Away from the Mothership: Strategies for Teaching Student Learners in Community Hospitals

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Introduction

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Learning Objectives

• Identify opportunities and challenges for student education in the community hospital setting
• Discuss approaches and resources to strengthen teaching on a community hospital student rotation
• Commit to adapting a tool or strategy to address a specific medical education challenge at your institution
Timeline

- Introduction 10 minutes
- Breakout sessions 50 minutes
- Additional Resource Discussion 10 minutes
- Wrap up 5 minutes

Who is in our audience?
Who is in our audience?

1) Community Hospitalist
2) Community Hospital Rotation/Site Director
3) University-Affiliated Clerkship Director
4) Others?
What type of learners are at your site?

1) Medical students
2) Residents
3) Advance practice provider students
How many learners are at your site at a given time?

1) Individual learner
2) 2-3 learners
3) 4 or more learners
Where do you teach at your community site?

1) Inpatient pediatric unit
2) Well-baby nursery
3) Emergency department
4) NICU
5) Others?
Community Hospital Education Opportunities

- Ample “bread and butter” pediatric cases
- Exposure to acute, unstable, or undiagnosed patients
- Individual or small group interaction
- Increased student autonomy
- Facilitates review of best practices amongst hospitalists

Community Hospital Education Challenges

- Low or high patient census
- Lack of attending continuity
- Inconsistent expectations
- Limited didactics and teaching resources
- Lack of dedicated teaching time for hospitalists
- Lack of support from university-affiliated hospital
Breakout Sessions

Breakout Session Ground Rules

• 3 breakout sessions
  – 8 minutes each followed by facilitator led discussion
    • Orientation and Expectations
    • Teaching Strategies
    • Feedback and Evaluation

• Safe learning environment

• Be efficient – save the networking for later 😊
Orientation Strategies

• Use a reliable administrative process for onboarding
• Send pre-rotation orientation email
• Develop a site-specific syllabus
• Develop an orientation module to include:
  – Guidance on using EHR
  – Physical tour of unit
  – Pre-rounding and Family Centered Rounding materials
  – Pediatric Physical Exam resources
Setting Expectations

- Establish student expectations with entire hospitalist group
  - Will the student serve as primary contact for patient?
  - What are the expectations for student documentation?
  - How are rounds structured and how many patients should a student carry?
  - What is their daily schedule? What should learners do during down time?

- Include student education in hospitalist orientation
- Send a pre-rotation email
  - Assign specific roles to hospitalist
- Create a clerkship calendar

Teaching Techniques for Variable Census
**Educational Checklists**

- Learning objectives
- Mandatory assignments
- Documentation requirements
- Independent study topics
- Supplemental learning activities
- Physical exam observations
- Procedures

**Inpatient Pediatrics**

[Image of checklist]

**Didactic Lecture Topic Lists**

[Image of lecture topic lists]
Teaching Techniques on the Pediatric Unit

• Attending or resident-led case scenarios

Strategies for Effective Feedback and Summative Evaluations
Assessment / Feedback / Evaluation

**Assessment:** Gathering information in order to make a determination about a student’s learning

**Feedback:** Providing information about a student’s learning or skill acquisition in order to plan future learning goals and to ameliorate behavior and skills

**Evaluation:** Judging or putting a value on a procedure, the degree to which knowledge has been gained, or a skill

http://preceptor.healthprofessions.dal.ca/?page_id=1242
Student Directed Collection of Assessments

• Gather in a Passport
  – Direct Observation Forms (SCO) from faculty on specific patients:
    • History taking
    • PE skills
    • Anticipatory guidance
  – Daily feedback forms
  – Presentation feedback forms
  – Mid-month feedback form

PRIME: A shared mental model for student assessment

Learners should focus attention on meeting the skills of one level before progressing to the next:

- **PROFESSIONAL FUNCTION ON BEHALF OF THE PATIENT AND THE TEAM** with
  honesty/integrity, responsibility/reliability/dependability, empathy, commitment to
  competence and excellence as a part of the team and with respect to patients.
- **REPORT** data to the team and patient based on the medical knowledge and skills necessary to
  gather and organize key information from the history, exam, and studies verbally and in writing
- **INTERPRET** gathered material to defend a working diagnosis, compare a reasonable number of
  justifiable diagnoses, and/or assess the response to treatment on an established patient
- **MAKE MANAGEMENT** suggestions based on a working diagnosis or problem while explaining
  the reason for the plan. Offer sound anticipatory guidance to the patient and **EDUCATE** the
  team and patient about relevant patient focused, evidenced-based principles.

As the faculty member, I believe this student is most regularly functioning at this level:

<table>
<thead>
<tr>
<th>Professional</th>
<th>Reporter</th>
<th>Interpreter</th>
<th>Manager/Educator</th>
</tr>
</thead>
</table>

What examples can you provide that highlight the student’s current level?

1.

2.

What can the student do to improve?

When you don’t have as much data as you would like, take advantage of the Student’s Self-Assessment

• Which patients were most memorable to you?
• What parts of the exam did you become more comfortable with this month?
• What conditions did you read about? What resources did you use?
• Do you recall suggesting any plans that affected a patient’s stay?

Easier for Team to Edit than Draft

• Instead of asking for feedback on the student, ask your team to provide feedback on your assessment
• It will often generate more reactions from the team with specific examples
  – Agreement
  – Disagreement
Projects

• Patient write-up
• Case presentation
• Answer to a clinical question using EBM techniques
• Audio-taped oral presentation and feedback using a presentation feedback tool

Additional Resources
Recruit Other Members of Health Care Team for Education

- Observe ECHOs, EEGs, or other diagnostic studies
- Shadow social worker, nurse, or RT
- Spend time in the emergency room
- Watch a circumcision
- Participate in a lactation consult
- Tour the NICU, attend a delivery

Maximize Teaching Impact at the Bedside

- Priming (before)
  - Orient student to patient, give task/goal for encounter, plan for discussion
    - History: wheezing patient...
    - Physical: watch video before going in for well baby newborn exam:
      CHOP Pediatric exam YouTube series:
      youtube.com/user/ChildrensHospPhila/featured
- Modeling (during)
  - Observation of preceptor by student using different techniques
    - Reflective modeling
    - Activated demonstration
- Feedback (after)
  - Formative feedback based on observation of a student's patient encounter
    - Set up planned observation beforehand
    - Utilize an observation tool
Teaching Resources in the Nursery

- Newborn PE video learn pediatrics: newborn exam
- Develop a clinical resource manual
- Stanford nursery website newborns.stanford.edu
- Med Ed Portal: Newborn Nursery mededportal.org
- Nursery Scavenger Hunt

Additional Educational Strategies, Tools, & Resources

For the Hospitalist...
- Teaching cheat sheet
- Shared folders with pre-set lecture materials
- Quality improvement
- SOHM reference list (www.sohmlibrary.org/education.html)

For the Learner...
- Self directed learning
- Synchronous conference platforms
- Online learning modules
- Simulation
- Review articles
- Parent education materials
Faculty Development

• University workshops
• Journal articles and public domain modules
• Site visits
• Curriculum committee meetings

Take Home Points

• Be aware of the many opportunities and challenges for medical education in the community hospital setting and capitalize on your site’s strengths.
• Do not reinvent the wheel! There are many existing tools and strategies that you can apply to your community hospital setting.
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