



Medical Students and Supervising Physicians (Residents and Attendings): An Educational Partnership

*The University of Cincinnati College of
Medicine*



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First, Thank You!

...for teaching our medical students. They are the future of medicine, both for our patients and for us. They will care for our loved ones, and your role as physician educator is crucial for their development.

During these critical times, our community partners are even more crucial to the future of medicine and we thank you!

Outline

- Medical education during COVID-19
- Rationale for residents and other supervising physicians as teachers
- Cincinnati Medicine curriculum overview
- Four primary roles of supervising physicians as teachers, evaluators, supervisors, and role models

Coronavirus Precautions

- All students may be assigned by their supervising physician to provide direct patient care for patients with SARS-CoV-2. They may see patients who are under investigation (PUI) for SARS-CoV-2.
- Students may opt out of seeing patients with SARS-CoV-2. No explanation is required.
- See [COVID-Patient Policy](#).



Supervising Physicians and Residents are Key to Medical Education



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Rationale for Supervising (Attending) Physicians as Teachers

- The passing of wisdom during experience
- The 30,000 foot view of medicine, whereas earlier learners might be learning more ground level
- More experience over time in supervising trainees of different levels (e.g. student, resident, fellow)
- Teaching is our professional responsibility
- Teaching can aid our own learning



Rationale for Residents as Teachers

- Residents have **the most** contact with students
 - Increased opportunity to observe the students and to be observed by the students
- Can still relate to the ground level and connect to the 30,000 foot view
- Opportunity to develop teaching and evaluation skills
- Teaching is our professional responsibility
- Teaching can aid our own learning



Four Primary Roles for Supervising Physicians in Medical Education

- Teacher
- Evaluator
- Supervisor
- Role model

In order to do this, you need to know about our curriculum.

Cincinnati Medicine Curriculum Overview

- Competencies
- Curriculum and Timeline
- M3/4 Requirements
- Clinical Clerkships Student Learning Outcomes



Cincinnati Medicine Program Competencies

Competency	Competency Description
Patient Care	Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
Knowledge for Practice	Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
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 life-long learning.
Interpersonal and Communication Skills	Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
Professionalism	Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
Systems-Based Practice	Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
Interprofessional Collaboration	Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.
Personal and Professional Development	Demonstrate the qualities required to sustain lifelong personal and professional growth.

**Note these are the domains of the AAMC Physician Competency Reference Set (and slightly different than the 6 ACGME core competencies).*

Cincinnati Medicine M1/2 Requirements

M1 YEAR Requirements

Foundational Courses

1. Fundamentals of Molecular and Cellular Medicine
2. Physician and Society
3. Musculoskeletal/Integumentary
4. Nervous System
5. Blood System

Clinical Experiences

Healthcare Emergency Management I
Clinical Skills (CS)
Fundamentals of Doctoring (FOD)
Interprofessional Education (IPE)

M2 YEAR Requirements

Foundational Courses

1. Cardiovascular and Pulmonary
2. Renal and Gastrointestinal
3. Physician and Society
4. Endocrine and Reproductive
5. Multi-Systems

Clinical Experiences

Healthcare Emergency Management II
Clinical Skills (CS)
Fundamentals of Doctoring (FOD)
Interprofessional Education (IPE)

2022-23 M3 Clerkships and M3 Electives

Family Medicine (4 weeks total)

- 4 weeks outpatient

Internal Medicine (8 weeks total)

- 4 weeks inpatient, 4 weeks outpatient

Neuroscience (4 weeks total)

- 4 weeks inpatient

Obstetrics & Gynecology (6 weeks total)

- 4 weeks inpatient, 2 weeks outpatient

Pediatrics (8 weeks total)

- 4 weeks inpatient, 4 weeks outpatient

Psychiatry (6 weeks total)

- 6 weeks inpatient

Surgery (8 weeks total)

- 8 weeks inpatient

Specialty Electives/Clerkships (two, 2-week experiences)*

Students must choose 2 of the following: Anesthesiology, Cardiovascular ICU, Clinical Oncology, Dermatology, Emergency Medicine, Geriatrics, MICU, Ophthalmology, Orthopedics, Otolaryngology, Pathology, Radiology, Urology

*Exposure (2 weeks) that is pass/fail (as opposed to an intensive experience); exception is Ophthalmology which is graded using Honors/High Pass/Pass categories.

Use this hyperlink to find more information about M3 rotations →

<https://med.uc.edu/education/medical-student-education/office-of-medical-education/integrated-curriculum/m3-integrated-clinical-clerkships>



Third Year Core Clinical Clerkships Student Learning Outcomes

1. Gather appropriate and accurate patient history.
2. Perform appropriate patient exam for the presenting problem/reason for visit.
3. Generate an appropriate problem-based differential diagnosis and plan.
4. Follow through on the appropriate diagnostic and therapeutic action plan.
5. Communicate patient information to the clinical team in oral form.
6. Communicate patient information to the clinical team in written form.
7. Communicate effectively with patients of diverse backgrounds (e.g. age, gender, social, racial, and economic backgrounds).
8. Demonstrate a commitment to self-directed learning by developing your knowledge outside of the traditional learning environment (e.g. demonstrate ability to retrieve and cite evidence from reliable references to advance patient care)
9. Collaborate with an interprofessional health care team (i.e. communicate with nurses, respiratory therapist, social workers, pharmacist, primary care physician, etc.).
10. Demonstrate professional behavior in clinical setting (e.g. appearance, reliability, punctuality, motivation, commitment, and respect).

The core clerkship outcomes are aligned with the Entrustable Professional Activities (EPAs) as defined by AAMC.



Cincinnati Medicine M4 Requirements

M4 YEAR Requirements

- 4 weeks Internal Medicine (IM) Acting Internship (AI)
- 4 weeks Specialty AI in other specialty of choice
- 12 weeks of Intensive Clinical Experience (ICE)
 - Minimum expectation of 20 hrs/week of direct patient care
- 12 weeks of general electives

32 weeks total

Fourth Year Required Internal Medicine AI Learning Outcomes

1. Write admission orders.
2. Answer a nurse call.
3. Write a discharge summary.
4. Write a cross-cover note.
5. Give and receive patient handoffs (both in writing and verbally) to transition care responsibly.
6. Speak with specialist/subspecialist colleagues to request consultation.
7. Negotiate conflict with colleagues.
8. Deliver bad news.
9. Discuss an adverse event with a patient.
10. Obtain informed consent.
11. Gain familiarity with obtaining advanced directives and documenting DNR.
12. Review pronouncing death and filling out a death certificate.



Time Management

- Pay attention to Dates
 - Click [here](#) for M3 Dates
 - Click [here](#) for M4 Dates

- Pay attention to times and demands on students

- Pay attention to clerkship assessments
 - **High stakes end of clerkship NBME subject exam (shelf)**
 - **OSCE testing**

Key Contacts for the M3/4 Curriculum



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Clerkships and Clerkship Administration

*Know the Clerkship Director and Clerkship Coordinator
first and foremost*

Clerkship

- Family Medicine
- Internal Medicine
- Neuroscience
- Obstetrics & Gynecology
- Pediatrics
- Psychiatry
- Surgery

Clerkship Director / Clerkship Coordinator

- [Dr. Sarah Pickle](#) / [Nancy Jamison](#)
- [Dr. LeAnn Coberly](#) / [Jessica Bailey](#)
- [Dr. Starla Wise](#) and [Dr. John Quinlan](#) / [Angela Bustamante](#)
- [Dr. Jane Morris](#) / [Natalie Cassady](#)
- [Dr. Corinne Lehmann](#) / [Mimi Pence](#)
- [Dr. Peirce Johnston](#) / [Amy Boeing](#)
- [Dr. Kevin Grimes](#) / [Nikki Norman](#)

Click [here](#) for contact list!

<https://med.uc.edu/education/medical-student-education/office-of-medical-education/integrated-curriculum/m3-integrated-clinical-clerkships>

Use this hyperlink to find more information about clerkship administration and contact information



Cincinnati Medicine Administrative Team

Office of Medical Education (OME)

Provides central coordination of the curriculum and ensures all operational matters of the academic programs are compliant with accreditation standards.

<https://med.uc.edu/education/medical-student-education/office-of-medical-education/home>

- Associate Deans:
 - [Dr. Pamela Baker](#)
 - [Dr. Bruce Giffin](#)
- Assistant Dean: [Dr. Laurah Lukin](#)
- Director of Medical Education: [Dr. Tracy Pritchard](#)
- M1/2 Curriculum Director: [Dr. Stephen Baxter](#)
- M3/4 Curriculum Director: [Dr. Danielle Weber](#)
- M3/4 Program Director: [Gina Burg](#)
- Director of Electives: [Dr. Amy Guiot](#)

Offices of Medical Student Affairs

Student Affairs: Provides academic support, coordination of academic schedules, advising, financial services, and student wellness activities.

<https://med.uc.edu/education/medical-student-education/student-affairs>

- Associate Dean: [Dr. Dawn Bragg](#)
- Assistant Dean: [Dr. Laura Malosh](#)
- Career Development Director: [Dr. Alice Mills](#)
- Director of Financial Services: [John Stiles](#)
- Registrar: [Kristy Wilson](#)



Cincinnati Medicine Administrative Team

Office of Medical Student Admissions and Special Programs

<https://med.uc.edu/admissions/medical-student-admissions>

Admissions: Oversees the selection process of medical students.

- Associate Dean: [Dr. Donald Batisky](#)

Office of Diversity, Equity & Inclusion

Supports an inclusive environment for all and welcomes diversity in every aspect of daily operations.

<https://med.uc.edu/diversity/home>

- Assistant Dean: [Dr. Bi Awosika](#)
- Learning Specialist: [Dr. Swati Pandya](#)



Role of Supervising Physician as Teacher

- Overview
- Professional attributes
- Cincinnati Medicine Policies
 - Principles guiding interactions between teachers and learners
 - Duty hours
 - Student attendance
 - Required patient encounters and procedures
 - Clinical supervision of students
 - Mistreatment/harassment
- Professional development opportunities in teaching and assessment

The Supervising Physician as Teacher

- Set expectations for performance
 - This is harder than you think but crucial. What determines meeting expectations vs exceeding expectations?
- Promote self-directed learning and give feedback on that learning
 - e.g. Encourage dissemination/discussion of scholarly articles
- Teach at the bedside
 - Demonstrate, Observe (Direct Supervision), and Provide Feedback
- Teach through the day; Think Out Loud when you can.
 - Include a Teachable Moment
 - Deliver and assign “mini-lectures” and give assignments based on interest (for example, a student bound for orthopedics on IM rotation might need to know medical considerations for pre-surgical evaluation)



Professional Attributes

- The following are the professional attributes that medical students are expected to develop.
 - Duty
 - Integrity
 - Respect
 - Honesty
 - Compassion
 - Fidelity
 - Dependability

Student Mistreatment – Discrimination, Harassment, or Retaliation

Allegations not involving sex, sexual orientation, gender, and/or gender identity or expression should be reported to any of the following offices:

- Associate Dean for Student Affairs, Dawn Bragg, PhD
 - Medical Sciences Building, Room E-450J
 - (513) 558-0737
 - braggds@ucmail.uc.edu

- Assistant Dean for Diversity, Equity & Inclusion, Bi Awosika, MD
 - Medical Sciences Building, Room E-251
 - (513) 558-4898
 - ucomdiversity@uc.edu

- Associate Deans for Medical Education
- Senior Associate Dean for Educational Affairs
- Course/Clerkship/Elective Evaluations
- Co-chairs of the Honor Council

Allegations involving sex, gender, and/or gender identity may have occurred should be reported directly to the Office of Gender, Equity, & Inclusion (“OGEI”)

- USquare 308, 225 Calhoun St.
 - (513) 556-3349 M-F 8a-5p
 - oge@uc.edu

Anonymous Reporting

ALERT – For College of Medicine Issues

Online Reporting:

<https://comdo-wcnlb.uc.edu/emos/resources/reportmistreatment.aspx>

EthicsPoint – General University Issues

Hotline: (800) 889-1547

Online Reporting:

<http://www.uc.edu/af/intaudit/ethicshotline.html>

Anti-Racism

- We at the College of Medicine abhor all racism against any individual or group and continue to pledge every effort to support people of all backgrounds.
- Please refer to the Discrimination, Harassment, or Retaliation Reporting Policy.
 - [Discrimination, Harassment, or Retaliation Reporting Policy](#)

Microaggressions

- **Microaggressions** are defined as subtle forms of discrimination, often unconscious or unintentional, that communicate hostile or derogatory messages, particularly to and about members of historically marginalized social groups.
- Microaggressions are well documented in the medical education literature.
- **YOU can be a role model and an advocate for our students.**
- Here are some resources on identifying and responding to microaggressions:
 - [Microaggressions in Clinical Training and Practice](#)
 - [Responding to Microaggressions in the Classroom: Taking ACTION](#)

Cincinnati Medicine Policies



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KEY Cincinnati Medicine Policies and Procedures

Click on the policy names below to view the entire policy.

- [Principles Guiding Interactions Between Teachers and Learners in Medicine](#)
- [Duty Hours](#)
- [Student Attendance](#)
 - Note, absences related to student access to health services are considered excused.
- [Clinical supervision of students](#)
- Required Patient [Encounters](#) and [Procedures](#)
- [Discrimination, Harassment, or Retaliation Reporting Policy](#)

All of these policies can be referenced in the *Medical Student Handbook*:
<https://med.uc.edu/education/medical-student-education/office-of-medical-education/student-handbook-policy-portal>

Professional Development Opportunities in Teaching and Assessment

- There are a variety of offerings each month through the College of Medicine Office of Faculty Affairs and Development.
 - To view upcoming workshops, go to:
<https://med.uc.edu/about/admin-offices/faculty/development>

Role of Supervising Physician as Evaluator

- Student levels of responsibility
- Preceptor evaluation form
- Policy on the Assessment of Student Performance by Faculty Healthcare Providers



Student levels of responsibility

Participate: All patient encounters require students to fully participate. Participation in patient counters includes acting as the caregiver (with appropriate attending or resident supervision) of the patient on the service or clinic, aiding in a complete or problem focused history, physical, and diagnostic/therapeutic plan. This includes the ongoing management of hospitalized patients.

Observe: Observation in patient encounters implies no direct patient contact (e.g. taking a history or performing a physical, participating in diagnostic/therapeutic plan for that patient). Examples might be observing another care provider providing the service (as part of team rounds) or being shown a physical exam finding on rounds.

Mechanisms for Formative Feedback for M3 Students

- Provide ongoing, regular, timely feedback, both daily and immediately after cases/patients.
- Supervising physicians can provide formative feedback to students electronically using a unique QR code provided to each student.
 - This data will be populated to create individual dashboards for students to track their personal growth based on feedback they receive
- FORMATIVE FEEDBACK DOES NOT CONTRIBUTE TO STUDENT GRADES



Providing Formative Feedback

MedCat Formative Feedback Identification



Where's My Feedback?

1. Login to MedOneStop at:
<https://medonestop.uc.edu/>.
2. Under Course Information → Student Record, select:
"Preceptor Formative Feedback".
3. Find your QR Code.
4. Click on the link underneath the Code labeled:
"Review Formative Feedback".
5. Your results are shown in an Interactive Dashboard. *Results update Weekdays at 4 a.m. Eastern Time*

**Give it a try:
Scan the QR
code to view
the form.**

Note: Android users will need to download barcode scanner.

When you scan the QR code, you will see short assessments that include Likert items and a comment box for narrative feedback for that clerkship (see sample screenshots below)

These items and narrative feedback are mapped back to the UCCOM program objectives

Camera LTE 2:41 PM 82%

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Student Preceptor Evaluation

Information

1. Name:
Bearcat

* 2. Role
Resident

* 3. Location (Hospital and Site):
UCMC

* 4. Setting
Outpatient

* 5. Clerkship
Pediatrics

10:15 85%

- Taking a neurologic history
- Performing a neurologic exam
- Generating a differential diagnosis
- Recommending clinical tests
- Recommending management strategy
- Presenting a patient
- Demonstrating outside reading
- Participating as an integrated member of a team
- Accepting feedback
- Demonstrating professionalism

www.surveymonkey.com

Taking a neurologic history

* 7. Provide at least one example of how the student can improve in this area.

8. The student identified a temporal profile

- No
- Yes, but needs major improvements to reach expected level
- Yes, but needs minor improvements to reach expected level
- Yes, at the expected level

9. The student acquired information necessary for localization

- No
- Yes, but needs major improvements to reach expected level
- Yes, but needs minor improvements to reach expected level
- Yes, at the expected level

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surveymonkey.com

- Yes, but needs minor improvements to reach expected level
- Yes, at the expected level

9. Student identified multiple differential diagnoses when appropriate

- No
- Yes, but needs major improvements to reach expected level
- Yes, but needs minor improvements to reach expected level
- Yes, at the expected level

Prev Next

Preceptor Summative Evaluation for Students

- The preceptor evaluation is a summative evaluation worth 50%* of the student's grade on a clerkship.
 - *55% in internal medicine
- There are two broad categories on the Preceptor Evaluation to assess student performance:
 - Clinical Performance
 - Learning Potential
- Weighting of Preceptor Summative Evaluation Scoring
 - 90% for items falling under "Clinical Performance"
 - 10% for items falling under "Teamwork and Self-Improvement Skills"
- Click here to view or download a sample evaluation form. Note that evaluations will vary by clerkship.
 - [M3 Form](#)
 - [M4 Form](#)



Policy on the Assessment of Student Performance by Faculty Healthcare Providers

- All faculty members must recuse themselves from any role in assessment, evaluation, or grading of any medical student for whom they have provided healthcare services. If assigned to assess/evaluate/grade a student for whom a faculty has provided care, the faculty must notify the course or clerkship director as soon as is possible, of the need for reassignment and must indicate on any related evaluation forms that he/she must recuse themselves from evaluating that student.
- For full policy, click [here](#).



Role of Supervising Physician as Supervisor



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The Supervising Physician as Supervisor

- Assign patients and tasks to promote student's learning and to integrate them into team.
- Assure adequate supervision of students as they provide patient care, including performing procedures and examinations.
- Direct vs Indirect Supervision.
 - When indirect, double check everything.
- Students may not accompany monitored patients off the floor.
- Co-sign notes or write "agree with" notes within 24 hours. Ask your educational team about your own documentation rules with med student notes.
- Co-sign orders (when appropriate).

Role of Supervising Physician as Role Model



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The Supervising Physician as Role Model

- That which is learned through role modeling, rather than explicit teaching, through behaviors and actions.
- Can be more powerful than the “explicit curriculum” of the classroom.
- Be aware of professional partners in the presence of students who may not fully appreciate the difference between venting to colleagues and disparaging patients.
- Be aware of and prepared to respond to microaggressions in the learning environment.
- Also be aware of our expectations for the learning environment and for our medical students.
- Students evaluate those with whom they interact on each rotation.



Final Thoughts

- We are all responsible for the future of medicine.
- Thank you for your commitment to that future by working with the University of Cincinnati College of Medicine.

Thank you!



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