

# Intro to Clerkships

## Mentoring and Teaching Series:

- Rapport and Inclusion
- Asking Effective Questions

## Who are the Students

- Newly minted fresh after their first two years of preclinical didactics
- Ages 24 and up, most are in their mid to late 20s
- Some may have never worked a day in their life
  - School School and more School
- All come from different backgrounds and educational institutions
- Their views on medicine (specialties of interest) are all different (we all had them in school).
- How can we understand those differences and make their core rotations more well rounded and inclusive?

## Clinical Rotations

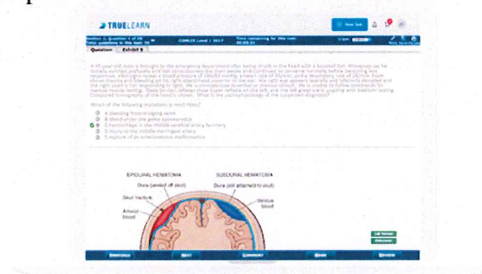
All third years rotation in the following core rotations

- Internal Medicine (12 weeks)
  - One Core IM + Any subspecialty like Critical Care, Nephrology, Neurology
- Pediatrics (4 weeks)
- OBGYN (4 weeks)
- Surgery (8 weeks)
  - One Core General Surgery + any subspecialty like Anesthesia, Ortho
- Psychiatry (4 weeks)
- Family Medicine (4 weeks)
- Elective (4 weeks)
  - Likely will be EM
- Geriatrics/OMM (4 weeks)
- Vacation (4 weeks)

## Didactics



- All students have curriculums for each rotation. You don't need to create one or reinvent the wheel.
- They have resources, books, a True Learn question bank to use and study for their shelf exams (NBME shelf exam)
  - OBGYN, Peds, Psych, Family Medicine, Surgery after Surgery 2, IM after IM 3
- They are required to complete 100 questions per week
- What can you teach?
  - How to be professional
  - Teach your craft
  - How to interact with patients
  - How to interact with staff
  - Multidisciplinary approach



## Other Resources

- Students should be completing Human Dx cases each day
- Participating in Clinical Reasoning Exercises with the CP Solvers
- Students should be reading about patients and interesting case they see on rotation
- They can help assist in the patient satisfaction experience

**Patient Satisfaction  
and Medical Students**

## Do Medical Students Improve Overall Care

- Patients also reported feeling that attending physicians spent more time with them, sharing information and educating them when medical students were present ([Esguerra et al. 2014](#)).
- Patients always want the best care, and often, that's thought to come from physicians who have been in practice for many years. New research shows that some patients enjoy care from medical students as well.
- Existing literature outside of obstetrics in the fields of emergency medicine and internal medicine demonstrates that medical student involvement in patient care improved patient satisfaction ([Kuan and O'Donnell 2007](#); [DeLaney et al. 2013](#)).

## Patient Satisfaction With Medical Student Participation in a Longitudinal Integrated Clerkship: A Controlled Trial

- The results of this controlled trial demonstrate that VALUE student longitudinal participation in patient care **improves patient satisfaction and patient-perceived quality of health care for VALUE patients** compared with controls matched by primary care provider and disease severity. These findings may have implications outside the Veterans Administration population.
- Beard, Albertine S. MD; Candy, Amy E. MD; Anderson, Travis J. MD; Derrico, Nicholas P. MD; Ishani, Khalid A.; Gravely, Amy A. MA; Englander, Robert MD, MPH; Ercan-Fang, Nacide G. MD Patient Satisfaction With Medical Student Participation in a Longitudinal Integrated Clerkship: A Controlled Trial, Academic Medicine: March 2020 - Volume 95 - Issue 3 - p 417-424 doi: 10.1097/ACM.0000000000003021

## Impact of Medical Students on Patient Satisfaction of Pregnant Women in Labor and Delivery Triage

- As patient satisfaction scores receive increasing attention, the impact of medical student participation on patient satisfaction and perception of quality of care is unclear.
- Previous studies from the Emergency Department and outpatient settings show that medical students do not negatively impact satisfaction scores. The authors sought to examine the effect of medical student involvement on patient satisfaction in the Labor and Delivery Triage setting.
- Given the lack of a negative impact of medical student involvement on patient satisfaction, medical students should continue to be active members of the healthcare team, including in specialties such as obstetrics and locations such as Labor and Delivery triage with highly sensitive and time-dependent evaluations.
- Malhotra T, Thomas S, Arora KS. Impact of Medical Students on Patient Satisfaction of Pregnant Women in Labor and Delivery Triage. *Matern Child Health J*. 2019;23(11):1467-1472. doi:10.1007/s10995-019-02771-y

## The Effect of Medical Student Teaching on Patient Satisfaction in a Managed Care Setting

- Medical education is shifting from hospitals to outpatient settings.<sup>1-3</sup>
- While some managed care organizations have partnered with medical schools and even established “teaching HMOs,” most have been reluctant to participate in medical education, especially the teaching of medical students in the ambulatory setting.

## The Effect of Medical Student Teaching on Patient Satisfaction in a Managed Care Setting

- Concerns about diminished patient satisfaction have contributed to the unwillingness of managed care organizations to embrace medical student education.<sup>4,6,7</sup>
- Whether or not medical student teaching actually affects patient satisfaction is unclear from existing studies.
- Several studies have shown that care by residents or medical students does not compromise patient satisfaction.
- Concerns about patient satisfaction should not prevent managed care organizations from participating in primary care education.
- Simon SR, Peters AS, Christiansen CL, Fletcher RH. The effect of medical student teaching on patient satisfaction in a managed care setting. *J Gen Intern Med.* 2000;15(7):457-461. doi:10.1046/j.1525-1497.2000.06409.x

## Study Shows Medical Students Improve Patient Satisfaction

- In a study published in *Academic Medicine*, senior author Dr. Ercan-Fang and first author Albertine Beard, MD, co-director of VALUE, evaluate whether longitudinal student involvement improves patient satisfaction with care.
- The survey found that patients who were assigned VALUE students were more than twice as likely to rate their care as “excellent” compared to control patients, with an odds ratio of 2.17. Those same patients were also more likely to report receiving better quality of care.
- <https://med.umn.edu/news-events/study-shows-medical-students-improve-patient-satisfaction>

## Students Do Not Reduce Patient Satisfaction in a Family Medicine Clinic as Measured by a Nationally Used Patient Satisfaction Instrument

- Our findings indicate that student doctors do not decrease patient satisfaction and that satisfaction scores may be useful in student evaluations.
- This finding should encourage outpatient physicians who teach medical students that their patient satisfaction scores on the most widely used patient satisfaction survey will not be impacted by teaching students.
- <https://fammedarchives.blob.core.windows.net/imagesandpdfs/pdfs/FamilyMedicineVol47Issue3Speicher227.pdf>
- (Fam Med 2015;47(3):227-30.)



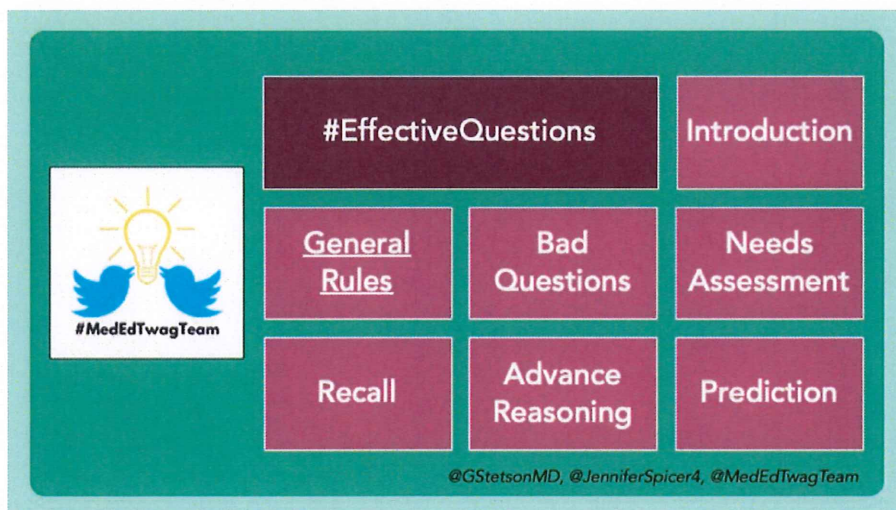
A group of medical educators that give great medical educational advice from how to teach on clinical rotations, how to give appropriate consults, and how to give feedback.

@MedEdTwagTeam on twitter

**Geoff Stetson, MD from UCSF**

**Jennifer Spicer, MD, MPH from Emory**

## Asking Effective Questions



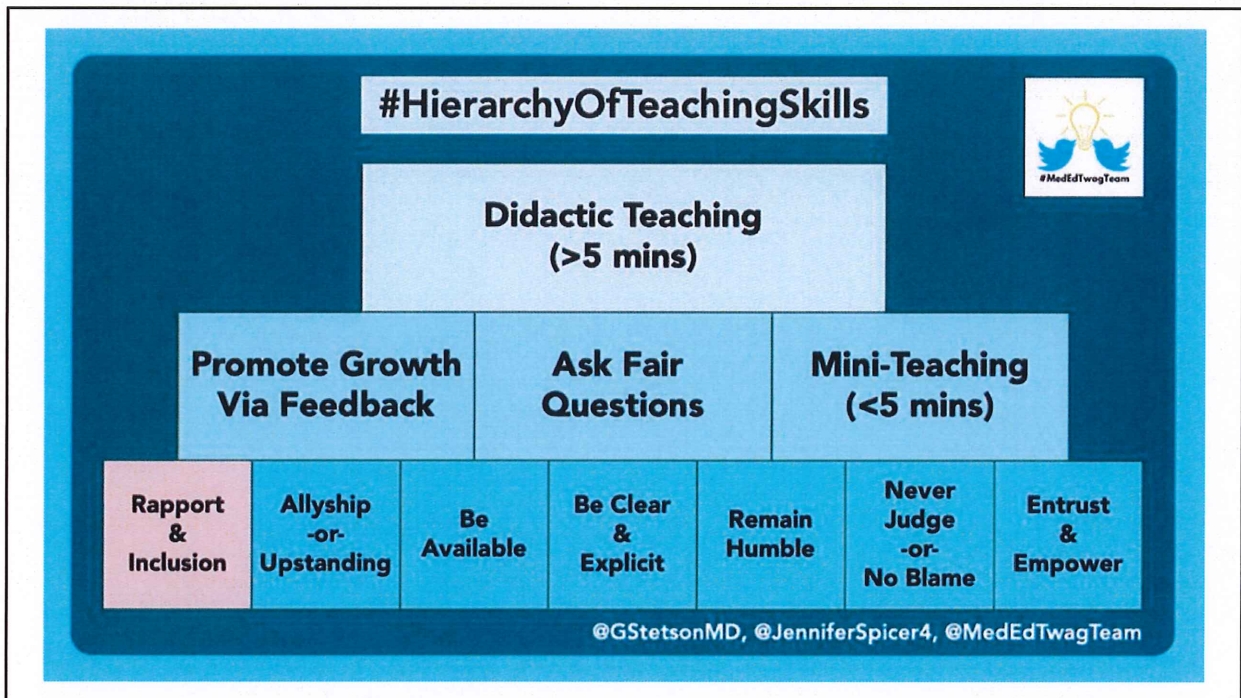
## Clinical Teaching: Rapport and Inclusion

- As a learner, why do some rotations have you looking forward to work but then others leave you counting down the days until it's over?
- And, as a team leader, how can you create an environment that results in the former?



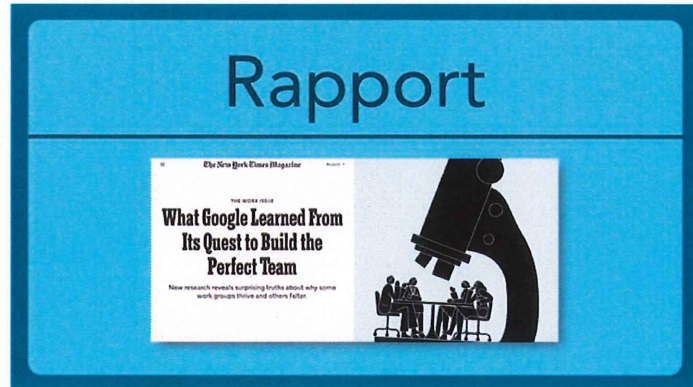
## Rapport and Inclusion

- The concepts of rapport & inclusion speak to the team environment that we build.
- **Rapport** = “bonding” or building positive relationships
- **Inclusion** = making everyone on the team feel valued



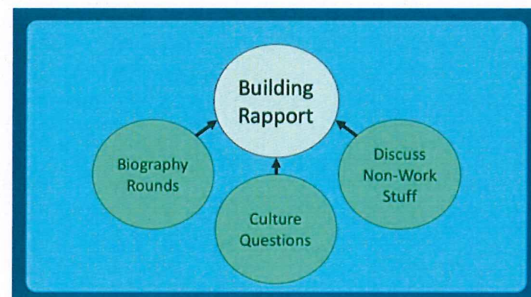
## Rapport and Inclusion

- Building rapport isn't just about making our teams feel warm & fuzzy
- Building rapport helps us understand each other so that we can communicate better.
- And it's not just the attending who builds rapport...everyone on the team has an impact!



## Build Rapport

- So what are some concrete ways to build rapport?
- “Biography rounds” on Day #1
- Daily culture question before rounds
- Ask about lives outside of work
- It's about showing people we care about THEM and not just their work.



## Biography Rounds

- Ask learners about themselves:
- Their backgrounds
- Their interests (outside of work too!)
- Their goals
- Although the first day is busy, don't be tempted to skip biography rounds.
- It sets the tone for the month.
- It makes learners feel seen.
- AND, if that's not enough, putting in the time up-front pays dividends for effective teamwork later on.

### My "Biography Rounds"

#### Tell me:

- Your preferred name
- Where you're from
- What rotation you just finished
- Your career interest (if known)
- Your goals for this rotation
- Something you enjoy doing outside of work

## Culture Question

- Next, the culture question
- Before rounds each day, discuss something non-medical w/ learners before "getting down to business" such as one of the examples below.
- These can be fun or serious.

### The Culture Question

#### Fun:

- What's your favorite food (or restaurant)?
- What's the best movie you've ever seen?
- If you could travel anywhere, where would you go?
- If you couldn't do anything in medicine, what job would you have chosen?

#### Serious:

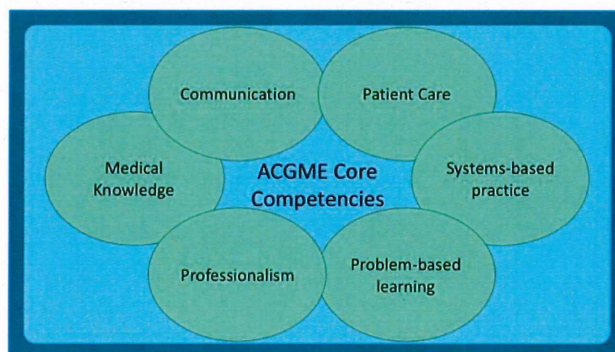
- What's on your mind today?

## Culture Question

- Lastly, show interest in your learners' lives.
- What did they do on their day off?
- How are they adjusting to [your city]?
- What rotation did they finish or what rotation are they starting?
- When learners know we care about them, they are more likely to respect & trust us.

## Goals of a Rotation

- Next, elicit learners' goals at the start of a rotation.
- What do they want to learn?
- What do they want to work on improving?
- Ask them to be as specific as possible.
- Using a framework like the ACGME competencies can be helpful.
- And reference their goals during feedback!

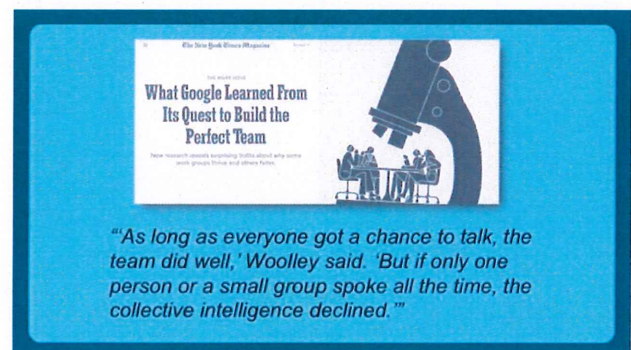


## How Teaching Will Happen

- For the team, provide choice for learning.
- When & how will teaching happen?
- Who will teach?
- What topics?
- Trainees want to learn. But they are busy.
- Providing learners w/ choice increases the likelihood they will engage in learning rather than focusing on their "to do" list
- And lastly, invite all team members' input.
- Here is the ratio of how much everyone should be talking:
- 1:1:1:1
- Now, I have a confession: I am guilty of monopolizing the discussion as the attending.
- But I've realized that the best discussions happen when I stop talking

## Input

- Now, that doesn't mean that the attending, fellow, senior resident, etc should never talk.
- BUT inviting others to provide input first:
- Makes them feel valued
- Creates opportunities for learning
- Brings up things we may not have considered
- And that makes a great team



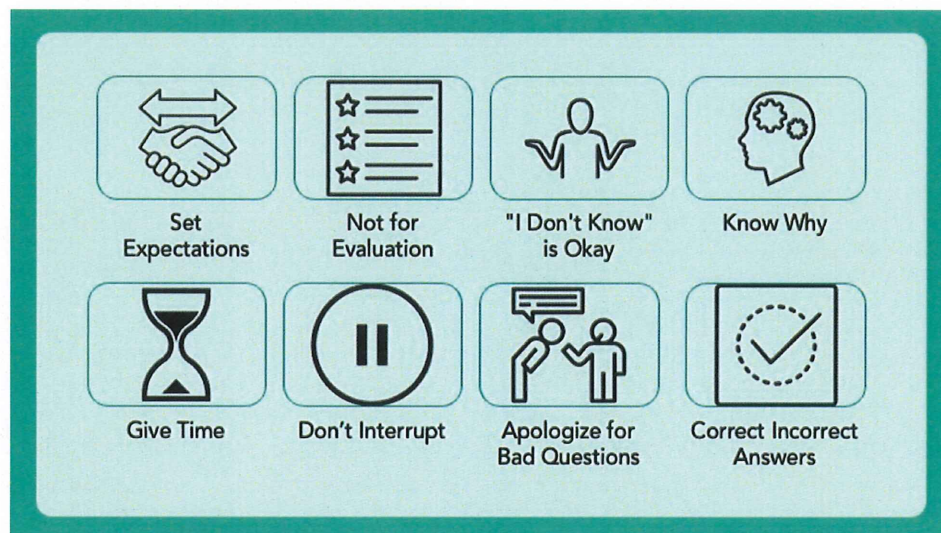
## Summary

- So, in summary, to foster an awesome learning climate for your team:
  - Develop rapport:
  - Biography rounds
  - Culture questions
  - Discuss non-work stuff
  - Be inclusive:
  - Use names
  - Elicit goals
  - Provide choice
  - Invite input

## Asking Effective Questions

- We will cover some general rules about how to ask questions in the clinical learning environment.
- When effectively executed, questioning can elicit positive outcomes in learner participation, concentration, and understanding of content.
- When used incorrectly, questioning can leave learners feeling singled out and not in a position to learn, or worse - threatened or humiliated.
- There is a lot of literature in medical education about what ineffective questioning looks like, but little about how to enact effective questioning
- <https://twitter.com/i/events/1398293857855496197>

## 8 Rules for Effective Questioning



## 8 Rules for Effective Questioning

- As with all parts of learning in the clinical environment, everything goes smoother when expectations are clear and the curriculum is transparent.
- Let learners know that questions are a tool you use to teach, and that they should be ready to participate.
- However, you must not use their answer in their evaluations.
- Make it explicit when setting expectations that you won't.
- This is key to getting full participation. Otherwise, you'll have learners worrying more about performance than growth.

## 8 Rules for Effective Questioning

- Along those same lines, saying "I don't know" needs to be an okay practice, even encouraged.
- This promotes trust, patient safety, and the growth mindset when the learner goes on to fill the knowledge gap.
- You need to know why you are asking a question.
- If you don't know the reason, you're probably about to ask a bad question.

### Reasons for Questions

- Start a Conversation / Get Trainees Engaged
- Find Gaps in a Trainee's Knowledge
- Find Gaps in the Group's Knowledge
- Promote Clinical Reasoning
- Help Trainees Solidify Knowledge Acquisition
- Get Learner to Make a Prediction
- Give a Trainee a Chance to Shine
- Learn from my Trainees

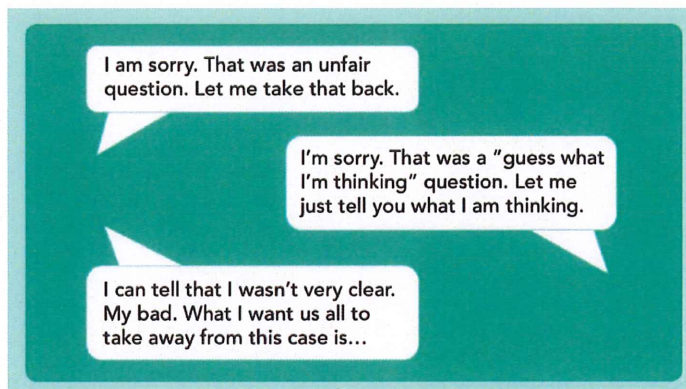
## 8 Rules for Effective Questioning

- Don't interrupt your trainees.
- We are trying to create a psychologically safe environment.
- Cutting someone off who is sharing their thoughts in front of a group can sting. Bad.
- Give them the chance to finish.
- Give your learners time to answer your questions.
- If your questions take thought (and they should), allow time for thinking. 5 seconds MINIMUM.
- Learn to revel in the silence!



## 8 Rules for Effective Questioning

- Unless, of course, you are getting quizzical looks back.
- Perhaps, you have asked a “bad question” (more on this next week).
- In which case, just apologize, and make your teaching point.
- Learners LOVE this. It shows you care, and that you are fallible.



## 8 Rules for Effective Questioning

- Correct incorrect answers. You don't want your efforts to create a psychologically safe learning environment to inhibit actual learning.
- Praise learners' efforts and engagement, but, gently and clearly, correct any misconceptions.
- Here are some great papers for more background:
  - <https://pubmed.ncbi.nlm.nih.gov/32297833/>
  - <https://pubmed.ncbi.nlm.nih.gov/33394663/>
  - <https://pubmed.ncbi.nlm.nih.gov/27541066/>