WORKING WITH MEDICAL STUDENTS

UACOMP AND BUMCP EXPECTATIONS

KENDALL NOVOA-TAKARA, MD UPDATED 2022

IM CLERKSHIP DURATION

- IM clerkship 12 weeks until AY 2019
- In 2019 rotation shorted to 8 week
- Due to covid in 2020 students had 2 weeks of non clinical IM, clinical time 4 weeks (mandatory), optional additional 4 weeks
- 2021 back to 8 weeks

GENERAL

- Third year begins in April, Fourth year in May
- Transition from classroom to clinical is HUGE
- COMMUNICATION IS KEY-BUMCP frequently marked down because students feel lost, don’t know where to go, don’t know when rounds are
- students on orange team (MS3 and MS4) and direct care (MS4)

SCHEDULES

- Arrive around 6, leave after 4 pm on weekdays
- Tues AM:
  - MS3 rounds with attending instead of going to AHD
  - MS4 go to AHD but attending may elect to work with them during AHD
- Tues PM:
  - MS 3 ALWAYS have class
  - MS4 usually have class
  - Sub I REQUIRED to return to BUMCP if their team is long call
- MS 3 have additional LPC, Hospice visits

STUDENT DONE EARLY?

- Residents should NOT excuse the students early WITHOUT ASKING ATTENDING
- Have your student remain on site
- Students can do the following:

  Help with medicine reconciliation

  Review charts

  Talk to family members

  Talks to specialists

  Talk to case management, PT/OT, speech, wound

  (BTW the above does not constitute SCUT)

  Prepare presentations

DAYS OFF

- Assigned by Dr. Bergin (MS3) and Dr. Novoa (MS4)
- Switches need to be approved by site director
- MS 3 1 day a week, usually short call weekend day
- MS 4 1 day a week, could be during the week but prefer weekend short call day
- During NF: MS 4 off Monday (due to didactics) and Friday; if MS 4 didactics are on another day, have them take off the night before
- No MS 3 on NF

HOLIDAYS

- MS 3: Labor Day, Memorial Day, 4th of July, Veterans Day and Thanksgiving
- MS 4: NONE—they are like you. You work holidays and so do they. They can only take a holiday off IF your team is short call and an intern would be allowed to take the day off. All days off and switches must be approved by Dr. Novoa

STUDENT NO SHOWS/LEAVES UNEXPECTEDLY

- Want to make sure student is OK
- CALL YOUR ATTENDING
- EMAIL DR BERGIN (MS3) or DR. NOVOA (MS4)/YOUR ATTENDING –must be documented
- What do we do with information? Pass it on to school to track for patterns of abuse, bring concerns for wellness to student affairs

TEAM AND PATIENT ASSIGNMENTS

- MS 3 A side, MS 4 B side (generally)
- Students should not have patients from both sides
- MS 4 3-5 patients, MS 3 1-3 patients
- Must be assigned patients on first day or rotation (old patients are fine as they are new to the students)
- CAN see patient in airborne if they have been mask fit (All UACOMP students have been fitted)
- Sub I MAY opt in to see COVID patients IFF fully vaccinated
- Students should have their pagers at all times
- Show them how to access to team list

PRESENTING NEW PATIENTS ON ROUNDS

- Practice with MS before rounds
- HPI should leave listener with ddx by the end of it (if not, needs more detail)
- HPI SHOULD NOT include ER course/interventions
- ROS and PE should be based on pertinent positives and negatives
- Labs/studies focus on important results
- All other information (fully detailed ROS/FHx/PMH/Soc HX/PE) on written documentation and available on demand to listener
- Clinical illness statement after labs/studies
- List items in DDX (do not give details unless asked for them)
- Then assessment and plan by problem starting with working dx of main reason for admission with rest organized by order of importance

FOLLOW UP PRESENTATIONS/SOAP

- Students should present all their patients on rounds
- Help keep the students organized: subjective material is presented in subjective etc.
- Ok to briefly state overnight events in subjective but save details of assessment and plan for that segment of presentation
- Help student be CONCISE in subjective and objective—highlight pertinent positives and negatives, help them keep if BRIEF
- Assessment and plan by problem (COMPLETE problem list-both oral and written documentation)—this is where bulk of time/energy should be spent
- In A/P use one of these methods
  - mini SBAR (situation, background, assessment, and recommendation) for each problem OR
  - what is going on? Why is it happening? What do you think about it? What do you want to do about it?

ROUNDS

- Make sure your student knows when and where rounds are
- Students should preround on and discuss patients with resident, finish their work related to those patients (to include notes) before attending rounds
- Students should avoid eating/drinking on rounds and take care of personal business before rounds
- Students (MS3 and MS 4)expected to stay with attending on rounds so they can see patients from both sides of the team

STUDENT DOCUMENTATION FOR BILLING

- Can bill off of student note for H&P, consultation, progress notes
- Use regular note for this
- Title note: BUMG or IM (can list team color) Teach Note
- Supervising physician (intern, resident or attending) must be with student during interview and exam
- Must cosign note with Banner approved verbiage--- *I, the resident was present with the medical student during the visit. I personally performed an exam, made the assessment and developed the care plan (e.g. medical decision making), as documented above. I have verified student's documentation and agree with the student's findings.*
- STUDENTS CANNOT AUTHOR DISCHARGE SUMMARIES IN CERNER

STUDENT NOTES

- Students should ALWAYS write notes daily
- Notes do NOT have to be used for billing
- If not used for billing, have student use ‘medical student note’
- If not used for billing, intern or resident do not need to be present

STUDENT NOTES #2

- When possible, don't 'fix' their note (replace what they have written)
- If you always 'fix' their note, we can't tell what they are actually doing
- If the note is so bad that you feel compelled to rewrite most of the assessment and plan, have the student write a med student note and talk to the attending
- when you write your addendum to the note which will be used for billing, write a paragraph that ADDS to the note..mostly about the clinical reasoning behind decision making and justifying plan
- Your addendum can also fix/add on to ros/pe etc—would write 'additional ros____, additional PE__'

MS 3 SPECIFIC EXERCISES

- Residents can complete CEX and EBM/Hummanities forms
- Residents can complete MyTIP form (PRIME +)
- Attendings complete oral presentation and H&P feedback

HOW IS THE SUB I DIFFERENT FROM THE CLERKSHIP?

WHAT SETS SUBINTERNS APART?

- subinterns MANAGE (not just follow) 3-5 patients
- Encourage them to express their clinical reasoning: what is going on, why, how the patient is doing, what they think about that, and what they want to do
- Both MS3 and MS 4 can PEND orders, strongly encourage sub I to do so
- Encourage them to talk to nurses and give their pager information to nurses
- Should be doing as much of the discharge preparation work as possible
- CANOT OFFICIALLY WRITE DC SUMMARIES IN CERNER but you should have them write one in word/notepad so YOU can COPY and PASTE into a discharge summary note that YOU opened in the patient's chart and should edit it
- Have them sign out patients to the night team with you & have them get sign out from night team
- Be sure to let Dr. Novoa and Dr. Bergin know if the student would be a great addition to our program

ASSIGNMENTS TO PREPARE SUB I FOR INTERNSHIP

- GRADED BY YOU (SENIOR RESIDENTS)
- discharge summary
- social determinants of care
- patient hand off
- Transition of care notes (student is handing off to ICU or next intern—NOT a discharge summary)
- Must take call
- MS4 on direct care: attendings will complete above forms
- Complete two of these a week—if sub I asks you to do all in week 3, you can decline

SOCIAL DETERMINANTS OF HEALTH EXERCISE

- To be done on the same patient the students is doing the discharge summary on
- Worksheet listing domains must be filled out listing the barriers to health care and what team did to address

Relationships/community
(primary relationships: family, friends, are they are caregiver, domestic violence/abuse/neglect, community relationship-faith based, clubs or associations)

Resources
(access to food, transportation, medical facilities, income, insurance, RX coverage, housing status)

Behavioral
(health beliefs, exercise, diet, cultural beliefs, personality disorders, substance use, stress management skills)

Psychiatric
(diagnosed, undiagnosed, observed: depression, anxiety, delirium, psychosis, dementia, mood, affect)

Biomedical
(chronic and acute medical disease. Complications of disease, relevant PMH, medications and compliance)

ADL/iADL
(hygiene, toileting, feeding, occupational, gait and mobility, continence, health literacy, education)

Resulting functional status:
(how does this person function in society, role in the community and workplace, family, self care)

SUB I CALL

This form is required-can only be filled out by resident or attending

Sub I on orange team and direct care hospitalist service may work selected Monday (extended duty hours) and Fridays (full shift) with NF team or complete requirements with noctunist

One form for each night

Your signature means student

- Saw the patients you asked them to
- Participated in cross cover
- Completed any written documentation required
- Participated in rounds
- Stayed the duration of call
- Performance was in all ways satisfactory and met standards expected of your intern

CORE SUB INTERNSHIP CALL REPORT FORM

Instructions: complete this form during your night of call. Your supervising physician (resident or attending) must sign off on successful call completion. Interns may not sign form. Submit form for credit. Four calls are required; on time submission required for honors. Due Tuesday after rotation ends by 8am.

Student name _____ Date_____

Rotation _____ Location_____

Briefly describe new admissions you assisted with:

Briefly describe cross cover issues you participated in:

Procedures: indicate if you observed a procedure or describe your participation in the procedure

To be completed by supervising physician:

Formative feedback:

I certify that _____(student name) actively participated in on call responsibilities.

_____ _____

Supervising physician name (printed) Supervising physician signature

PERFORMANCE CONCERNS

- Let your attending & Dr. Bergin (MS 3) OR Dr. Novoa-Takara (MS4) know immediately
- Students must be counselled by attending in person and must be documented by attending by mid point in rotation or as soon as possible (if issue comes to attention after mid month)
- We can get the student extra help at UACOMP or if rotating sub I, their school may be able to help

(P)RIME

- P=Professionalism
- R=Reporter
- I=Interpreter
- M=Manager
- E=Educator/expert

Overall category for week: Reporter, Interpreter, Manager, Educator

Was this evaluation discussed with the student (before submission)? Yes No

Category	General Expectations	Comments:
Professionalism	• Create ethical relationships, encourage wellness • Shows integrity, accountability, responsiveness, and balance of self-care • Demonstrate sensitivity, empathy, respect for others • Maintain teachable attitude, is prepared & engaged • Recognizes limitations, admit errors • Demonstrate effective communication skills (with diverse patient groups and families) • Collaborates with team and other health care professionals	
Reporter 3rd year : Pass 4th year : Fail	• Document & present patient information • Demonstrate & document H&P • Document and present patient information	
Interpreter 3rd year : high pass/honors 4th year : pass/high pass	• Problem prioritization • Differential diagnosis formation • Demonstrate deductive/diagnostic reasoning • Create good medical questions, as it relates to their patients and needed answers to solve the case	
Manager 3rd year : honors 4: high pass to honors	• Aware of cost/resource allocation • Recognizing roles, responsibilities of team and co-manage appropriately • gets answers to medical questions • Formulate diagnostic/therapeutic plans • Demonstrate risk/benefit decision making • Recognize immediate life threatening conditions, institute appropriate therapy (MS4) • Incorporate patient values into plan	
Educator 3rd year: honors 4th year: honors	• Apply quality improvement to improve patient safety • Acquire knowledge, identify resources, educates others (peers/subordinates) • Aware of cost and resource allocation • Self directed learning skills • Good response to feedback • Critical reading skills	

Updated 10/15/19

GRADING NORMS AT BUMCP FOR SUB I

- Most students are high pass or honors
- Students who are just ‘OK’ are pass
- Students must EARN an honors grade-HONORS HAS TO BE MEANINGFUL--can’t be like Lake Woebegone where everyone is above average or like the Incredibles when everyone can be super and when everyone is super, no one will be.
- Grade distribution probably around 5-10% pass, 50% HP, 30-40% Honors

MS 3 GRADING

- PASS=REPORTER. H&P presentations should be fluid, student report on whatever is written in the chart (labs, imaging, and consultant notes)
- HIGH PASS=INTERPRETER. Identifies clinically important data/information (labs, imaging, consultant notes), describes how clinically relevant
- HONORS=EARLY MANAGER. Takes the important clinical data and then formulates an evidence based plan based on reading
- HONORS=EDUCATOR. Teaches the team based on reading they have done, may incorporate it into assessment/plan part of presentation does not have to be a stand alone talk

MS 4 GRADING

- FAIL=REPORTER. H&P presentations should be fluid, student report on whatever is written in the chart (labs, imaging, and consultant notes)
- PASS=INTERPRETER. Identifies clinically important data/information (labs, imaging, consultant notes), describes how clinically relevant
- HIGH PASS=EARLY MANAGER. Takes the important clinical data and then formulates an evidence based plan based on reading
- HONORS=MANAGER goes more in depth into management +EDUCATOR. Teaches the team based on reading they have done, may incorporate it into assessment/plan part of presentation does not have to be a stand alone talk

REPORTER

- Reports what is in chart
- Consult notes
- Imaging
- Labs-normal and abnormal

Student able to say acute HFrEF exacerbation and can list physical findings etc.

INTERPRETER

- Accurately determines significance of data
- Volunteers information about patients
- Can explain the clinical significance of data (when asked)

Student interprets information such as hyponatremia, elevated creatinine and is able to say why
Comes up with tailored differential diagnosis

MANAGER

- Makes appropriate diagnostic/ therapeutic plans based on data
- Volunteers information about patients
- Discusses clinical reasoning
- Can answer questions about patient management-and you are convinced that they know what they are talking about

Makes management recommendations IV diuretics, initiate ACEI, when to use entresto, beta blockers, mineralocorticoid receptor antagonist and WHY
Makes contingency plans

EDUCATOR

- Teaches team about their patients
- Ideally gives short teaching points on their patients during oral presentation of patients
- Does not wait to do an oral presentation on a subject to teach team
- One short presentation does not make a manager

Educates team about heart failure: advanced management-aqauphoresis , nesiritide, milrinone, LVAD

SUB I GRADE AND GRADING RULES

- No quota on clinical honors
- Give grade students deserve
- ONLY attendings will complete the clinical evaluation
- Site director compiles the grades and submits
- FINAL GRADE=CLNICAL EVALS—must get passing grade on non clinical curriculum to maintain clinical grade

ANOTHER WAY TO THINK ABOUT MS4 GRADES

- HONORS-would definitely rank in the match
- HIGH PASS-would rank in the match and they would do fine in our program
- PASS-will probably do OK in residency, would not rank at BUMCP
- FAIL-will be on the program director’s radar early on whatever program they end up at

WHAT IF I AM NOT SURE MY STUDENT IS PASSING?

- If your third year student is better than your fourth year student, you may have a problem
- If you think your sub I would get eaten alive during the first month of residency or would be singled out by the RCC/CCC…..
- If you see NEVER behavior from your student…. (includes professionalism)
- Contact Dr. Bergin (MS3) or Dr. Novoa (MS 4) immediately
- All students demonstrating unsatisfactory performance MUST be counselled by the site director
- Performance improvement plan will be made (may include UACOMP resources)
- Site director must have written documentation that student was counselled and performance improvement plan was made
- Course director will be notified

EXPOSURE TO BLOOD AND BODY FLUIDS

- Removed soiled clothing and wash exposed area with soap and water
- Students notify resident, attending, and site coordinator (Dr. Bergin or Dr. Novoa-Takara)
- Send the student to Occupational health at Banner (in the Edwards building) and to follow the instructions in the student exposure policy (UACOMP students have a key tag with the QR code to direct them)
- Students have to report exposure to their school

END OF ROTATION

- MS 3: If at the end of 1st month of rotation (block A), check out Friday by 3:30
- MS 3: In 2nd month of IM block (block B): students check out Thursday at noon and are excused to prepare for shelf exam
- MS 4: check out last Friday of rotation, if NF check out at 7:30 am, if on regular team by 4pm
- MS 4 may return to work with team until excused by resident