Faculty Development Program

Working With Our Residents and Medical Students;
What Our New Faculty Need To Know

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Associate Program Director, Internal Medicine Residency Program
Outline

• Overview of UT-IM Residency and Clerkships
• Basic binding roles by ACGME (residents) & LCME (students)
• Rotations at TTH
• Evaluations of residents and students
• Feedback for residents and students
• Questions and Answers
UT-IM Residency Program

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Team Structures - July 2017

ProMedica Toledo Hospital

– **IMS 1**: 1 senior (PGY2/3) + 3 Interns + 2/3 3rd year students + 1 4th year student

– **IMS 2**: 1 senior (PGY2/3) + 3 Interns + 2/3 3rd year students + 1 4th year student

– **IMS 3**: 1 senior (PGY2/3) + 3 Interns + 2/3 3rd year students + 1 4th year student

– **IMS (GIM) Consult**: 1 senior +/-Intern + 2/3 3rd year students + 1 4th year student

– **NF2 (PGY2)** and two **NF1 (PGY1)** at TTH (Overnight)

– **Elective subspecialties** (TTH/UTMC)
IM Clerkship (students)

**Required Clerkship**
- Third-year medical students
- 10-week rotation
  - 1 week orientation; 6 weeks inpatient; 3 weeks ambulatory
  - Faculty/resident evaluations account towards 50% of the students grade

**Elective Clerkships**
- Fourth-year medical students; Acting Internships or Subspecialty rotations
- Vary between 2 and 4 weeks in length
- Faculty/resident evaluations account for 100% of the students grade
Selected ACGME Rules (residents)

• Interns:
  – Should NOT take care of more than 10 patients / day
  – Should NOT do more than 5 new admissions/day (ok for 2 more transfers)
  – Should NOT take care of non-teaching service patients
  – Senior resident or an attending should always be on site for supervision
  – Should NOT do more than 16 hours call (to be 24h-effective July 1)

• Seniors (PGY2/3)
  – Should NOT supervise more than 10 new admissions/day (+ 4 more transfers)
  – Should NOT supervise more than 20 patients (the team cap)

• All residents Should:
  – Write all orders on their patients
  – Attend half day/week continuity clinic (Ruppert building)
  – Be encouraged to do procedures
  – Attend weekly didactics sessions, noon conferences, and grand rounds
  – Limit duty hours to < 80h/week (including moonlighting)
  – Have 1 day off / week
Faculty Expectations

• Do **NOT** rely on learners to fulfill non-physician service obligations (scheduling, etc.)
• Devote sufficient time to your learners
• Demonstrate a strong interest in education of our learners
• Motivate learners and create a strong educational environment
• Encourage and support residents in scholarly activities
• Recognize signs of fatigue and sleep deprivation
  – We have a policy where we will pay a cab fare for residents who experience fatigue after duty hours *(IM – AD 20 Transportation Policy)*
• Maintain current ABIM certification
Resident Expectations

• Patient care
  – Residents must be able to provide compassionate, appropriate, and effective patient care
  – Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

• Medical Knowledge
  – ITE, monthly tests, etc.

• Practice-based Learning and Improvement
  – Residents must have the ability to investigate and evaluate their care of patients

• Interpersonal and Communication Skills
  – Verbal and written communication

• Professionalism
  – Adhere to ethical principles
Student Expectations

• Be able to take **history** and complete a thorough **physical exam**

• **Present** patients during rounds to the team

• **Document** progress note in the chart (Attending should sign it, **Do NOT** use for billing)

• **Update** patient list

• **Participate** in procedures

• **Attend** noon conferences and required seminars

• Students on **inpatient** services are expected to **work 6 days per week**

• Student is **not** expected to follow more than **5 patients** per day
Evaluations of Residents/Students

• The faculty must evaluate residents and students performance in a **timely manner** (immediately after completing the rotation). Due within **2 weeks** after last working with the resident/student.

• Always *sit-down* and discuss issues with your learners to give them an opportunity to improve before evaluating them.

• Provide thoughtful comments – your comments may be used in the MSPE/Dean’s Letter (students) and recommendation letters (both residents and students).
Evaluations of Residents/Students

• Tool for identifying weaknesses and learning opportunities
• Avoid rating based on global impression or specific incidents, emotions or mood
• Use standard reference rather than comparisons with peers
New Innovations (resident) Evaluations

Log In

- www.new-innov.com
- Click Client Login
- Complete the fields
- Click Login

Contact the IM office for:
- Institution Login
- Username
- Password
### Local Demo

**Welcome to New Innovations**

#### Onboarding Checklist

- **New Hire Checklist**

#### View My Checklists

*Username: rafolabi*  
*Logged in by: LCREMO*

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#### My Duty Hours

**Department of Surgery/SURG-General Surgery**

<table>
<thead>
<tr>
<th>Week</th>
<th>Hours</th>
<th>V/L</th>
<th>Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 25 - Dec 01</td>
<td>0.0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dec 02 - Dec 08</td>
<td>0.0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Dec 09 - Dec 15</td>
<td>0.0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dec 16 - Dec 20</td>
<td>0.0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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#### My Favorites

- My Evaluation Results
- Completed Evaluations (about me and by me)
- Log My Duty Hours
- My Procedure Log
- My Procedure Log Report
- My Log Books
- My Continuity Clinic Log
- My Assignment Schedule
- My Rotation Schedule
- Conference Calendar

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#### Notifications

**EVALUATIONS**

- 1 evaluation to complete

**CHECKLISTS**

- Complete 5 Onboarding tasks

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#### System-Wide Notices

New Resident Orientation is on June 23rd at 8:00 am in the Billik Auditorium. Lunch is provided.

**Department Notices**

You have 0 Notices.
1. Find your subject’s panel
2. Click on the evaluation you want to complete (Ex: Faculty evaluation of Resident)
3. Complete the questions
4. Click Submit Final
**IMS-1,2,3**

**Instructions:**
For questions with levels, please note the following when selecting the box:

- **Selecting a box in the middle of the column indicates activities in the column and those in previous columns have been demonstrated.**
- **Selecting a box in between the columns indicates that activities in lower levels have been demonstrated as well as some activities in higher columns.**

**Level 1** - Critical deficiencies in fellow behavior and indicates that the resident is not proceeding along expected trajectory to develop competency

**Level 2** - An early learner

**Level 3** - Advancing as expected and has advanced beyond the early learner but not yet ready for unsupervised practice

**Level 4** - Ready for unsupervised practice

**Level 5** - Competency of an expert or role model.

<table>
<thead>
<tr>
<th>Subject Name</th>
<th>Evaluated by:</th>
<th>Evaluator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>Status</td>
<td>Status</td>
</tr>
<tr>
<td>Employer</td>
<td>Employer</td>
<td>Employer</td>
</tr>
<tr>
<td>Program</td>
<td>Program</td>
<td>Program</td>
</tr>
<tr>
<td>Rotation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation Dates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **1** Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).

   *(PC1)*

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Ready for unsupervised practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistently able to acquire accurate historical information in an organized fashion</td>
<td>Consistently acquires accurate and relevant histories from patients</td>
<td>Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis</td>
</tr>
<tr>
<td>Does not collect accurate historical data</td>
<td>Seeks and obtains data from secondary sources when needed</td>
<td>Identifies subtle or unusual physical exam findings</td>
</tr>
<tr>
<td>Does not use physical exam to confirm history</td>
<td>Consistently performs an appropriately thorough physical exam or misses key physical exam findings</td>
<td>Efficiently utilizes all sources of secondary data to inform differential diagnosis</td>
</tr>
<tr>
<td>Relies exclusively on documentation of others to generate own database or differential diagnosis</td>
<td>Performs accurate physical exams that are targeted to the patient's complaints</td>
<td>Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing</td>
</tr>
<tr>
<td>Fails to recognize patient's central clinical problems</td>
<td>Synthesizes data to generate a prioritized differential diagnosis and problem list</td>
<td></td>
</tr>
<tr>
<td>Fails to recognize potentially life threatening problems</td>
<td>Effectively uses history and physical examination skills to minimize the need for further diagnostic testing</td>
<td></td>
</tr>
</tbody>
</table>

| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
MedEd (student) Evaluations

• First-time users must obtain a UTAD/user ID through the Clerkship Office
  – Log into myut.utoledo.edu to create a password before proceeding to the evaluation website

• Evaluation website is located at: meded.utoledo.edu
## Student Evaluation

### Competency: Medical Knowledge

<table>
<thead>
<tr>
<th>Competency</th>
<th>Sig. Below Expected Competency</th>
<th>Below Expected Competency</th>
<th>At Expected Competency</th>
<th>Above Expected Competency</th>
<th>Sig. Above Expected Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Foundation of knowledge and/or understanding of disease mechanisms is inadequate. Unable to clinically apply knowledge base.</td>
<td>Adequate overall foundation of knowledge with some gaps. Limited ability to clinically apply knowledge.</td>
<td>Expected foundation of knowledge and understanding of disease mechanisms. Frequently demonstrates ability to apply knowledge in clinical situations.</td>
<td>Broad foundation of knowledge and understanding of disease mechanisms. Consistently has ability to apply knowledge in clinical situations.</td>
<td>Comprehensive foundation of knowledge and understanding of disease mechanisms. Consistently applies knowledge in clinical situations. Effectively educates patients and peers.</td>
</tr>
</tbody>
</table>

### Competency: Patient Care (Patient History)

<table>
<thead>
<tr>
<th>Competency</th>
<th>Sig. Below Expected Competency</th>
<th>Below Expected Competency</th>
<th>At Expected Competency</th>
<th>Above Expected Competency</th>
<th>Sig. Above Expected Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inaccurate and disorganized history. Poor interviewing technique. Unable to develop assessment and plan. Does not ask questions pertinent to suspected patient problems.</td>
<td>History is often incomplete. Interview technique weak. Acquisition of information from history is inconsistent and often incomplete. Assessment and plan not well-developed.</td>
<td>Accurate history and good interview technique. Is able to develop a reasonable assessment and plan based on history obtained.</td>
<td>Thorough and accurate history. Strong interviewing technique. Identifies key facts in patient history, which assist in formulating a comprehensive assessment and plan.</td>
<td>Comprehensive, accurate history includes subtle cues from patient interview. Excellent interviewing technique. Formulates an insightful assessment and plan.</td>
</tr>
</tbody>
</table>

Not observed
## Competency: Patient Care (Physical Exam)

<table>
<thead>
<tr>
<th>Competency Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significantly below expected competency</td>
<td>Inaccurate and disorganized physical exam. Does not recognize normal or abnormal findings in patient exam.</td>
</tr>
<tr>
<td>Below expected competency</td>
<td>Incomplete and somewhat disorganized physical exam. Recognizes some normal physical exam features.</td>
</tr>
<tr>
<td>At expected competency</td>
<td>Accurate, complete physical exam. Recognizes normal features and common abnormalities in patient exam.</td>
</tr>
<tr>
<td>Above expected competency</td>
<td>Thorough, accurate and organized physical exam. Recognizes emergent and important abnormalities in patient exam.</td>
</tr>
<tr>
<td>Significantly above expected competency</td>
<td>Comprehensive, accurate and organized physical exam. Recognizes both emergent and important subtle abnormalities in patient exam.</td>
</tr>
</tbody>
</table>

## Competency: Patient Care (Clinical Reasoning)

<table>
<thead>
<tr>
<th>Competency Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significantly below expected competency</td>
<td>Struggles to integrate relevant findings and lab/study data when solving clinical problems. Unable to develop an assessment and plan.</td>
</tr>
<tr>
<td>Below expected competency</td>
<td>Limited ability to integrate findings and lab/study data into clinical assessments. Assessments may be accurate but do not include a differential diagnosis or reflect all relevant information.</td>
</tr>
<tr>
<td>At expected competency</td>
<td>Integrates findings and lab/study data into clinical assessments. Assessments are accurate and reflect all relevant information. Develops basic differential diagnosis.</td>
</tr>
<tr>
<td>Above expected competency</td>
<td>Integrates relevant findings and lab/study data into clinical assessments. Assessments are comprehensive, accurate, and include a well developed differential diagnosis.</td>
</tr>
<tr>
<td>Significantly above expected competency</td>
<td>Integrates and prioritizes findings and lab/study data into clinical assessments. Assessments are accurate and comprehensive. Able to develop and defend an extensive differential diagnosis.</td>
</tr>
</tbody>
</table>
## Competency: Practice Based Learning and Improvement

<table>
<thead>
<tr>
<th>Category</th>
<th>Significantly below expected competency</th>
<th>Below expected competency</th>
<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Completely unaware of own gaps in knowledge and skills. Poor acceptance of feedback and does not make an effort to change.</td>
<td>Inconsistently recognizes gaps in knowledge and skills. Does not demonstrate improvement after specific feedback.</td>
<td>Recognizes most gaps in own knowledge and skills. Accepts criticism when offered and makes an effort to change based on specific feedback.</td>
<td>Recognizes gaps in own knowledge and skills. Solicits feedback weekly and accepts constructive criticism well. Able to effect change. Self-motivated.</td>
<td>Recognizes gaps in own knowledge and skills. Regularly solicits feedback and receives criticism with insight and effects change. Self-motivated.</td>
</tr>
</tbody>
</table>

### O1, O2, O3, O4, O5, On/a

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## Competency: Interpersonal and Communication Skills

<table>
<thead>
<tr>
<th>Category</th>
<th>Significantly below expected competency</th>
<th>Below expected competency</th>
<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does not establish rapport with patients; lacks empathy and does not communicate effectively. Does not communicate well with other health care professionals. Participation in team-based care is inconsistent.</td>
<td>Sometimes has difficulty establishing rapport with patients. Ineffective communication with patients and other healthcare providers.</td>
<td>Relates well to most patients and family members. Proficient verbal and written communications with other healthcare professionals. Actively participates in team-based care.</td>
<td>Relates well to patients and family members. Demonstrates empathy; uses easy to understand language in patient communication. Proficient verbal and written communications with other healthcare professionals. Actively participates in team-based care.</td>
<td>Relates well with patients and health care team even with complex clinical scenarios. Shows empathy, compassion and respect; engages patients in shared decision making. Excellent communication with healthcare professionals. Role models active, respectful participation in team-based care.</td>
</tr>
</tbody>
</table>

### O1, O2, O3, O4, O5, On/a

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*Student Evaluation, cont’d.*
## Student Evaluation, cont’d.

### Competency: Professionalism

<table>
<thead>
<tr>
<th>Competency</th>
<th>Significantly below expected competency</th>
<th>Below expected competency</th>
<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance and punctuality are erratic. Cannot be relied upon to carry out tasks and needs frequent reminders of responsibilities. Does not actively participate in most educational activities. Intervention needed regarding student’s commitment.</td>
<td>Regular attendance, but inconsistent punctuality for duties. Needs reminders at times to complete responsibilities. Does not actively participate in all educational activities. Needs reminders to complete responsibilities.</td>
<td>Timely, regular attendance. Can be relied upon in fulfilling responsibilities as a member of the health care team and in the delivery of patient care. Completes assigned responsibilities without need for reminders.</td>
<td>Student is always on time or early for duties. Outstanding in dependability, punctuality and participation in team activities and patient care responsibilities. Makes extra effort to be an integral team member.</td>
<td>Exceptionally conscientious. Excellence in attendance, dependability, punctuality, and participation in team activities and patient care responsibilities. Makes extra effort to be an integral team member; assumes leadership role(s).</td>
<td></td>
</tr>
</tbody>
</table>

### Competency: Systems Based Practice

<table>
<thead>
<tr>
<th>Competency</th>
<th>Significantly below expected competency</th>
<th>Below expected competency</th>
<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>No awareness of hospital or clinic resources. Unable to recommend any additional resources for patient care delivery.</td>
<td>Rarely suggests and recruits additional hospital or clinic resources in patient care. Rarely displays awareness and discussion of cost-effectiveness of care.</td>
<td>Regularly suggests and recruits ancillary resources to optimize patient care. Demonstrates basic understanding of the roles of multidisciplinary care providers, and regularly includes in patient care discussions. Demonstrates awareness of cost-effectiveness of patient care.</td>
<td>Shows in depth understanding of the roles of multidisciplinary care providers in achieving optimal patient outcomes and frequently includes in patient care discussions. Demonstrates in depth understanding of cost-effectiveness of care and includes frequently in patient care discussions.</td>
<td>Has advanced knowledge of all hospital/clinic resources available and utilizes appropriately. Demonstrates advanced understanding and ability to employ cost-effectiveness of care strategies. Recognize sources of potential system failures.</td>
<td></td>
</tr>
</tbody>
</table>

**Summary Comments:** Narrative comments are required. Please also include specific comments if you feel a student did exceptionally well or exceptionally poorly (ex. If student was a <3 or >3), including examples where such behavior was demonstrated.

**PLEASE NOTE THAT COMMENTS ARE REQUIRED!**
Evaluation of Faculty

• Both residents and students will have the opportunity to evaluate faculty after rotations.
• Evaluation reports will be sent to faculty periodically.
• The program will evaluate faculty performance which will include:
  – Clinical teaching abilities
  – Commitment to teaching
  – Clinical knowledge
  – Professionalism
  – Scholarly activities
• Evaluations of faculty are confidential.
Strategies to Improve Evaluations

• Set and create mindfulness around purpose
• Know and understand *milestones* that you will assess
• Know/reflect/reduce your own unconscious bias
• Use observation and objective data as much as possible
• Commit to continuous improvement in rating skill – that’s why we are talking about it, FACULTY DEVELOPMENT
When Providing Feedback

- **Use both formal and informal settings**
  - Learners often **only** recognize feedback in a formal “sit down” session.
  - Faculty are encouraged to provide constructive (thoughtful) feedback during each rotation and formal feedback at the end of the rotation
- **Avoid a stressful setting**
  - May not process “feedback on the fly” without reinforcement
- **Avoid being rushed**
  - If faculty sound frustrated or abrupt, learners may fixate on that more than content of feedback.
- **Don’t send a contradictory message**
  - Ending the feedback with a general “good” may confuse or even negate prior feedback
Faculty as Teachers

The best faculty in the LEARNERS eyes:

• Effectively uses the learners time
• Provides bedside teaching
• Effectively uses rounding time (patient care, teaching)
• Reviews diagnostic data (EKG, X rays, CT scans, etc.) with the learners
• Provides feedback frequently
• Provides time to take part in patient care
• Observes H&P and provides feedback
• Knowledgeable but not afraid to say, “I don’t know”
• Think aloud when solving issues
• Good bedside manners
Faculty as Teachers

The best faculty in the PROGRAMS eye:

• Faculty that complete evaluations on time
• Provides specific, thoughtful comments related to feedback
• Enthusiastic
• Accessible
• Shows interest in the learner and his/her progress
• Actively involves the learner
• Helps the learner to expand skills, such as publishing
• Portray themselves as a role model
Advantages of Working With Our Learners

• Improve patient care
  – Gather additional info
  – Humanizes care
    • Patients get more time
    • Patients feel they get most up-to-date care
    • Patients get two sets of eyes (or more)
    • Patients feel they may help in shape a new doctor’s career

• Educational advantage
  – Role model skills
  – Stay on the cutting edge of IM/subs
  – Challenge
Final Words

• Timely feedback is very, very important
• Keep contact information of Clerkship Director, Program Directors, Asst. PDs and the coordinators handy and contact them with any issues
• Please let us know how we can make your experience with our learners more enjoyable
• Remember that the learners will be taking care of us within the next few years
• Connect with the learners, show them your passion!
• Have fun!
QUESTIONS