve outcomes, system performance
Teacher evaluation of Students

• Individual competencies on the SUNY Upstate COM form include:
  ◦ History taking
  ◦ Physical & mental status examination
  ◦ Record keeping (write-ups & progress notes)
  ◦ Oral presentations
  ◦ Fund of knowledge & understanding of disease mechanisms
  ◦ Problem solving & clinical application
  ◦ Relationships with patients
Teacher evaluation of Students

- Individual competencies on the SUNY Upstate COM form include:
  - Professional relationships
  - Attitudes & behaviors
  - Participation (scheduled & spontaneous events)
  - Additional information/comments unique to the individual student
  - Overall clinical performance
Teacher evaluation of Students

- **Grading performance**
  - Five items on the scale SUNY COM
  - Numerical scale runs from 1 – 5
  - Each item and an overall score is recorded
  - Total score out of possible 50 points
    - 1 = does not meet expectations (failure)
    - 2 = below average (poor)
    - 3 = clearly meets expectations (passing; adequate)
    - 4 = clearly meets expectations, excels in a few areas (High Pass eligible)
    - 5 = excellent, top performance, excels frequently (Honors eligible)
Teacher evaluation of Students

- **Individual Faculty/Resident Evaluation of Student Competencies form: hints for filling out**
  - **Be as generous** as the criteria & your judgment will allow
  - **Do not bring in irrelevant issues** to the grading
  - **Have comments match numbers:** mediocre scores and the student is described as excellent or visa versa
  - **Evaluate at the level of the learner:** what does an MS III need to know?
  - **Be specific:** “does not read enough” is almost useless; define what topic area(s) were weak to focus improvement
  - **These forms are essential:** mid-clerkship evaluations & final grades
5. Improving our teaching

- 45% (the major portion) of the final grade is determined by clinical experience and your evaluation
- Be friendly (if it is a horrible day; fake it)
- Incorporate student into the ebb-and-flow of the work day
- Invite student to see specific patients & accomplish specific tasks
- Introduce yourself; introduce student to patient & other providers on the team
- Have them interact with the patient along with you (history taking, specific areas of physical as appropriate)
- Advocate for student to do some tasks in OR, on floor or in office and supervise
- Have student write or enter notes, orders as often as possible
Improving our teaching

- Perioperative care (OB or GYN):
  - Introduce student to patient and staff
  - Briefly go over the indications and pertinent history leading up to the surgery
  - While waiting or scrubbing discuss the indications, pertinent history, physical findings, treatment plan and options in greater depth
  - During surgery go over anatomy, pathology and surgical technique including alternatives
  - After surgery, have student complete brief op note, orders and other appropriate paperwork with supervision
  - Discuss post-procedure management & plan
Improving our teaching

- Develop a series of short talks on common topics that you can lead a discussion with a student or students when service allows:
  - Start simple
  - Help you to be better prepared for board certification and/or maintenance of certification
  - Gives you better insight into the students and gives the students a better impression of you
Improving our teaching

If you can’t explain it *simply*, you don’t understand it well enough.

– Albert Einstein
Improving our teaching

- Preparing didactic lecture presentations:
  - Define learning objectives for presentation
  - Understand your audience
  - Clarify your message
  - Know your time limits
  - Know yourself
  - Become comfortable with the AV equipment
  - Create better slides
Improving our teaching

- **Goals of the presentation**
  - Identify and clearly communicate main message (take-home points)
  - Engage audience; dazzle with your interest
  - Project a level of expertise

- **Understand audience**
  - Present at a level appropriate for audience
  - Appropriate background to generate interest
  - Highlight one or two areas of controversy or investigation to foster future interest
Improving our teaching

- Didactic lecture in decline as a teaching modality
- National organizations & COM emphasis on reducing scheduled lecture time
- Develop a PowerPoint module that summarizes major learning points on a given topic (APGO Medical Student Education Objectives, Beckmann, et al. Obstetrics and Gynecology (6th edition))
- Education Objectives must be taught or experienced; either on the clinical services, by didactic lecture, educational module or simulation
- Student evaluation to emphasize attending physician participation supervising students performing both History and Physical examination with appropriate feedback
Improve our teaching

- Develop case vignettes for a given topic for group discussion or individual review that accompanies and emphasizes the major learning points in the PowerPoint module.
- Case vignettes can also be on PowerPoint so the module and vignette module can be posted together on OBGY Blackboard.
- Approach allows lectures to be given didactic format and reviewed later as needed or if clinical responsibilities present a challenge.
- Department of OB GYN goal: all lecture topic presentations will have a PowerPoint module summarizing major learning points and a case vignette module posted on Blackboard for both Binghamton and Syracuse campuses.
6. Summary points

- Remember the residents and attendings that you thought were great when you were a student and try to do what they did that was effective.
- Remember the residents and attendings that you thought were terrible when you were a student and try to NOT do what they did.
- The entire program at the COM is evolving rapidly.
- If you are in a bad mood, fake a good one.
- The students are evaluating you; try to imagine how you look in their eyes.
- Be generous and fair doing student evaluations.
- Prepare quick talks on common topics to foster group or individual learning.
Summary points

- Do not bring unrelated issues into the evaluation process
- Write comments that are specific and useful to the student & Clerkship
- Write comments that correlate with numeric scoring
- Do not ask students to do non-educational or non-clinical chores
- Bringing students into the day-to-day clinical work requires practice; take every opportunity to incorporate students into what you are doing (practice “out loud”)
- Never assume that a student that is going into something other than OB-GYN is not interested in OB-GYN
- Attending physicians should directly supervise students doing H&P with feedback
Questions?