

The Resident As Teacher

Contents:

- 1) The Resident as Teacher
- 2) Educational Program for the MD degree
 - a. Overview
 - b. Basic Science Curriculum
 - c. Clinical Curriculum
 - d. Special Features
 - e. Educational Program Objectives
- 3) Students Rights and Responsibilities
- 4) Academic Standards
 - a. Grading and Promotion Standards
 - b. Graduation Criteria and Standards
 - c. University Grading Policy
- 5) Educational Assistance and Counseling
- 6) Student Evaluation
- 7) Course Evaluation
- 8) Hippocrates Online Curriculum
- 9) Resources

1) THE RESIDENT AS TEACHER

“Doctor” comes from the Latin *docere* that means to teach. In graduate medical education, you have a unique role as both a learner and teacher. As a learner clinician you will be helping patients, diagnosing problems, improving communication skills, inspiring trust and confidence and seeking therapeutic effects. As the clinical teacher you will be helping students and other residents, assessing learner’s needs, improving communication skills, creating helpful interactions and seeking new learning experiences for your students.

You will do a lot of teaching in the clinical environment. Since students are significantly affected by your presence and teaching is the best way for you to learn, your role as a teacher should not produce anxiety or make you feel unprepared. It is important for you to know what knowledge, skills, and attitudes students are expected to learn during their rotations with you and you need to know how learners feel about these requirements.

Adult learning involves: using information soon after learning it, learning concepts and principles and wanting to solve problems, proceeding at their own pace, relating subject matter to immediate concerns, liking an active role, and needing to know how they are doing. Feedback is extremely important.

The particular environment of your teaching will frequently be at the bedside. This gives you an advantage in that the patient is seen as an individual, the presence of the patient helps the participative process and shows you as the ultimate manifestation of the physician as teacher. The student is able to observe the patient directly and you can evaluate the interaction and give immediate feedback. To improve your clinical teaching skills, make your expectations explicit. Be efficient during bedside rounding and demonstrate your involvement. Couple your teaching with case presentations.

The importance of feedback cannot be overestimated. Two kinds of evaluation are involved. Formative evaluation occurs in a timely and ongoing fashion so that the student has opportunity to conform their behavior to the expectations. Summative evaluation is given at the end of rotation. This evaluation should contain no surprises for the student. Feedback should be specific, nonjudgmental, timely and objective.

You are an important member of our teaching team. To assist you with student expectations, the following information is provided to overview the student preparation and evaluation instruments, describe the learner environment, outline the academic standards required of Oklahoma students, and give you resources of faculty, counseling services, and online curriculum.

2) EDUCATIONAL PROGRAM FOR THE MD DEGREE

a) Overview

The present curriculum is designed to provide an integrated overview of human biology and behavior. Classroom and laboratory studies are complimented with clinical demonstrations and case studies, problem based learning, and an extensive online curriculum called Hippocrates. Patient contact is a major component of each of the four years of medical school beginning with simulated patients and extending to hospital and ambulatory settings. Our focus is on the human and personal qualities of professional development with emphasis on scientific foundation and technology of medicine. Two faculty curriculum committees and advancement committees have overall responsibility for monitoring the curriculum and student progress. Students are required to take and pass Step 1 of the United States Medical Licensing Examination (USMLE) prior to beginning third year clinical rotations. Students must take the USMLE Step 2 examination during the fourth year and report scores. Approximately 150 students enter this program each year - 90% are residents of Oklahoma. All basic science courses are conducted on the campus of the Health Sciences Center in Oklahoma City. Up to 25% of the class (30-35 students) choose to undertake their clinical training at the College of Medicine-Tulsa.

b) Basic Science Curriculum

The basic science courses account for 34% of the total curriculum. First year courses focus on knowledge of structure and function of human biology, critical thinking skills, and the management of medical information. Second year courses address the pathophysiology of diseases and pharmacology and form a bridge of basic information leading directly into the clinical portion of the curriculum. A significant feature of this curriculum is early exposure to patients in the two Principles of Clinical Medicine courses. Students learn interviewing skills on actual and simulated patients, and work with local physicians and clinical faculty throughout the entire first and second year. Full time and volunteer faculty present the professional ethics course. Faculty recognize the importance of self-directed learning creating opportunities in small group discussion sessions, independent learning modules, and computer-assisted instruction.

c) Clinical Curriculum

The clinical program in Oklahoma City is based in the OU Medical Center and Veterans Affairs hospitals; in Tulsa several community hospitals including Saint Francis Hospital, St. John Hospital, and Hillcrest Medical Center are used for clinical instruction. The clinical curriculum represents 66% of the total medical school curriculum. In the third year, all students are required to take core clerkships in Family Medicine, Internal Medicine, Neuroscience, Obstetrics/Gynecology,

Pediatrics, Psychiatry, and Surgery. The fourth year students have a required ambulatory care experience, a rural preceptorship under the guidance of a physician in a small Oklahoma community; and 7 months of clinical electives chosen from a wide variety offered. Students select five courses from eight offerings in specialty electives taken in third or fourth year. Third and fourth year subspecialty electives may be chosen from anesthesiology, dermatology, emergency medicine, ophthalmology, otorhinolaryngology, orthopaedic surgery, radiology or urology. A maximum of 12 weeks of elective time may be spent off-campus at other medical facilities. The college now has 13 international affiliated medical colleges where students can expand their studies. The majority of students participate in the National Residency Match Program to secure their residency program positions. Over the last ten years, 48% of our students selected primary care disciplines and 50% remained in Oklahoma.

d. Special Features

Our educational environment focuses on the development of the physician-patient relationship with the attendant experiences for gaining scientific knowledge, problem-solving skills, and defining professional value systems. An Honors Research Program is available in which students compete for summer research scholarships. Interdisciplinary areas in bioethics, palliative care, integrative medicine, medicine with law and literature, and geriatrics are addressed. There is a growing opportunity for students to study abroad through our International Studies Program. The students are self-governed through a Medical Student Council and have 26 active student organizations and interest groups providing many opportunities for community service.

e. Educational Program Objectives

1. Students will provide supervised **patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Students will demonstrate:

- i. The ability to obtain, record, and present an accurate medical history.
- ii. The ability to perform, record, and present a thorough physical examination including organ system specific examinations as indicated by patient presentation, and a mental status examination.
- iii. The essentials of formulating a problem list and differential diagnosis.
- iv. The essentials of formulating and implementing a management plan.
- v. The ability to perform routine technical procedures safely and effectively.
- vi. The ability to interpret results of commonly used diagnostic studies.
- vii. The ability to reason deductively in solving clinical problems.
- viii. The ability to empathically apply the principles of pain management and address the amelioration of physical and psychological suffering.
- ix. The ability to communicate effectively, both orally and in writing.
- x. Awareness of health promotion and disease prevention.

2. Students will gain **medical knowledge** about established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and the application of this knowledge to patient care

Students will demonstrate:

- i. Knowledge of the normal structure and function of the body (as an intact organism) and of each of its major organ systems.
 - ii. Knowledge of the molecular, biochemical, and cellular mechanisms that is important in maintaining the body's homeostasis.
 - iii. Knowledge of the various causes and pathogenesis of maladies, emphasizing the common and important clinical, laboratory, radiologic, and pathologic manifestations.
 - iv. Knowledge of the pathology and pathophysiology of the body and its major organ systems that are seen in various diseases and conditions.
 - v. Understanding of the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies.
 - vi. The skills of lifelong learning including the need to stay abreast of relevant scientific advances.
3. Students will incorporate **experience-based learning and improvement** that involves investigation and evaluation of patient care, appraisal and assimilation of scientific evidence and improvements in patient care.

Students will demonstrate

- i. The ability to retrieve, effectively evaluate, and use medical literature to provide evidence based practice.
 - ii. The ability to assess patient care and its efficacy.
 - iii. The ability to use information and medical evidence to improve quality of practice and recognize medical errors.
4. Students will develop **interpersonal and communication skills** that result in effective information exchange and team building with patients, their families, and other health professionals.

Students will demonstrate

- i. The ability to establish and sustain a therapeutic, confidential, and ethically sound relationship with patients and families.
 - ii. The ability to explain biomedical information management and explain treatment choices to patients, other health care professionals and families of various educational and social backgrounds.
 - iii. Knowledge of various cultures and belief systems and the ability to better communicate with patients of diverse backgrounds and provide culturally sensitive health care.
 - iv. The ability to work effectively with others as a member of a health care team or other professional group.
 - v. Techniques to protect the privacy and confidentiality of the patient and the health care environment.
5. Students will develop **professionalism** as manifested through a commitment to carrying out professional responsibilities with adherence to ethical principles, and sensitivity to a diverse patient population.

Students will demonstrate:

- i. An understanding and ability to apply the principles of autonomy, beneficence, non-maleficence, and justice to ethical decision making.
 - ii. Compassionate treatment of patients, and respect for their privacy, confidentiality, and dignity.
 - iii. Honesty and integrity in all interactions with patients' families, colleagues, and others with whom physicians must interact in their professional lives.
 - iv. An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined populations.
 - v. A commitment to the values of altruism and advocacy for the best interests of the community at large.
 - vi. The capacity to recognize and not exceed the limitations in one's knowledge and clinical skills, and demonstrate a commitment to continuously improve and grow.
 - vii. A commitment to support competent and ethical practice in one's self and colleagues.
6. Students will begin to experience **systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Students will demonstrate:

- i. Appropriate utilization of the contributions made by non-physician members of the health care team.
- ii. Understanding of the role of community resources for patient care such as extended-care facilities, skilled nursing facilities, hospice organizations and others.
- iii. Understanding of the principles of peer review and quality improvement.

3) STUDENTS RIGHTS AND RESPONSIBILITIES

All students sign the following statement of recognition of their rights and responsibilities:

“As a student at the University of Oklahoma College of Medicine, I understand that it is a great privilege to study medicine. Over the course of my training, I will assume extraordinary responsibility for the health and well being of others. This undertaking requires that I uphold the highest standards of ethical and compassionate behavior. Accordingly, I have adopted the following statement of principles to guide me throughout my academic, clinical, and research work. I will strive to uphold both the spirit and the letter of this code in my years at the College of Medicine and throughout my medical career.

HONESTY

- I will maintain the highest standards of academic honesty.
- I will neither give nor receive aid in examinations or assignments unless the instructor expressly permits such cooperation.
- I will be truthful with patients and will report accurately all historical and physical findings, test results, and other information pertinent to the care of patients.
- I will conduct research in an unbiased manner, report results truthfully, and credit ideas developed and work done by others.

CONFIDENTIALITY

- I will regard confidentiality as a central obligation of patient care.
- I will limit discussions of patients to members of the health care team in settings removed from the public ear (not in elevators, hallways, cafeterias, etc.)
- I will maintain patient confidentiality when required.
- I will be truthful with patients and will report accurately all historical and physical findings, test results, and other information pertinent to the care of the patient according to the patient's wishes.

RESPECT FOR OTHERS

- I will uphold an atmosphere conducive to learning.
- I will treat patients and their families with dignity, and respect their physical and emotional needs.
- I will demonstrate respect and confidentiality when discussing patient issues with other members of the health care team.
- I will communicate effectively and cooperatively with all members of the health care team.
- I will not discriminate or tolerate discrimination on the basis of race, color, gender, sexual orientation, religion, age, disability, culture, socioeconomic status, or any other basis.
- I will attempt to resolve conflicts in a manner that is fair and dignified to each person involved.

RESPONSIBILITY

- I will conduct myself professionally -- in my demeanor, use of language, and appearance -- in the presence of patients, in the classroom, and in health care settings.
- I will be reliable in completing course and clerkship tasks, and will attend and participate in all required activities, including (but not limited to) class, clinic, and rounds.
- I will recognize my own limitations and will seek help when my level of experience is inadequate to handle a situation on my own.
- I will set patient care as the highest priority in the clinical setting.
- I will provide unbiased constructive evaluations of my colleagues and courses when I am asked to do so.
- I will not use alcohol or drugs in any way that could interfere with my clinical responsibilities, as I am aware that substance abuse is not compatible with professional conduct.
- I will not use my professional position to engage in romantic or sexual relationships with patients or members of their families.
- I will report all apparent violations of the Students' Rights and Responsibilities policy to the appropriate individual.

STUDENT EXPECTATIONS OF FACULTY, RESIDENTS, AND FELLOWS

- I have the right to expect clear guidelines regarding assignments and examinations, as well as to have testing environments that are conducive to academic honesty.

- I cannot be compelled to perform procedures or examinations which I feel are unethical or beyond the level of my training.
- I have the right not to be harassed and not to be subjected to romantic or sexual overtures from those who are supervising my work.
- I have the right to learn in a challenging but respectful environment.

I will honor the rich tradition embodied in learning the art and the science of medicine. I will always seek to learn from the knowledge, wisdom, and experience of my mentors. May I never forget that medical education is a privilege bestowed on me by those who have entrusted their well-being and the well-being of others to me. Further, let me never forget that it is my responsibility to learn the science and the art of medicine, and that my learning within the noble profession of medicine is a life-long process. May I be worthy of this trust”.

4) **ACADEMIC STANDARDS**

a) Grading and Promotion Standards

1. In order to be eligible for promotion or graduation, a student must maintain a minimum of a 2.0 cumulative grade point average (based on a four-point scale) during any given academic year.
2. A student who receives a D grade in any course may have the privilege of taking a single re-examination in that course. If the student passes, the final grade may be no higher than a C. At the discretion of the course director or department head, appropriate remedial action may be required prior to the re-examination.
3. A student may not be promoted from either the first, second, or third-year with an F grade being the grade of record for any course taken during that year to be applied toward satisfaction of graduation requirements. All F grades must be satisfactorily cleared in accordance with existing academic policy before a student may be promoted from one academic year to the next.

b) Graduation Criteria and Standards

1. A fourth-year student must have completed all scheduled course work including required courses and clerkships, scheduled electives, and preceptorship in order to be eligible for graduation.
2. No fourth-year student may be considered for graduation with an F grade being the grade of record on any course taken during that year. All F grades must be satisfactorily cleared in accordance with existing academic policy before a fourth-year student may be graduated.
3. No student shall graduate without the recommendation of the Faculty, College of Medicine. However, a student who successfully completes all academic requirements but who is not recommended for graduation shall be entitled to receive in writing from the Dean of the College the reasons why he or she is not being recommended, and shall have the right of appeal utilizing an appropriate due process procedure established for this purpose.

c) University Grading Policy

The cumulative retention/graduation grade point average is based on all work attempted, both transfer and OU. The minimum cumulative retention/graduation grade point average required for graduation is 2.0.

5) EDUCATIONAL ASSISTANCE AND COUNSELING

Third and fourth year counseling services for academic or performance problems is monitored through written student evaluations on clerkship and elective rotations. Written progress notes for counseling sessions will be generated and included in each student's file.

On campus counseling services are available through the University of Oklahoma Health Sciences Center Office of Student Affairs at 271-7336.

6) STUDENT EVALUATION

The college encourages both formative and summative feedback to students. Simplistically, formative evaluation is done during the clerkship allowing the student opportunity to improve and progress can be noted. Summative evaluation is end of rotation comments and grade.

The following is the standard clerkship/elective 7-point evaluation form used for all students and completed by the clerkship director. Should you be requested to complete this form on behalf of a student you are supervising, the form will become part of the composite grade for the rotation. Your comments and evaluation are valued.

The University of Oklahoma College of Medicine
STUDENT EVALUATION FORM FOR CLERKSHIPS AND CLINICAL ELECTIVES

Return to: College of Medicine, Dean's Office, BMSB-357

INSTRUCTIONS: For each educational program objective listed below, check the boxes that reflect the assessment methods incorporated into the student's evaluation and check the box that best represents the student's final level of achievement.

Note to the student: Each evaluation category may not reflect equivalent weight as an element of the student's *Clinical Performance* assessment. (Refer to the *Course Director* for details of grade computation.)

Student: _____ **ID No.:** _____ **Year:** _____

Course Name: _____ **Course #:** _____ **Rotation Dates:** _____

1. Patient Care Students will provide supervised patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

As assessed by: direct observation review of clinical care records structured examination (OSCE; mini CEX)
(check all that apply) written examination oral presentation / PBL other (describe) _____

This student's performance is judged to be:

Proficient (exceeds expectations) Competent (meets expectations) Below average but passing Needs attention (comment required)

2. Medical Knowledge Students will gain medical knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and the application of this knowledge to patient care.

As assessed by: direct observation review of clinical care records structured examination (OSCE; mini CEX)
(check all that apply) written examination oral presentation / PBL other (describe) _____

This student's performance is judged to be:

Proficient (exceeds expectations) Competent (meets expectations) Below average but passing Needs attention (comment required)

3. **Evidence-Based Learning** Students will incorporate experience-based learning and improvement that involves investigation and evaluation of patient care, appraisal and assimilation of evidence and improvements in patient care.

As assessed by: direct observation review of clinical care records structured examination (OSCE; mini CEX)
(check all that apply) written examination oral presentation / PBL other (describe) _____

This student's performance is judged to be:

Proficient (exceeds expectations) Competent (meets expectations) Below average but passing Needs attention (comment required)

4. **Interpersonal and Communication Skills** Students will develop interpersonal and communication skills that result in effective information exchange and team building with patients, their families, and other health professionals.

As assessed by: direct observation review of clinical care records structured examination (OSCE; mini CEX)
(check all that apply) written examination oral presentation / PBL other (describe) _____

This student's performance is judged to be:

Proficient (exceeds expectations) Competent (meets expectations) Below average but passing Needs attention (comment required)

5. **Professionalism** Students will develop professionalism as manifest through a commitment to carrying out professional responsibilities with adherence to ethical principles, and sensitivity to a diverse patient population.

As assessed by: direct observation review of clinical care records structured examination (OSCE; mini CEX)
(check all that apply) written examination oral presentation / PBL other (describe) _____

This student's performance is judged to be:

Proficient (exceeds expectations) Competent (meets expectations) Below average but passing Needs attention (comment required)

6. **Systems-Based Practice** Students will begin to experience systems-based practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

As assessed by: direct observation review of clinical care records structured examination (OSCE; mini CEX)
(check all that apply) written examination oral presentation / PBL other (describe) _____

This student's performance is judged to be:

Proficient (exceeds expectations) Competent (meets expectations) Below average but passing Needs attention (comment required)

General Comments: (These will be included in the student's *Medical Student Performance Evaluation* submitted with residency applications.)

Comments for Counseling Student Improvement: (These will not be included in the *Medical Student Performance Evaluation*.)

GRADE COMPONENT	Percent of Evaluation	Score or Grade	
<u>CLINICAL PERFORMANCE</u>			
Formal Assignment(s)			
Other (specify)			
Written Examination(s)			<u>FINAL GRADE</u> <i>(assigned by</i>
Oral Examination(s)			
TOTAL	100%		

Signature: _____ **Date:** _____
 (Course Director)

Return to: College of Medicine, Dean's Office, BMSB-357

Rev. 4/25/05

7) COURSE EVALUATION

Course evaluation is conducted on an every other year basis for all required courses in the curriculum. The students have access to online evaluation for each instructor and course. At this time residents are not included in this process.

8) HIPPOCRATES ONLINE CURRICULUM

Through the online Hippocrates system (<http://hippocrates.ouhsc.edu>), students may review lecture slides, listen to heart murmurs, watch dissection videos, test their knowledge via question banks, observe a variety of animations of pathways and procedures, review class schedules, evaluate courses, and sign up for electives. You have access to the system using your sign-in name and password for the university email system. The growth of Hippocrates now includes clerkship information in all required disciplines.

9) RESOURCES

Should you have any special questions about students or find that a student needs special accommodation, please feel free to contact your course director in the department, any faculty member, or any of the assistant or associate deans.

The following may be of use to you:

CLERKSHIP DIRECTORS

OKLAHOMA CITY

Course	Course Director/ Course Asst/Coordinator	Campus Location	Phone
Family Medicine	Rachel Franklin, M.D. Linda Bauer	FMC 2204	1-8183 32201
Geriatrics	Bryan Struck, M.D. Linda Womack	WP 1215	1-3050 1-8199
Internal Medicine	Mark Allee, M.D. Barbara Prather	WP 1160	1-5885 1-8764
Neurology	Herman Jones, Ph.D. Carole Clark	PPB 215	1-4113 46020
Ob/Gyn	Gary A. Johnson, M.D. LaDean Navarro	WP 2410	1-8707 1-8460
Pediatrics	Mark Fergeson, M.D. Linda Alexander	CH 3N3409	1-7441 1-7441
Psychiatry	Phebe Tucker, M.D. Jeannie Brown	WP 3440	1-4488 47679
<i>Assoc. Director</i>	Anne Cuccio, M.D.	WP 3539	47656

Surgery	Ron Squires, M.D. Rhea Sulzycki	WP 2140	1-6304 1-6308
<u>TULSA</u>			
Family Practice	Steven Meixel, M.D. Rita Hains	SAC	918-619-4723 918-388-1838
Geriatrics	Deborah Greubel, ARNP Carole Hammell	SAC 3G16	918-660-3467 918-660-3467
Co-Director	Chandini Sharma, M.D.	CMT	
Gyn/Ob	Mark L. Harman, M.D. Rachel Reid		918-582-0955 918-582-0955
Medicine	Ronald B. Saizow, M.D. Laura Dunn	SAC 3C10	918-660-3448 918-660-3448
Neurology	Harvey Blumenthal, M.D.		918-660-3048
Pediatrics	Sarah Passmore, M.D. Susan Perkin	SAC 2A35	918-660-3420 918-660-3400
Psychiatry	Nicole Washington, D.O. Jennifer Austin	SAC 2A12	918-660-3419 918-660-3527
Surgery	Matthew Jay Sideman, M.D.	CMT	918-744-3523