Expectations for Teaching Faculty:
Ensuring a High Quality Teaching Environment

- **Set your expectations early; be specific.**
- **Give daily feedback.**
- **Be familiar with PRIME.**
- **Teach physical exam at bedside; bedside rounds are encouraged.**
- **Grade oral case presentations, H/P, discharge summaries and progress notes.**
- **The sub-I student is an acting intern**.

1. Expectations

Make your expectations clear at the beginning of the rotation

- Expectations set the groundwork for evaluations
- Expectations ***differ*** depending on learner level (M3, sub-I, intern and senior resident)
- Expectations are best delivered in a short sit-down session on the first day
    - Be specific
    - Handouts can be helpful
- Give the learners a rationale for your expectations
- Expectations should be in accordance with the competencies listed by the ACGME and the Clerkship Directors/LCME (Liaison Committee on Medical Education)
- Use PRIME to establish expectations
- Ask learners what ***their goals*** are and help them define an achievable, specific goal. *("I want to learn more about acute kidney injury.")*

Example for M3: *Passing with honors means that you function at the level of an intern, you can illicit more subtle history and physical exam points, you know how to interpret them (including labs, imaging) and you can formulate accurate and prioritized A/P (5+ differential for C/C).*

Example for a senior resident: (using PRIME to establish expectations): *I expect you to master therapeutic plans and discuss benefit and risk of a specific procedure with the patient.*

Example for the team as a whole: *I expect all of you to be here early enough so that you can see each patient, collect data and discuss with your senior if needed. If you don`t do that, you will not be able to formulate an accurate assessment and plan.*

Helpful Links/Adjuncts
Core Medicine Clerkship Curriculum Guide
The Internal Medicine Milestone Project

P.R.I.M.E. and its many uses- A new vocabulary for evaluation in the 21st century

P) rofessionalism: Timeliness, dress, participation, interactions with patients and staff
(R) eporting: History, physical, oral case presentation
(I) nterpretation: Ability to come up with a reasonable diagnosis and differential. Includes "do not miss diagnoses"
(M) anaging: Efficiency, helpfulness, quality of care, appropriate test ordering and medication use.
(E) ducation/(E) nhanced communication: Teaching the team or patient; establishing an agenda and exploring beliefs, feelings and concerns.

2. Feedback

- The purpose of feedback is to improve the learner's performance
    - Feedback is essential in order to correct behavior or knowledge gaps and reinforce desired behavior
- Focus on the learner`s behavior and not on personality
- Provide daily **specific verbal (formative) feedback** to all team members on the fly (particularly for inappropriate behavior)
- Provide more **comprehensive formative feedback** midway through the rotation
- Provide **summative feedback** at the end of the rotation using PRIME (Professionalism, reporting, interpretation, managing, education/enhanced communication)
    - Remember that PRIME is developmental and progressive
- Begin the feedback session with the learner's **self-assessment**, reinforce and correct observed behaviors, and confirm the learner's understanding/facilitate acceptance
- Conclude with an action plan: (i.e. "*In which aspects of the rotation do you think you did well? What are you still working on? What will you do differently on your next rotation?")*
- Always reinforce strengths and positive behavior

Helpful Links
Twelve tips for giving feedback effectively in the clinical environment

3. Physical Exam Skills

- Teach and observe the **physical exam**
    - This can be shared with senior resident if needed due to time constraints
- Teaching PE can easily be built into rounds if done at bedside
- **Bedside rounds** are encouraged for many patients (patients who want to participate, are not altered, and for whom the clinical discussion is not too sensitive)
- Patients with physical exam findings of lesser clinical value can be seen individually (i.e. patients awaiting placement who remain on the service for longer periods of time without changes in their clinical status)

Helpful Links
https://meded.ucsd.edu/clinicalmed/lung.htm
http://www.med.ucla.edu/wilkes/intro.html
Stanford Medicine 25 Promoting the Culture of Bedside Medicine

4. Feedback on Presentation and Documentation

- Review written **H&P, progress notes, and discharge summaries** and provide written or verbal **feedback**- *particularly for medical students; this is a requirement for clerkship.*
  - Remember M3 students will need to demonstrate their ability to clinically reason (i.e. differential diagnosis, pathogenesis of disease, diagnostic workup, and management plan)
- Allow learners to present their patients and provide meaningful feedback on **oral case presentations**
  - Immediate feedback following an oral presentation helps to solidify learning points

5. SubInternship

- The sub-I is an acting intern with direct supervision by the senior resident
  - Or the attending if the senior resident is absent
  - ***The interns DO NOT follow the sub-I's patients EXCEPT***
    The interns cover the sub-I's patients when the sub-I AND resident are off

- The sub-I carries a pager and take all calls regarding his/her patients from nursing/ancillary staff
- Although the sub-I is not permitted to give a direct order to nursing, sub-Is can relay the information to the senior resident and the resident may call the appropriate staff with an order
- The sub-I manages his/her patients with supervision including admitting patients, placing orders (to be cosigned), writing daily notes, presenting patients, and assuming responsibility for 4-5 or more patients
- The sub-I maintains complete ownership of his/her patients including calling and interacting with consulting specialties and staying/giving sign-out on patients

6. Group Teaching Responsibilities

- Recruit a cohort of faculty members responsible for teaching specific topics to medical students
  - One teaching attending/4 students
- Didactics can include
  - EKG readings
  - ABG interpretation
  - Physical diagnosis rounds
  - Any high yield topic important for succeeding in hospital medicine
- Recruit residents in the process (Residents as Teachers)
  - Residents can develop a toolkit with shared slides or ready-made teaching didactics for students
  - Enlist Chief Residents for physical diagnosis rounds
  - Provides a learning opportunity for both resident and student trainees
    - Helps to develop teaching skills in residents interested in a teaching track
- When the team is done with work and there's nothing going on- no admissions, no teaching from residents or faculty- allow the students time off to study or send them home.
  - Hanging around watching the residents write notes/chart has little learning utility

If a resident or student trainee is struggling early on, please contact either the residency PD, APD, or student clerkship director as soon as possible in order to develop a remediation plan if necessary