

## Working with Medical Students: a Guide for Interns



### Key Resources

- [Pediatric Student Education Website](#): central repository of information about pediatric student education
- [Learners on Pediatrics Spreadsheet](#). Services all clerkship students rotate on (general ambulatory clinic, well baby nursery, orange or purple team) are at the front. All other services listed alphabetically. Student facesheets hyperlinked.
- **Coaching**
  - [Pediatric Student coaching form](#)
    - Primarily used for direct observation of patient encounters which can be done by any supervising physician
    - Can also be used to provide brief feedback when working with a student in the ED or in other settings where you would NOT typically participate in more formal feedback discussions (Eg. when working a student during a night shift or when cross-covering). (On WBN and inpatient teams, evals assigned to seniors and attendings who fill them out based on their own experience and feedback from the team including interns)
  - [Medical Documentation Assessment](#)
    - Done by fellows and attendings
    - Residents encouraged to pre-review
- **Assessment (Grading)**
  - [Student Performance in Pediatric Clerkship Form](#): Assigned to senior residents, fellows, and/or attendings to complete based on their own experience and feedback from the team (including you!)
- **Pediatric student contact information**
  - [Pediatric\\_student\\_education@health.slu.edu](mailto:Pediatric_student_education@health.slu.edu): **shared account**
  - Marta.King@health.slu.edu (director)
  - Jennifer.Heithaus@health.slu.edu (associate director)
  - madeline.gregory@health.slu.edu ([coordinator](#))
  - [Brief Pediatric Student Education Feedback Form](#). Allows for anonymous comment submission.
- [Clinical Site overviews](#)
  - Mirror google doc working version documents of information posted on the website
  - **Editing/comments open to all**
  - We go through regularly to update

### Key Points

- ☐ **YOU are a key member of the pediatric student education team**
  - ☐ You are the primary supervising physician for
  - ☐ the large part of the pediatric clerkship
  - ☐ Most (if not all) of your patients on hospital based rotations (WBN, orange, purple, red, blue) will be shared with an MS3
  - ☐ Treat your medical students as your favorite residents had treated you and/or as you wished they had treated you
- ☐ **Direct observation and feedback are a great coaching strategy**
  - ☐ Involve students in everything you do. There is a lot you can teach them!
    - ☐ Knowledge



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- ☐ Skills
- ☐ Professional growth and career exploration
- ☐ Personal wellness and work life integration
- ☐ Be honest and specific in both coaching (feedback) and assessment (grading)
- ☐ **Students can be incredibly helpful to you especially if you take the time to teach them to be helpful**
- ☐ **Please contact us IF**
  - ☐ You have concerns about a student
  - ☐ You have complaints or better yet ideas to how to make pediatric student education processes better.
  - ☐ You want to be more involved in pediatric student education

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### SLU SOM Overview

- Medical school class: ~180
- **Preclinical Curriculum** (18mo)
  - Opportunity for Pediatric electives
- **Core Clerkships (May-April)**
  - 6 blocks, 7w each
    - Pediatrics
    - IM
    - Surgery
    - OB/Gyn (6w)
    - Family Medicine (6w)
    - Neurology/Psychiatry (3.5w each)
  - **Career explorations**
    - 1w in conjunction with OB and FM (6w long)
    - Numerous options in Pediatrics
  - Surgery, neurology, psychiatry (on hold until better staffed) clerkships: some students spend part of the clerkship at CG
- **Fourth year (May-May)**
  - Acting internship (AI): required for all slu students
    - Pediatric AI Options
      - General floors (up to 3)
      - PICU (up to 1)
      - St. Mary's NICU (up to 1)
      - CG NICU (up to 3)
  - EM: required. 2-4 students doing PEM each month
  - Ambulatory: required. 2-3 students on ambulatory pediatrics each month
  - Pediatric electives. Essentially the same as available to residents

### Pediatric Clerkship

- ☐ 7w long (effectively 6w; week 7 is 2.5d long and students stay on the same site as in week 6)
- ☐ ~30 students each block
- ☐ **Clerkship Schedule**
  - ☐ Different for each student and built based on requests and site availability
  - ☐ Core sites
    - ☐ General ambulatory clinic (Danis Midtown) (1w)
    - ☐ Well baby nursery (1w)
    - ☐ General inpatient (orange OR purple) (1-2w)
  - ☐ Mini-electives (2-3w)
    - ☐ Hospital based: red, blue, EM, ID, toxicology, NICU, PICU
    - ☐ Subspecialty ambulatory
- ☐ Weekend work days
  - ☐ Each student has a minimum of 2 which are selected at the start of the clerkship and specified on Learners on Pediatrics spreadsheet
  - ☐ At least 1 and ideally both need to be on orange or purple
- ☐ **Inpatient team late afternoon and evening expectations**

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- ☐ In the afternoon, students are expected to spend time with their patients and families, finish patient related tasks, participate in any team teaching, and check in with the team.
- ☐ Utilize your students' afternoon time well. Students value contributing to patient care in a meaningful way and appreciate resident teaching. Please involve them in team tasks!
- ☐ What students do NOT appreciate is sitting around afraid to ask to go home. It is hard to study in the team room! If you believe clinical work and team teaching for the day is done, please feel free to send students who are NOT the designated person to stay till sign-out or night team experience (see below) home. We intentionally do not specify an end time. Expectations for students though is that they don't leave until clinical work/teaching for the day is done and until they checked in with the team
- ☐ **Night team experiences (~8PM)**
  - ☐ Each student has a minimum of 2 night team experiences selected at the start of the clerkship and specified on Learners on Pediatrics spreadsheet
  - ☐ At least 1 and ideally both need to be on orange or purple. Less preferred options are WBN, red, blue.
  - ☐ The expectation is to actively observe sign-out and then work closely with the night team: admissions, cross cover, etc
- ☐ "Sign-out stay"
  - ☐ **On WBN, orange, and purple** at least 1 student per team is expected to stay until at least through sign-out each weekday. This allows for active observation of sign-out (one of the entrustable professional activities for entering residency), later admissions, observation of cross cover, etc.
  - ☐ Students are expected to "split" days remaining after the more official night team experiences have been assigned among themselves and share with the team.
  - ☐ Please help ensure this happens. We unfortunately ran into issues with well meaning teams sending all students home in the early afternoon. This resulted in many struggling to fulfill the minimum of expectation regarding observed encounters and medical documentation assessments.

### Pediatric Student Education Team

- **Goal:** to facilitate effective, innovative, student-centered pediatric education throughout the four years of medical school for the benefit of students, residents, faculty, and ultimately patients and families
- **Core team**
  - Marta King, MD, MEd. Director
  - Jennifer Heithaus, MD. Associate Director
  - Madeline Gregory. Coordinator
  - Pediatric Student chiefs: fourth years selected via a competitive process
- **Pediatric faculty.** Over 150 most of whom work directly with students. Elective/site directors within each division
- **Pediatric residents.** ALL of whom work directly with students



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- **You are a key member of the pediatric student education team**
- You are the primary supervising physician during hospital based rotations: WBN, orange, purple, blue, red teams.
- Most (if not all) of your patients will be shared with a third year student
- You will work closely and in parallel with fourth year students

### Pediatric Student Education Goals, Objectives, Strategies

- **Goals for students on all pediatric rotations**

- Build pediatric knowledge
- Refine core physician skills
- Grow as physicians in training including developing and fulfilling individual goals, career exploration, and planning
- Maintain a sense of personal wellness and joy in medicine

- **Shared objectives for pediatric courses**

- A number of objectives, strategies, and assessment methods are shared across our various clinical courses.

Throughout the pediatric courses, students will:

- Discuss the epidemiology, pathophysiology, clinical manifestations, evaluation, diagnosis, prognosis, management, and prevention of common and/or important pediatric disease processes and syndromes
- Gather an age appropriate, accurate, comprehensive or problem focused medical history from a pediatric patient, family, and/or ancillary sources
- Perform an age appropriate, accurate, comprehensive or problem focused pediatric physical examination while taking into account patient's developmental level, physical, and emotional comfort
- Commit to and support a working diagnosis while generating a prioritized differential
- Develop and implement a patient care plan which might include further assessment, screening or diagnostic studies, specialty consultation, treatment, symptom management, patient and family education, while taking into account urgency, patient and family preference, cost effectiveness, and evidence from scientific studies
- Present an accurate, comprehensive, and concise verbal summary of a clinical encounter
- Create accurate, comprehensive, concise, and timely medical documentation (admission, progress, discharge, outpatient visit, consultation)
- Communicate effectively, respectfully, and compassionately with pediatric patients and families including obtaining informed consent for pediatric tests and/or procedures (vaccine administration, intravenous catheter placement, lumbar puncture, incision and drainage, etc.)
- Perform pediatric tests and/or procedures (vaccine administration, intravenous catheter placement, lumbar puncture, foley catheter placement, incision and drainage, etc.).

- 1 SPECIFIC**  
What do I want to accomplish?
- 2 MEASURABLE**  
How will I know when it is accomplished?
- 3 ACHIEVABLE**  
How can the goal be accomplished?
- 4 RELEVANT**  
Does this seem worthwhile?
- 5 TIME BOUND**  
When can I accomplish this goal?



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- Give and receive patient handovers to transition care responsibility
  - Identify systems failures and contribute to a culture of safety and improvement
  - Collaborate as a member of an interprofessional team including giving and receiving patient handovers
  - Formulate personal goals based on self-identified knowledge, skill, or attitude gaps and proactively seek, examine, and apply feedback as part of continued professional growth (applicable to both clinical and non-clinical courses)
- **Shared strategies for pediatric courses**
    - Supervised clinical practice, active observation, and coaching
    - Individual study
    - Group educational activities



### Supervised Clinical Practice, Active Observation, and Coaching

- **Supervising Clinical Practice**
  - Most of your patients will be shared with M3s
  - Entrust them to practice Pediatrics under your supervision
- **Coaching**
  - Two people working together with the mutual goal of optimizing the junior person's performance.
  - **Requires direct observation**
  - Having someone else invest their time in your performance is a gift
  - Expectation for ongoing informal coaching between all team members
  - As primary supervising physician, you are in best position to coach third years!
- **Strategies to promote ongoing observation and coaching**
  - Encouraging students to take an active role
    - Identifying and sharing individual goals, objectives, and strategies (facesheets and in-person discussion)
    - Soliciting, evaluating, and incorporating feedback as a core skill
  - Culture and expectations
    - Ongoing informal coaching among all team members
    - More formal sit-down feedback sessions at the end of clinical rotation and halfway through for any experience over 1w
  - Clerkship assignments promoting direct observation and feedback
    - **Observed patient encounters (primarily done by interns)**
    - Medical documentation review
  - Ongoing faculty and resident education



### Clerkship Assignments to Facilitate Direct Observation and Feedback

- ☐ [Observed Patient Encounters](#)



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- ☐ Students are required to be directly observed for a MINIMUM of 2 patient encounters and determined to meet expectations as assessed by a supervising physician (typically an intern)
  - ☐ Well visit and/or newborn admission
  - ☐ Problem based visit and/or hospitalization
- ☐ Components
  - ☐ History
  - ☐ Physical exam
  - ☐ Information sharing
- ☐ “Mini observations” strongly encouraged
- ☐ Please utilize the narrative comment section to identify things a student does well and suggestions for improvement. Students find this feedback particularly valuable. We also transcribe these narrative comments and utilize them in the final clerkship narrative student evaluation
- ☐ **Medical Documentation Assessment**
  - ☐ Students required to complete medical documentation
  - ☐ A minimum of two notes (typically admission H&Ps) need to be formally assessed by an attending and determined acceptable for level of training using a structured rubric
  - ☐ Students would really appreciate if you could pre-review the H&Ps for shared patients!
- ☐ **Be honest in your feedback and assessment (meets, exceeds, vs. below expectations)**
  - ☐ **These are credit/no credit low stakes assignments**
  - ☐ Our goal is for all students to at least meet expectations by the end of the clerkship
  - ☐ There is no limit on number of attempts. Some students require more attempts than others to get to the point of meeting expectations
  - ☐ These are meant to prepare students for not only real physician practice but also for exams that ARE high stakes: end of the clerkship simulated patient exam (pediatric OSCE) and end of third year simulated patient exam (comprehensive OSCE)

### Intern expectations regarding third years

- ☐ **Involve the student in everything you do and provide ongoing honest and actionable coaching**
- ☐ Students learn best when they are involved in a meaningful way in the care of their patients
- ☐ Students can be responsible for all patient care activities, but need to be taught how to do them well. Practically this means **students can be tremendously helpful to you**—if you take the time to teach them to be helpful. Some of the patient care tasks students can help with:
  - ☐ Checking family preferences regarding bedside rounds (everyone goes in vs. core people go in and whether parents want to be woken up for rounds if sleeping) and sharing them with you in AM to help plan for rounding order

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- ☐ Touching base and spending time with their patients and providing families and team with any relevant updates
- ☐ Updating and “cleaning up” the chronic problem list as part of the above step
- ☐ Entering orders and prescriptions (pending until co-signed by a physician)
- ☐ Obtaining and summarizing outside records
- ☐ Looking up patient related topics to briefly teach the team
- ☐ **Pre-rounding**
  - ☐ **Touch base with students in the morning regarding shared patients**
  - ☐ Depending on student and patient, it might be as little as touching base regarding the assessment or plan or as much as practicing the oral case presentation with the student
  - ☐ If possible try to go into patients’ rooms together when pre-rounding. this is both better for patients and families AND a great direct observation opportunity. Discuss what you are doing and why while performing tasks: history, PE, discussion with family either in real time or right after. When the student is ready, have him or her take the lead in these tasks with you supervising and providing feedback
  - ☐ **Remember that medical student performance reflects on their supervising physician**
    - ☐ A student does an excellent job on rounds: focused, accurate presentation using non-medical language, includes the patient and family, answers their questions appropriately, etc-->reflects really well on the intern who shared the patient!
    - ☐ A student really flounders on rounds: presents off the wall scary differential (cancer, meningitis), inaccurate and scary plan (Eg. surgery), etc-->reflects poorly on the intern who shared the patient
- ☐ **Medical Documentation**
  - ☐ **Review and provide feedback on student medical documentation for shared patients.** Team notes allow medical student to prep the note which then edited by you, and then finalized by the attending. Teaching students how to document well is in your best interest! Ideally this will be a “win-win” situation that will allow for less corrections needed in subsequent notes.
  - ☐ Typically graduated entrustment works well. Eg. start out with asking students to update the easier part of the note (interim history, PE, labs), then once ready add on additional components
  - ☐ **Admission note:** Students prep cc, HPI, PMH, FH, SH, ROS, PE, diagnostic studies, problem list, assessment, plan.
  - ☐ **Progress notes:** Students “prep” interim history, PE, and labs, problem list, assessment, plan
  - ☐ **Hospital courses and after visit summaries**
    - ☐ We encourage all team members to start these on the day of admission and updating regularly
    - ☐ **Hospital course** in medical language incorporated into the discharge summary. On the day of discharge students (and you) are encouraged to



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complete a discharge summary in lieu of writing a discharge note. The hospital course is the core of the discharge summary.

- ☐ **After visit summaries** instructions given to patients and families in non-medical language.

### ☐ **Calling primary care physicians +/- consultants**

- ☐ Please **DO NOT** ask students to do this for patients they are NOT following. It is difficult for anyone and especially for a medical student to discuss the care of a patient they have not followed and has resulted in complaints from primary care physicians as well as a prior temporary "ban" on students calling PCP's and consultants.
- ☐ Calling primary care physicians and consultants is a skill
- ☐ We ask that all students not do this independently until "cleared" by a supervising physician. We suggest you:
  - ☐ Allow them to actively observe you make these phone calls
  - ☐ Practice. Pretend you are the PCP or consultant and have the student run through what he/she would say
  - ☐ IF you believe the student is ready, have him/her call but be nearby to both provide feedback regarding the conversation AND be ready to take over the phone if needed.
  - ☐ IF after listening to the first phone call you believe student is ready to call independent, let him/her know.
  - ☐ IF you do not believe the student is ready, continue practicing and encourage student to listen to the calls done by more experienced clinicians.

- ☐ Complete the more formal direct observations when asked

### ☐ **Student Performance Assessment**

- ☐ Formal OASIS evaluations currently assigned to senior residents and attendings only with expectation they complete them based on their own experience and feedback from the team. Please share your input!
- ☐ We utilize narrative comments submitted through ALL venues (OASIS eval, brief coaching, etc) in crafting the narrative performance evaluation for each student.

## Intern Expectations Regarding Fourth Year Students

- ☐ Fourth years function in parallel with interns with similar responsibilities. Most interns love having acting interns around; it means an additional "bonus" highly motivated person to share work with you. The senior is primarily responsible for acting intern supervision. You might at times be asked to co-sign orders and prescriptions.
- ☐ Similar to third years, please share your thoughts about student performance with the senior and attendings who are expected to complete evaluations based on their own experience and feedback from the team.

## **Working with Medical Students: a Guide for Interns**



- ☐ Fourth year students who come back to do pediatric rotations are for the most part planning on pediatrics. They are your potential interns when you will be a senior. Recruit the ones you would like to keep!