



**COLLEGE OF MEDICINE
AND LIFE SCIENCES**

THE UNIVERSITY OF TOLEDO

Faculty Development Program

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

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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

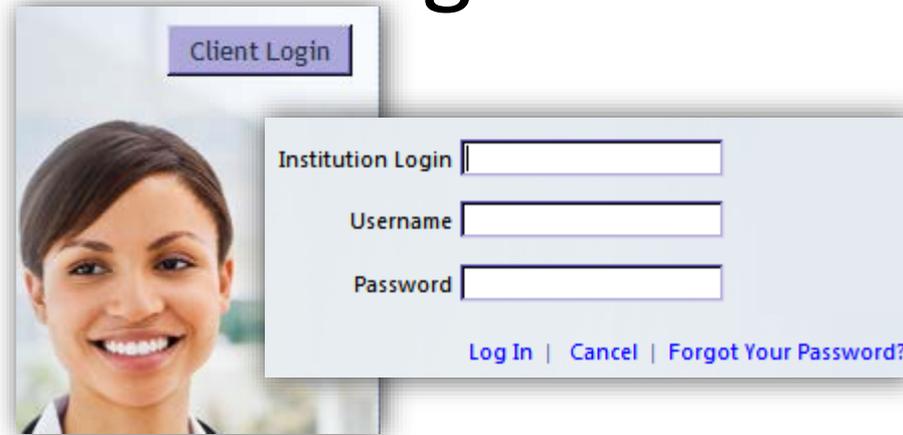
- The faculty must evaluate residents and students performance in a **timely manner** (immediately after completing the rotation). Due within **2 weeks** after last working with the resident/student.
- Always *sit-down* and discuss issues with your learners to give them an opportunity to improve before 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



Client Login

Institution Login

Username

Password

[Log In](#) | [Cancel](#) | [Forgot Your Password?](#)

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

Contact the IM office
for:

- Institution Login
- Username
- Password

Home Page

Local Demo

SURG-General Surgery | Robert Afolabi | Help

↑ Schedules Evaluations Duty Hours Logger Conferences Portfolio More

Welcome to New Innovations

Onboarding Checklist

New Hire Checklist

Progress



Due

6/10/2012

[View My Checklists](#)

Username: [rafolabi \(change\)](#) Logged into: LCDEMO

[Save Page Layout](#)

Welcome: Robert Afolabi M.D.



Logged into:
Department of Surgery/SURG-General Surgery
Email:
rafolabi@stchrist.edu
Pager: N/A
[Change Password](#)

Department of Surgery/SURG-General Surgery



SURGERY

My Duty Hours

11/25/2012 - 12/20/2012

Week	Hours	V/L	Calls
Nov 25 - Dec 01	No Hours	0.0	0 0
Dec 02 - Dec 08	No Hours	0.0	0 0
Dec 09 - Dec 15	No Hours	0.0	0 0
Dec 16 - Dec 20	No Hours	0.0	0 0

25 day(s) off

[Log My Hours](#)

NI Alerts and Information

[NI Conferences](#)

Notifications

EVALUATIONS

[1 evaluation to complete](#)

CHECKLISTS

[Complete 5 Onboarding tasks](#)

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](#)

System-Wide Notices (1)

New Resident Orientation is on June 25th at 8:00 am in the Billick Auditorium. Lunch is provided.

Department Notices (0)

You have 0 Notices



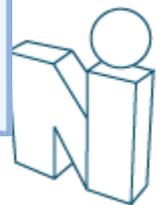
Complete Evaluations

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

The screenshot displays the 'Complete Evaluations' interface. At the top, there is a search bar labeled 'Find a person or evaluation...'. Below this, it states '11 Total Evaluations to Complete'. The main area shows three subject panels:

- Bradshaw, David:** Three evaluations: 'Faculty Evaluation of Residents - No Milestones' (Dec 3, 2013), 'Faculty Evaluation of Residents (2013-2014)' (Dec 3, 2013), and 'Faculty Evaluation of Residents (2013-2014)' (Nov 3, 2013).
- Brooks, Maggie:** Two evaluations: 'Faculty Evaluation of Residents - No Milestones' (Dec 3, 2013) and 'Faculty Evaluation of Residents (2013-2014)' (Dec 3, 2013).
- Donovan, James:** Two evaluations: 'Faculty Evaluation of Residents (2013-2014)' (Nov 3, 2013) and 'Faculty Evaluation of Residents (2013-2014)' (Oct 3, 2013). A 'Next' button is visible at the bottom of this panel.

On the right side, there is a 'Display' sidebar with filters: 'All' (11), 'Drafts' (0), 'Overdue' (0), and 'Requested' (0). Below this is a 'Create Evaluations' section with a 'Choose Subject' button. At the bottom right of the sidebar area, it says 'Show Older (3)'.



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.

Subject Name

Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: Evaluator Name

Status
Employer
Program

1 Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)

Critical Deficiencies

Does not collect accurate historical data

Does not use physical exam to confirm history

Relies exclusively on documentation of others to generate own database or differential diagnosis

Fails to recognize patient's central clinical problems

Fails to recognize potentially life threatening problems

Inconsistently able to acquire accurate historical information in an organized fashion

Does not perform an appropriately thorough physical exam or misses key physical exam findings

Does not seek or is overly reliant on secondary data

Inconsistently recognizes patients' central clinical problem or develops limited differential diagnoses

Consistently acquires accurate and relevant histories from patients

Seeks and obtains data from secondary sources when needed

Consistently performs accurate and appropriately thorough physical exams

Uses collected data to define a patient's central clinical problem(s)

Ready for unsupervised practice

Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion

Performs accurate physical exams that are targeted to the patient's complaints

Synthesizes data to generate a prioritized differential diagnosis and problem list

Effectively uses history and physical examination skills to minimize the need for further diagnostic testing

Aspirational

Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis

Identifies subtle or unusual physical exam findings

Efficiently utilizes all sources of secondary data to inform differential diagnosis

Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing

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

Significantly below expected competency	Below expected competency	At expected competency	Above expected competency	Significantly above expected competency	
Foundation of knowledge and/or understanding of disease mechanisms is inadequate. Unable to clinically apply knowledge base.	Adequate overall foundation of knowledge with some gaps. Limited ability to clinically apply knowledge.	Expected foundation of knowledge and understanding of disease mechanisms. Frequently demonstrates ability to apply knowledge in clinical situations.	Broad foundation of knowledge and understanding of disease mechanisms. Consistently has ability to apply knowledge in clinical situations.	Comprehensive foundation of knowledge and understanding of disease mechanisms. Consistently applies knowledge in clinical situations. Effectively educates patients and peers.	Not observed
○1	○2	○3	○4	○5	On/a

Competency: Patient Care (Patient History)

Significantly below expected competency	Below expected competency	At expected competency	Above expected competency	Significantly above expected competency	
Inaccurate and disorganized history. Poor interviewing technique. Unable to develop assessment and plan. Does not ask questions pertinent to suspected patient problems.	History is often incomplete. Interview technique weak. Acquisition of information from history is inconsistent and often incomplete. Assessment and plan not well-developed.	Accurate history and good interview technique. Is able to develop a reasonable assessment and plan based on history obtained.	Thorough and accurate history. Strong interviewing technique. Identifies key facts in patient history, which assist in formulating a comprehensive assessment and plan.	Comprehensive, accurate history includes subtle cues from patient interview. Excellent interviewing technique. Formulates an insightful assessment and plan.	Not observed
○1	○2	○3	○4	○5	On/a

Student Evaluation, cont'd.

Competency: Patient Care (Physical Exam)

Significantly below expected competency	Below expected competency	At expected competency	Above expected competency	Significantly above expected competency	
Inaccurate and disorganized physical exam. Does not recognize normal or abnormal findings in patient exam.	Incomplete and somewhat disorganized physical exam. Recognizes some normal physical exam features.	Accurate, complete physical exam. Recognizes normal features and common abnormalities in patient exam.	Thorough, accurate and organized physical exam. Recognizes emergent and important abnormalities in patient exam.	Comprehensive, accurate and organized physical exam. Recognizes both emergent and important subtle abnormalities in patient exam.	Not observed
○1	○2	○3	○4	○5	On/a

Competency: Patient Care (Clinical Reasoning)

Significantly below expected competency	Below expected competency	At expected competency	Above expected competency	Significantly above expected competency	
Struggles to integrate relevant findings and lab/study data when solving clinical problems. Unable to develop an assessment and plan.	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.	Integrates findings and lab/study data into clinical assessments. Assessments are accurate and reflect all relevant information. Develops basic differential diagnosis.	Integrates relevant findings and lab/study data into clinical assessments. Assessments are comprehensive, accurate, and include a well developed differential diagnosis.	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.	Not observed
○1	○2	○3	○4	○5	On/a

Student Evaluation, cont'd.

Competency: Practice Based Learning and Improvement

Significantly below expected competency	Below expected competency	At expected competency	Above expected competency	Significantly above expected competency	
Completely unaware of own gaps in knowledge and skills. Poor acceptance of feedback and does not make an effort to change.	Inconsistently recognizes gaps in knowledge and skills. Does not demonstrate improvement after specific feedback.	Recognizes most gaps in own knowledge and skills. Accepts criticism when offered and makes an effort to change based on specific feedback.	Recognizes gaps in own knowledge and skills. Solicits feedback weekly and accepts constructive criticism well. Able to effect change. Self-motivated.	Recognizes gaps in own knowledge and skills. Regularly solicits feedback and receives criticism with insight and effects change. Self-motivated.	Not observed
O1	O2	O3	O4	O5	On/a

Competency: Interpersonal and Communication Skills

Significantly below expected competency	Below expected competency	At expected competency	Above expected competency	Significantly above expected competency	
Does not establish rapport with patients; lacks empathy and does not communicate effectively. Does not communicate well with other health care professionals.	Sometimes has difficulty establishing rapport with patients. Ineffective communication with patients and other healthcare providers. Participation in team-based care is inconsistent.	Relates well to most patients and family members. Proficient verbal and written communications with other healthcare professionals. Actively participates in team-based care.	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.	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.	Not observed
O1	O2	O3	O4	O5	On/a

Student Evaluation, cont'd.

Competency: Professionalism

Significantly below expected competency	Below expected competency	At expected competency	Above expected competency	Significantly above expected competency	
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.	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.	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.	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.	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).	Not observed
○1	○2	○3	○4	○5	○n/a

Competency: Systems Based Practice

Significantly below expected competency	Below expected competency	At expected competency	Above expected competency	Significantly above expected competency	
No awareness of hospital or clinic resources. Unable to recommend any additional resources for patient care delivery.	Rarely suggests and recruits additional hospital or clinic resources in patient care. Rarely displays awareness and discussion of cost-effectiveness of care.	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.	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.	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.	Not observed
○1	○2	○3	○4	○5	○n/a

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

