Not long ago I was a Medical Student; now I am teaching them?

Insights and suggestions for Resident Physicians (Clinical Assistant Instructors) regarding Medical Student Education

John J. Folk, MD
Clerkship Director, Obstetrics & Gynecology
Topics

1. Revelation
2. What are we supposed to be teaching?
3. Teacher/Student relationship
4. Teacher evaluation of Students
5. Student evaluation of Teachers
6. How to be a better Teacher
7. Take-home messages
1. Revelation

- Since graduation from medical or osteopathic school, you have assumed a wide array of titles:
  - PGY –(put number year here)
  - Intern, Assistant Resident, Senior Resident, Chief Resident
  - Clinical Assistant Instructor
    - Granted to you by SUNY Upstate Medical University
    - Defines you as a resident physician member of the faculty of the College of Medicine
    - This is what you actually get paid to do
- Resident physicians have the most difficult role in a COM; both as faculty and student at the same time (these roles often conflict)
2. What are we supposed to be teaching?

- Published guidelines from:
  - 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 are we supposed to be teaching?

- **APGO Medical Student Educational Objectives:**
  - **Educational Objectives:** 17 broad Educational Objectives that form the foundation of curriculum design for a Clerkship rotation and 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 one form or another to 58 Topic Areas
  - **Intended Learning Outcomes:** define expectations for students on our Clerkship.
What are we supposed to be teaching?

- 17 APGO Educational Objectives: by the conclusion of 3rd year medical student OB GYN clerkship, the student must:
  - Medical interview & physical exam of women; incorporate ethical, social & diversity perspectives
  - Prevention strategies throughout their 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 are we supposed to be teaching?

- 17 APGO Educational Objectives: by the conclusion of 3rd year medical student OB GYN clerkship, the student must (continued):
  - Menstrual cycle physiology, discuss puberty, menopause, explain 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 are we supposed to be teaching?

- National Board of Medical Examiners [NBME] gives Part I, II, & III of licensing exam
- NBME also gives Shelf exam for OB GYN
- NBME partnered with APGO to create OB GYN curriculum
- APGO partnered with ACOG to write this textbook
- Textbook framework & content matches national OB GYN curriculum
What are we supposed to be teaching?

- **UMEC APGO**
  - Objectives that span the 3rd Year OB GYN clerkship and all other clerkships
  - Part of a 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 are we supposed to be teaching?

- 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 are we supposed to be teaching?

- **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 all aspects of these Medical Program Objectives within the structure of the clerkship curriculum
- Conscious use of the objectives of UMEC APGO, LCME and COM is our prime directive
What are we supposed to be teaching?

- Who was Abraham Flexner?

Hint: not Flexner
What are we supposed to be teaching?

- Abraham Flexner
- 1866 – 1959
- Prepared report published 1910
  “Medical Education in the United States and Canada”
- At the request of the Carnegie Foundation for the Advancement of Teaching
- “I want to influence in some measure the life of my times...through education.”
3. 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
  - Try to use an effective format to teach
  - 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 at least enough time and energy to studies necessary to achieve goals and objectives of the course
  - 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
  - Grading or 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 regarding a Teacher:**
  - **Basic Level:** most effective method to address a situation may be as soon as possible in a non-confrontational way between individuals involved
  - Offending individuals are often not aware the behavior was offended someone
  - “When you said or did (fill in description emotional response). “Please do not do that again”
  - Works as well for teacher concerned regarding 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
4. Student evaluation of Teachers

- Understanding what areas students evaluate teachers can help the teachers be more mindful of how they teach.
- Teachers that are aware of what is being evaluated can make adjustments to the areas that may be of concern.
- There are 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
(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
5. 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

**Outpatient**

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Clerkship</th>
<th>Date Covered by Report</th>
<th>Faculty Member or Resident Completing Form</th>
</tr>
</thead>
</table>

#### History Taking

1. Patient's chief complaint involving patients' complaint, diagnosis, treatment, or advice provided.
2. Patient's history of present illness, past medical history, and social history.
4. Physical examination findings.
5. Laboratory and diagnostic test results.
6. Plan for further management or care.

#### Physical & Mental Status Examination

1. Patient's physical examination findings.
2. Mental status examination findings.
3. Laboratory and diagnostic test results.
4. Plan for further management or care.

#### Record Keeping (Order List and Progress Notes)

- Adequate and complete order list and progress notes.
- Clear and concise progress notes.
- Adequate and complete order list.

#### Oral Presentations

1. Patient's oral presentation findings.
2. Mental status examination findings.
3. Laboratory and diagnostic test results.
4. Plan for further management or care.

#### Fund of Knowledge & Understanding of Disease Mechanisms

- Adequate understanding of disease mechanisms.
- Clear and concise presentation of disease mechanisms.

#### Problem Solving and Clinical Application

1. Adequate understanding of disease mechanisms.
2. Clear and concise presentation of disease mechanisms.
3. Adequate understanding of disease mechanisms.

#### Relationships with Patients

1. Patient's family, friends, or others.
2. Patient's family, friends, or others.
3. Patient's family, friends, or others.
4. Patient's family, friends, or others.

---

---
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

- **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

(1) 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

- 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

4) 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
  ◦ 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 out of possible total 50 points
    - 1 = does not meet expectations (failure)
    - 2 = below average (poor)
    - 3 = clearly meets expectations (passing; but just passing)
    - 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**
  - Try to be as generous as the criteria & your judgment will allow
  - Remember not so long ago you were a medical student
  - Do not bring in irrelevant issues to the grading
  - Make comments match the numbers: many times forms give mediocre scores and the student is described as excellent or visa versa
Teacher evaluation of Students

- **Individual Faculty/Resident Evaluation of Student Competencies form: hints for filling out**
  - Remember to evaluate at the level of the learner
  - Be specific: “does not read enough” is almost useless; define what topic area(s) seemed weak to focus reading “needs to read more about…”
  - Remember that these forms are **essential**; we use them for mid-clerkship evaluations and final grades extensively (45% of final grade for each student is based on clinical applications performance)
6. How to be a better Teacher

- Recognize that 45% (the major portion) of the student’s final grade is determined by clinical experience and your evaluation
- Be friendly (if it is a horrible day; fake it)
- Incorporate students into the ebb-and-flow of the work day
- Make a point to invite them to see specific patients and accomplish specific tasks
- Introduce yourself; introduce student to patient, attending and/or other providers
- 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 students write or enter notes, orders as often as possible
How to be a better Teacher

- Perioperative care (OB or GYN):
  - Introduce student to patient, surgeon 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 with supervision
  - Discuss post-procedure management & plan
How to be a better Teacher

- 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 rounds and Friday statistics
  - Help you to be better prepared for CREOG and ABOG exams (written and oral)
  - Gives you better insight into the students and gives the students a better impression of you
How to be a better Teacher

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

– Albert Einstein
How to be a better Teacher

- Preparing didactic lecture presentations:
  - Goals for preparing a presentation
  - Understand your audience
  - Clarify your message
  - Know your time limits
  - Know yourself
  - Become comfortable with the AV equipment
  - Create better slides
How to be a better teacher

- Who is Robert Gaskins?

Roentgen tries to figure out what he's discovered.
How to be a better teacher

- Robert Gaskins
- Microsoft PowerPoint
- May 22, 1990
- “Death by PowerPoint”
- “PowerPoint Hell”
- State of boredom and fatigue induced by information overload during presentations
How to be a better Teacher

- **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
How to be a better Teacher

• Clarify your message (first few slides)
  ◦ State the major message of your presentation
  ◦ Identify the key learning points

• Know time limits
  ◦ One slide per minute of talk time
  ◦ Reserve 10 – 15 minutes question time at end of hour presentation
How to be a better Teacher

- **Know yourself**
  - Understand your quirks, limitations & habits
  - Practice presentation with a friendly audience
  - Practice out loud three times before giving presentation

- **Become familiar with equipment**
  - USB flash or thumb drive versus e-mail
  - Control buttons and devices
  - LASER pointer: you are not a Jedi knight and it cannot be set for stun or obliterate
How to be a better Teacher

- Better slides
  - One side per minute of actual speaking
  - Avoid overcrowded, wordy or busy slides
  - Make sure there is a flow of ideas
- Title slide
- Summary major or take-home message or messages in next few slides
- Summary major background information
- Summary important details
- Concluding slides
- Last slide (how to contact you)
How to be a better Teacher

- Do not simply read slides verbatim
- Avoid paragraphs on slides; use bullet points
- Text large enough to read; font usually $\geq 20$ point
- Assure well-placed clear spaces
- Each slide should present a small, digestible snippet of information
- Summarize slides; emphasize main points
- Use graphics, pictures or tables efficiently; don’t overwhelm the major points
7. Take-home messages

- Clinical Assistant Instructor = paycheck
- 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
- 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
- Try to be as generous and fair doing student evaluations as you can
Take-home messages

- 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”)
- Prepare quick talks on common topics
- Never assume that a student that is going into something other than OB-GYN is not interested in OB-GYN
When you feel like this...

Don’t do this...

Questions?