VCU School of Medicine

Teaching Our Students

Sarah Hobgood, M.D.
Assistant Dean for Clinical Medical Education

VCU School of Medicine

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.

Objectives

- Prepare those who educate VCU School of Medicine students to teach in classroom, clinic, operating room and inpatient situations
- Discuss VCU SOM institutional learning objectives and other relevant policies
- Provide training in assessment and feedback
- Describe how to create a positive, inclusive learning environment and how to avoid student mistreatment

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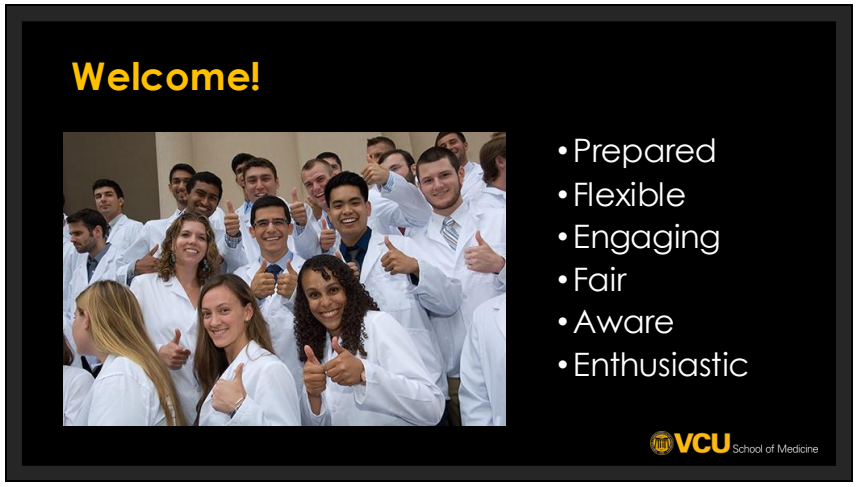
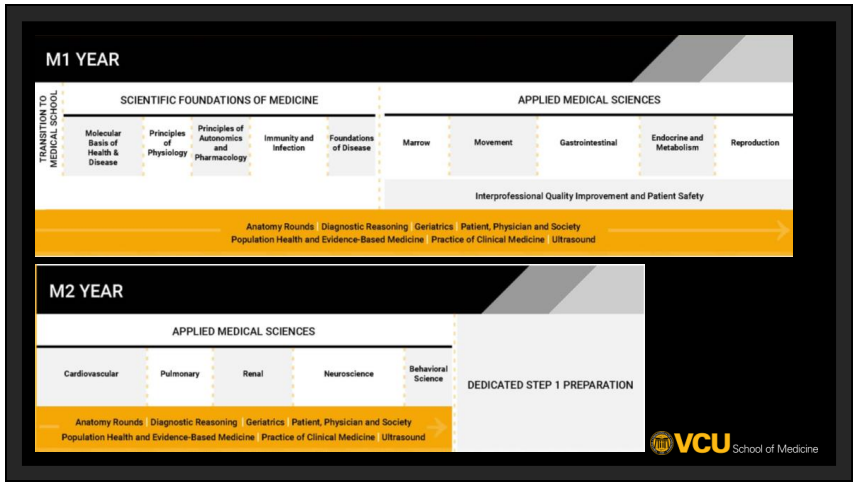
In this educational module we will address the following objectives

1. prepare those who educate VCU School of Medicine students to teach in the classroom clinic operating room and inpatient situations
2. review and discuss the VCU School of Medicine institutional learning objectives and other relevant policies
3. provide training in assessment and feedback
4. describe how best to create a positive and inclusive learning environment and to define student mistreatment and tools to avoid it



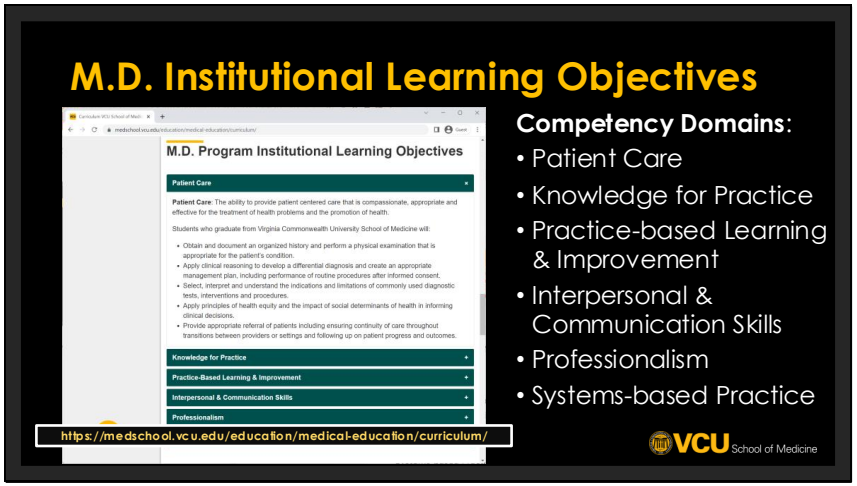
Medical school and especially the clinical years is an exciting time for our learners. However it is a unique situation which they have not yet been in and can feel overwhelming and exhausting. It is vitally important that we all strive to be the best teachers for our students during their clinical time 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 given 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 degree candidacy, grade changes and approving credit overloads; and lastly committee information for graduate advisors and administrators.



Here is a brief overview of our medical school curriculum to help you understand and engage appropriately with our learners in the clinical environment. Students began 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 one 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 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, the patient physician and society, and population health and evidence based medicine, as well as practice of clinical medicine and a specific ultrasound course. Year 2 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 preclinical years with a dedicated step one preparation program ideally planning to take step one in the spring of their second year.

Students began year 3 of their training following Step one completion. The students participate in a transition to the M3 year. this transition course helps Bridge the gap between the preclinical and clinical environment and include whole group didactic sessions discussing the clinical environment, understanding the role of the M3, how to successfully pass clerkships and a host of boot camps and teaching sessions on a variety of topics. Following the transition to M3 course the students will complete their M3 year including all the core clerkships as well as four weeks of electives while continuing their longitudinal curriculum in geriatrics, patient position in society and population health and evidence based medicine. Upon completion of their M3 year the students will then transition to the M4 year. During the M4 year they will complete advanced clinical concentrations ultimately preparing them for the residency of choice, as well as continuing longitudinal threads in geriatrics and patient physician and society. At the end of their M4 year they conclude their 4 year education with a transitions 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 are in the clinical environment.



The VCU School of Medicine has developed the following institutional learning objectives to 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 listing of our institutional learning objectives. The institutional learning objectives were developed to target the following competency domains

1. patient care 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
2. Knowledge for practice –the ability to discuss the biomedical epidemiologic and social behavioral aspects of clinical science and applied this knowledge to patient care
3. Practice based learning and improvement –demonstrate 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
1. interprofessional 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
2. Professionalism-Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles while developing one's professional identity
3. Systems Based Practice- Demonstrate the ability to navigate the healthcare setting and system, identifying and utilizing available resources to provide optimal care for their patients.

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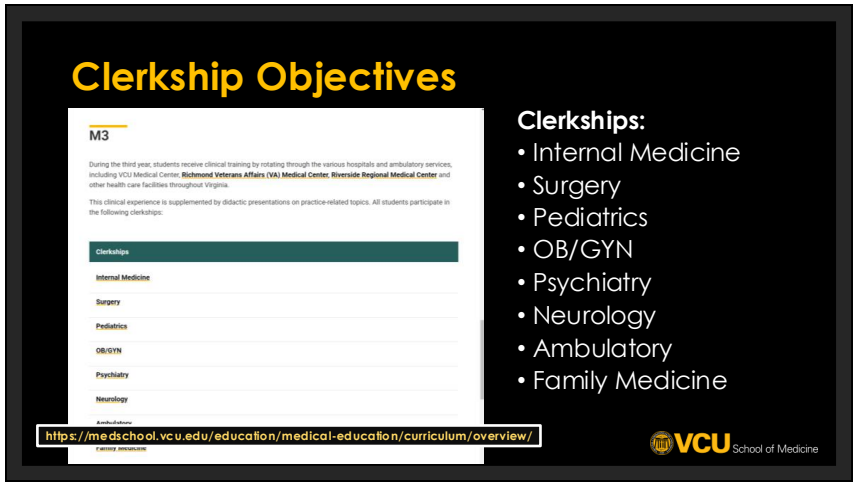
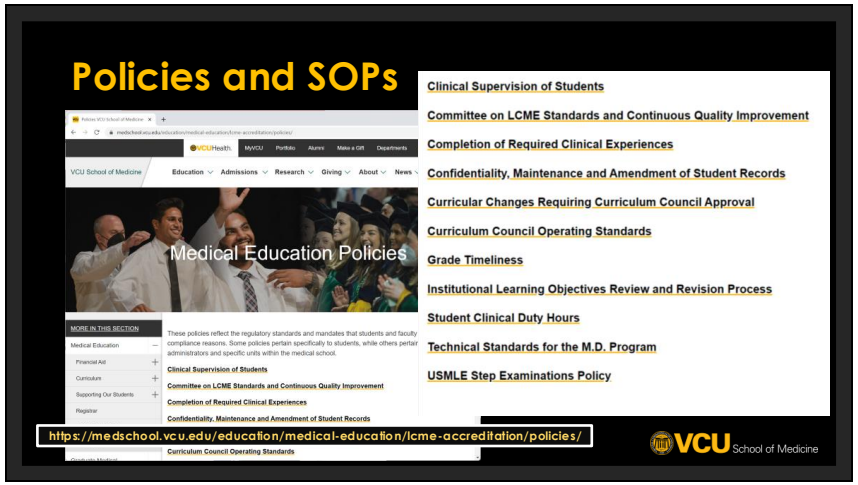


In addition to the institutional learning objectives and prior to engaging with student learners, please review and familiarize yourself with clerkship objectives specific to your clinical environment, such as internal medicine, surgery, pediatrics, OBGYN, psychiatry, neurology, ambulatory and family 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 the VCU School of Medicine. Please note the associated hyperlink has a comprehensive list of all our policies and standard operating procedures. Please familiarize yourself with them prior to working with our medical students.

Clinical Duty Hour Policy

- Students will be **on duty no more than 80 hours per week** averaged over four weeks.
- Students **will not spend more than 24 consecutive hours on duty.**
- Students will **receive one day in seven free** from all educational responsibilities averaged over four weeks.
- Students will not be required to take overnight call two evenings prior to the end of clerkship subject exam.

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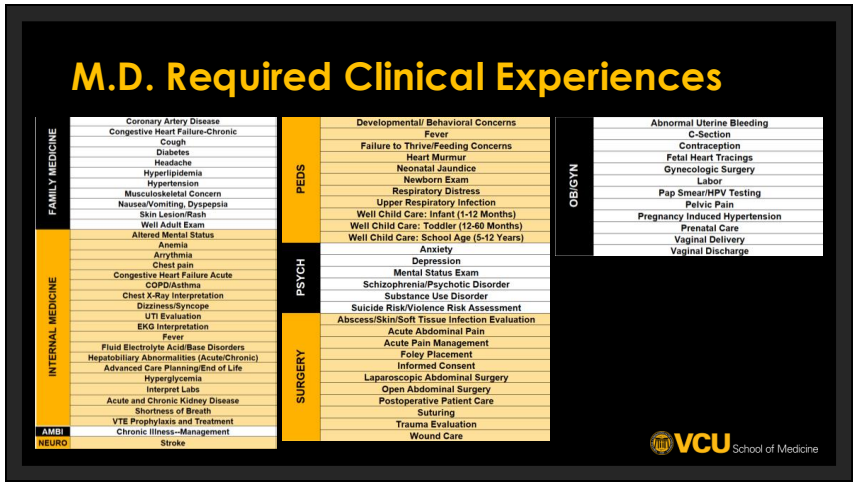
Our duty hour policy here at VCU mirrors that of the ACGME. Students will be on duty no more than 80 hours per week, averaged over four weeks. They will not spend more than 24 consecutive hours on duty. They will have one day in seven free from all educational responsibilities averaged over four weeks. They will also not be required to take overnight call two evenings prior to the end of a clerkship subject exam.

Absentee Policy

- **Students must complete Absence Request Form on the Learning Management System.**
  - Must also contact clerkship director/coordinator and clinical team
- **Students must follow VCU (not VCU Health) calendar** for state-recognized vacation breaks and holidays.
- **Weather Delay policy:**
  - M3s and M4s follow VCU guidance.
  - If university is closed, students should not report for duty.

Here at VCU the students are required to fill out an absence request form on a curriculum if they are to miss time in the clinical environment. They will communicate this need with both the clerkship director and as well as their team as well as notifying the office of medical education. The VCU School of Medicine follows the larger Virginia Commonwealth University holiday schedule, not the VCU health systems schedule. All students will follow also follow the larger university guidance poor weather delays and cancellations.

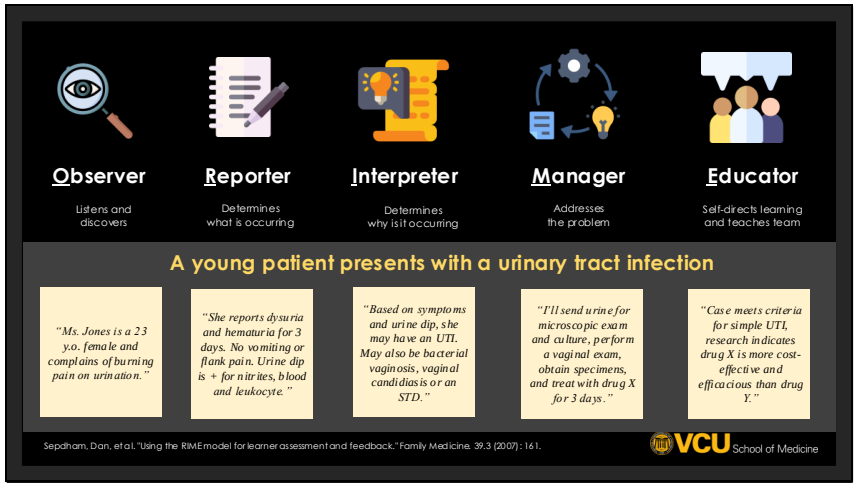
In looking at learner oversight as an integral part of our learners clinical experiences, you must be aware of the student supervision policy. We must ensure both patient and student safety and be sure the level of responsibility placed on the student is consistent with their current level of training.



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 VCU 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 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 has in place a system of Fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades must be available within six weeks of the end of the course or clerkship. To help Ensure students receive the best summative feedback possible as well as remain 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 O-Rime framework is used to assess patient care. This framework is used by many clerkships across the country. The O-RIME 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 students based on observed behaviors, and offer examples of these behaviors/skills to support both the RIME designation. Students can achieve the designations of not competent, competent or exemplary in Medical knowledge, professionalism, and communication and teamwork. Again please remember to use supporting examples when completing evaluation forms. Ultimately students will receive honors, HP, Pass, or fail in the core clerkships based on assessments in these 4 domains.

The RIME Framework



Louis Pangaro first presented the RIME model as a developmental framework for assessing learners in clinical settings. RIME describes a progressive continuum of four performance levels: reporter, interpreter, manager, and educator. An additional level, observer (labeled O-RIME), is sometimes used to serve as an introductory stage for the model. Faculty can use RIME or O-RIME 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, "Ms. Jones is a 23 y.o. 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 3 days. No vomiting or flank pain. Urine dip is + for nitrites, blood and leukocyte."
Interpreters can determine why it is occurring. These trainees will 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 an UTI. 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 exam and culture, perform a vaginal exam, obtain specimens, and treat with drug X for 3 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, "Case meets criteria for simple UTI, research indicates drug X is more cost-effective and efficacious than drug Y."
Faculty at VCU SOM use RIME as an assessment method, but also utilize other tools and strategies – such as direct observation – in their teaching toolbox. Additional information about RIME is located in this module's description.

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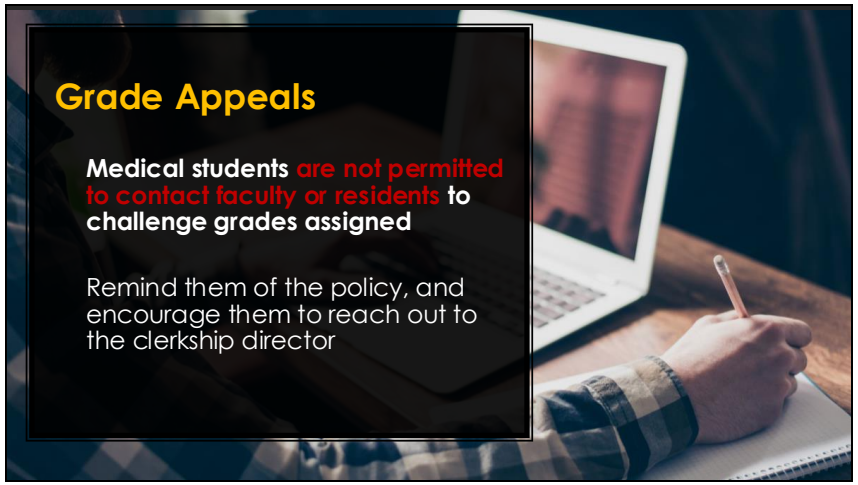
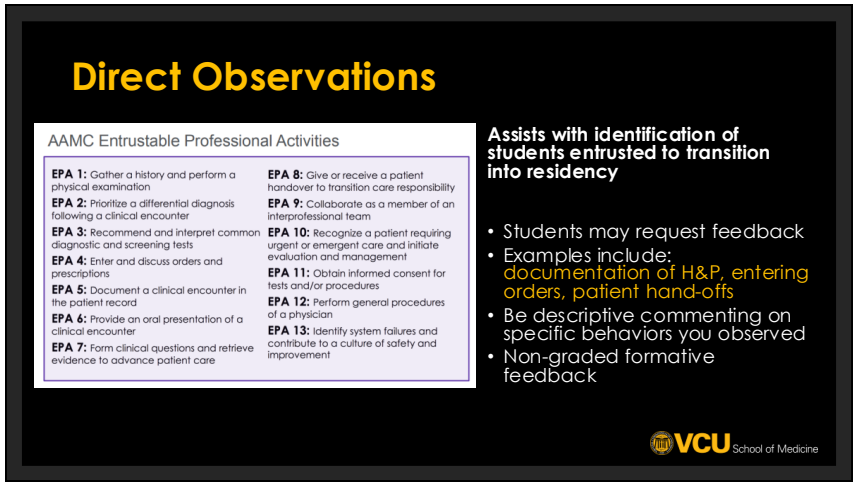


Overall grades for clerkships will be determined by each clerkships "grading committee". Students are able to appeal grades BUT please remember that students are not permitted to contact house staff or faculty directly in this regard. Please remind them to discuss grade appeals with their Clerkship Director and follow the Policy for grade appeals



It is essential for students to receive 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, and OSCEs, 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 housetaff and faculty complete direct observations. these direct observations will include the entrustable professional activities as outlined by the AAMC. 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 this is a chance for a student 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 differential diagnosis and possible management plans.

Feedback – Why is it important?

- Clarifies goals and expectations
- Reinforces good performance
- Provides information on actual performance
- Provides a basis for correcting mistakes (formative assessment)
- Serves as a reference point for overall (summative) assessment at the conclusion of the educational program
- Means we are committed to our learners

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Providing feedback is an integral part of the students learning cycle.

Feedback – Why is it difficult?

- "Too busy" argument
- No data based on personal observation
- Lack of knowledge and ability to give feedback
- Poor rapport between teacher and learner
- Concern about consequences of negative feedback
- Hierarchy
- **Perception:** teachers say they give feedback, learners say they do not get it

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We understand that there are several reasons why giving feedback can be challenging. Often times housestaff report being too busy, feel they don't have adequate knowledge, worry about consequences if the feedback is perceived as negative, and possibly concern about who will be responsible for remediation after a poor evaluation and ultimately what that remediation process. Students when receiving what they perceive as negative feedback often lack understanding and context, will become less participatory or simply become defensive.

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 first hand Objective knowledge, focused on behavior, performance, not on personality traits
Feedback that is too specific or too general, focuses on persons traits and abilities Is destructive
Vague comments such as Good job, keep up the great work, strong student, awful, disappointing
Feedback sandwich can be used. Positive observed behavior, followed by one in which the learner needs to improve upon, followed by another strength
For example. Tony, I really thought you asked good open ended questions during the HPI, as you move from the HPI to the ROS be sure to focus more on yes/no systems based questions, you ended the interview well with a brief recap of the patients primary concern before moving onto 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 acknowledgement stating your observation providing feedback and room for improvement, and
End by checking learners understanding.
Ex. Tony what went will during the interview with Mr. Smith, Tony answers he gathered all pertinent HPI information, you respond with "I agree the HPI was thorough but concise, when you move to the ROS be sure to use yes/no organ systems questions in a consistent order every time, does that type of questioning make sense to you?

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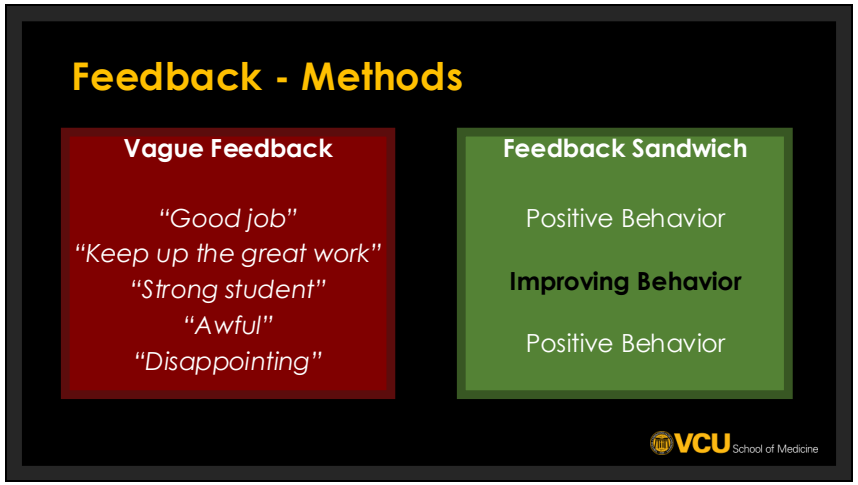
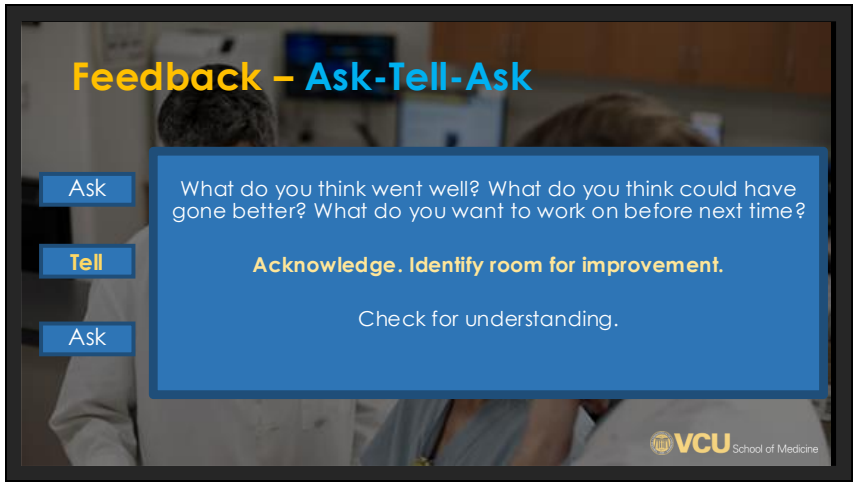


The following are comments that are not helpful in terms of feedback. Vague comments such as good job, keep up the great work, strong student, awful, disappointing. When delivering feedback. There are a few methods that can be used to examples are as follows. The first example is the feedback sandwich. Using this method, a positive observed behavior is commented on followed by one in which the learner needs to improve, followed by another strength.

So "Toni, 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 onto 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 acknowledgement stating your observation and providing feedback and room for improvement and end by checking the learners understanding. E.g. Toni, 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 makes sense to you? Tony answers. Yes, it does. Thank you for the feedback.



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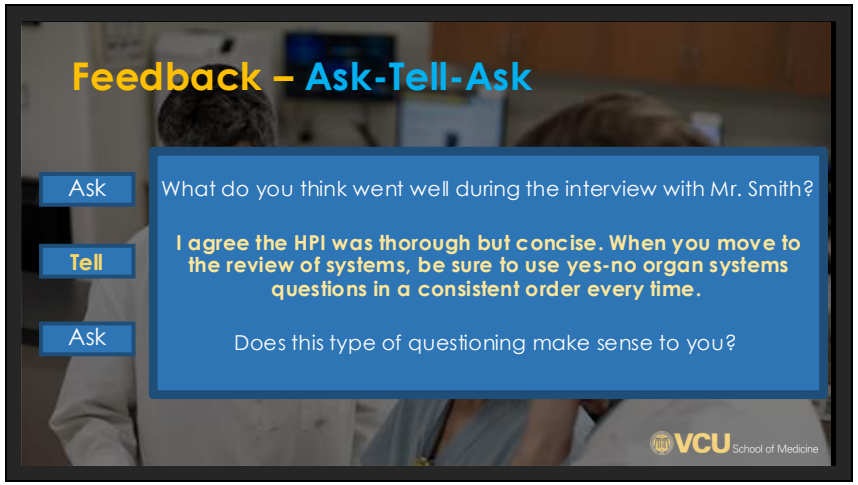

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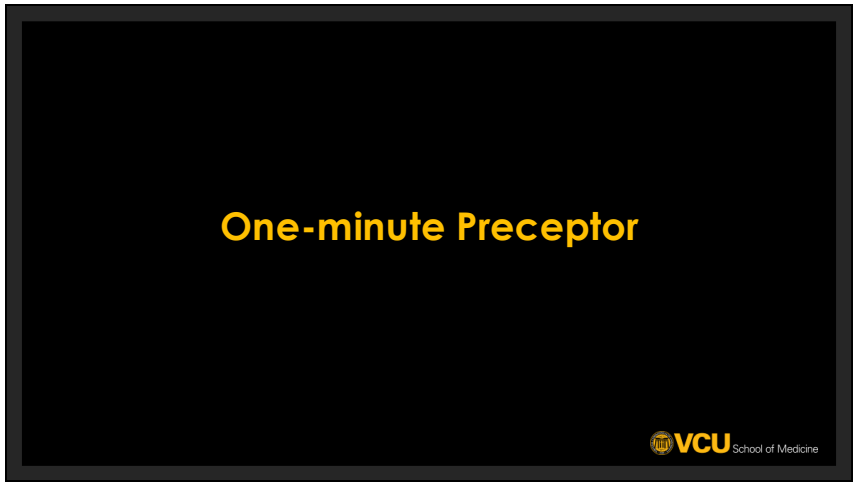
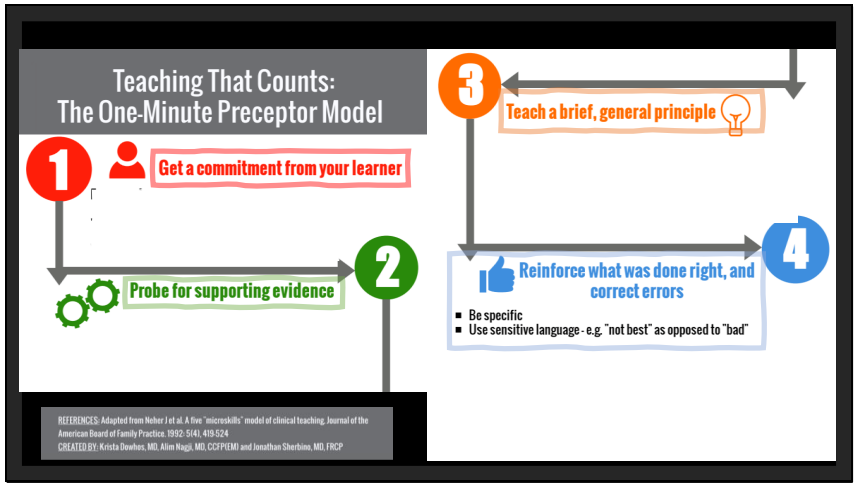


One Minute Preceptor



The one-minute preceptor is an effective clinical teaching method that guides student engagement through four or five microskills 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 1 requires that faculty receive a commitment from the learner. For example, faculty may ask “What do you think is occurring or what types investigations should we start with?”
Step 2 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 3 requires faculty teach and 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 and 5 require faculty to reinforce was correct, and what was incorrect. They must specific and be aware of using language that is non-judgmental or insensitive.
For example, a faculty might conclude their one-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 one-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 please be sure to introduce yourself and your role and set clear exceptions, answering and clarifying any questions at the start of that experience.

AVOID

- Inappropriate comments about:
  Gender, Race, Ethnicity, Sexual Orientation, etc.
- Questioning or belittling a student's specialty choice
- Giving preferential learning opportunities to a student based on research interest or specialty choice
- Insensitive comments about patients, faculty, staff or other learners

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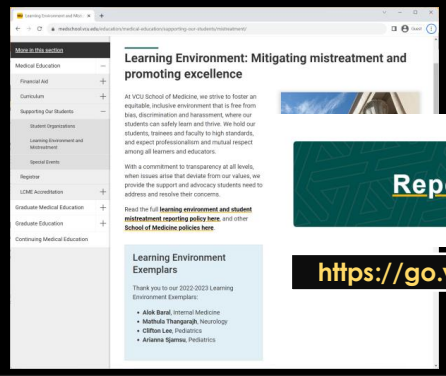
As we strive to create a positive learning environment, there are certain situations and behaviors that should be never events. Please remember that learners will model our behaviors and that we need to set the best examples possible. Mistreatment concerns include, but are not limited to, requirement 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.

Mistreatment



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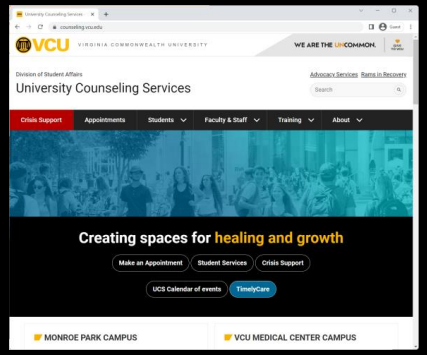
VCU SOM is dedicated to providing an equitable, inclusive environment, free from bias, discrimination and harassment where students can safely learn and thrive. The SOM has a dedicated site through which all mistreatment can be reported. The "report a Concerns" button can be found on the SOM website. Students are instructed to use this button as direct method to report any concerns. Students may also speak with whomever you feel would be most appropriate including peer advocates for your class, a supervising resident or fellow, an attending physician, clerkship director or coordinator, assistant and associate deans in the Office of Medical Education, senior associate dean for medical and education and student affairs, and the senior associate dean for diversity, equity and inclusion.

University Counseling Services



https://counseling.vcu.edu/

- Professional counseling and consultation for students
- Individual/group counseling
- Seminars on wellness topics
- Required for referral to university psychiatrist
- CONFIDENTIAL!!
- Not reported on your dean's letter, residency programs
- Will not prevent you from getting a medical license
- Covered by student fees

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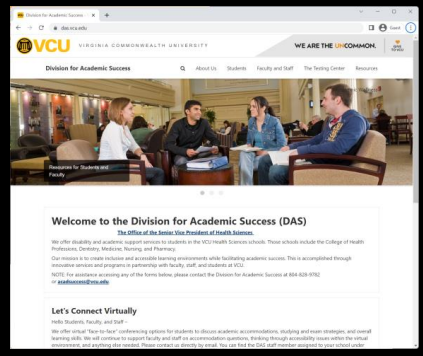
Division of Academic Success



https://das.vcu.edu/

- Individualized counseling for academic issues
- Determination of accommodations for educational or other disabilities
- Monthly Student Progress meetings
- Tutoring support

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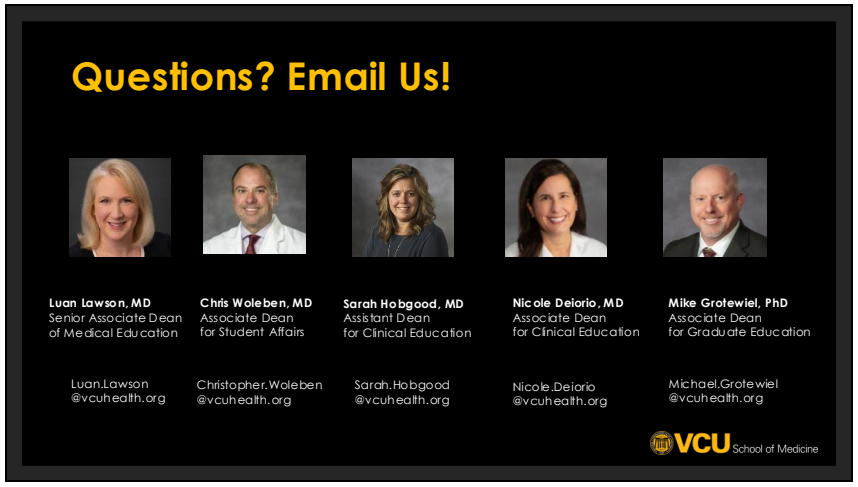
Students should also be aware of other supporting services through the University Counseling Services as well as Division or Academic Success. Please remind the learners of these resources.

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.