

Working with medical students: a guide for seniors



Key Points

- **YOU are a key member of the pediatric student education team**
- You will supervise third year medical students on inpatient teams and be their primary supervising physician during general ambulatory clinic (Danis Midtown)
- Facilitate student involvement with physician tasks. There is a lot you can teach them!
 - o Knowledge
 - o Skills
 - o Professional growth including career exploration
 - o Personal wellness and work life balance
- **Treat your medical students as your favorite residents had treated you and/or as you wished they had treated you**
- **Medical student performance reflects on their supervising physician**
 - o 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 and senior who shared the patient!
 - o 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 and senior who shared the patient
- Fourth year students who come back to do pediatric rotations are for the most part planning on pediatrics. Recruit the ones you would like to keep!
- **The average/meets expectations slc clerkship student is a 7 on a scale of 1-9.**

Third Year Students on Wards

Senior Expectations Regarding Third Year Medical Students

- Team interns are asked to assume the role of the primary supervising physician for third year medical students. Your role as a team leader and supervisor is to help facilitate this involvement and “take over” this role on days you have primary patients. Please review the [working with medical students: a guide for interns](#)

Team Orientation

- We share student team assignments with senior residents 2-4w before the start of each block
- Students starting with inpatient teams have a designated time during orientation (Monday every 8w) to meet with the team senior to discuss expectations and be assigned 1-2 patients
- During other blocks to touch base with both you and the outgoing students the weekend before starting

Third Year Schedule

- Third year students on inpatient teams have one “late stay” (9:30 PM) day each. They are asked to work these days out among themselves and inform you which student is staying late when
- All students are off during the mid-rotation weekend (after week 4). Each student has 1 weekend day off during other weeks and are asked to work among themselves so that half the students are off Saturday and half Sunday.
- Week 8 of the clerkship is abbreviated. Students finish clinical duties Wed afternoon. Thursday is a dedicated study day. They have their exam on Friday.
- **Students have a mandatory lecture series every weekday 12-1 while at CG.** It is also their lunch break and many try to buy lunch prior to the lecture. Please do what you can to facilitate their timely attendance

Patient Assignments

- You are in charge of assigning patients to third year students, interns, and acting interns
- Please keep in mind getting to know and taking care of a patient takes a third year much longer than it takes you, the intern, or the acting intern!
- It is better for students to have fewer patients and to be involved in their care in a meaningful way, than to “carry” many patients they know very superficially.

Working with medical students: a guide for seniors



- In general, assign admissions after ~3PM to the late stay student. **He or she is expected to spend a minimum of ~1hr in the room with the family obtaining a comprehensive history and PE** and then needs more time for the write up.
- While there is no “cap” on the number of patients a student can have, an average student would struggle to keep up with more than 3-4 patients.
- **Brand new patients admitted by night team** (This topic comes up frequently in student feedback)
 - Students have very limited time in the morning. Please do NOT assign them more than 1 (at MOST 2) brand new patients admitted overnight to present on rounds. (You can absolutely allow the student to “pick up” these patients after rounds.)
 - In general, if there is very high likelihood of the brand new patient being discharged that day, avoid assigning them to an MS3
- Not all patients a student “picks up” need to be new admissions. Students can start following a patient at any time.
- In general, once a student is assigned a patient, s/he should continue to follow them. This allows for continuity with the patient and family even if there are no big day-day changes in care. As there is no strict “cap” on patient numbers the student will still be able to pick up new patients.

Student Presentations

- Presenting patients and especially presenting them in front of families is stressful for students. Please share your expectations regarding format, provide any tips and hints, give feedback, and be available for student questions before rounds.

Direct observation of patient care

- Students are required to be directly observed taking a history, performing a physical exam, and sharing information with a family by a supervising physician using a [structured observed H&P form](#) during **inpatient**, newborn nursery, and general ambulatory clinic (Danis midtown)
- Practically the person doing the observing on inpatient is frequently, we encourage seniors to participate as well.
- Not all 3 elements (history, PE, information sharing) need to be observed for the same patient or by the same physician. You can absolutely observe a short portion of the interaction

Feedback and Evaluation

- Team senior/s and attendings are assigned formal OASIS evaluation for team students. They are “weighted” based on the number of weeks they worked with you. Please solicit comments and specific examples from interns, night team, and acting interns in writing your assessment
- Evaluations submitted by seniors and attendings for each inpatient team counts for 15% of the final student clerkship grade (Eg. 15% for orange, 15% for blue)
- Comments submitted by all supervising physicians are used to compose a 1000 character summary narrative assessment that is then used in the dean’s letter

Sending Students Home

- MS3s each have two late stay (9:30PM) days on the orange and purple teams. They will let you know which student is staying late when. There intentionally is no set end time otherwise.
- 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!
- You might consider having a designated “late stay” student on red and blue teams
- What students do NOT appreciate is sitting around afraid to ask to go home. It is hard to study at the nurses’ station! If you believe students are done for the day and you have no further teaching or patient care activities planned for them, send them home.



Third Year Students in Danis Midtown

Senior Expectations Regarding Third Year Medical Students

- You are the primary supervising physician for third year students during their week in Danis pediatrics

Orientation

- Residents scheduled in Danis Midtown during the first week of the clerkship are asked to help with clerkship orientation on Monday in lieu of seeing patients as third years do not start in Danis until Tuesday. This includes facilitating a “Danis station” with overview of the day and practice ear exams as well as meeting with ~4 students starting in Danis pediatrics to review patient schedules and day 1 expectations.
- Residents scheduled in Danis Midtown during the block are welcomed to help with orientation if their schedule allows
- Students are asked to arrive in Danis by 7:45 on their first day there

Third Year Schedule

- Third year students are scheduled to be in Danis Midtown for a full week. They are asked to arrive by 7:45 on the first day (generally Monday) for a quick clinic orientation
- . Students start on Tue during week 1 of the rotation and rarely during other weeks when Monday is a holiday or if they have mandatory obligations at the school of medicine
- Week 8 of the clerkship is abbreviated. Students finish clinical duties Wed afternoon. Thursday is a dedicated study day. They have their exam on Friday.

Patient Assignments

- ???

Direct observation of patient care

- Students are required to be directly observed taking a history, performing a physical exam, and sharing information with a family by a supervising physician [using a structured observed H&P form](#) during inpatient, newborn nursery, and **general ambulatory clinic (Danis midtown)**
- Practically the person doing the observing is the teaching resident though we encourage attendings to participate as well.
- Not all 3 elements (history, PE, information sharing) need to be observed for the same patient or by the same physician. You can absolutely observe a short portion of the interaction

Feedback and Evaluation

- Teaching resident and attendings evaluate student performance in Danis. Students should receive feedback after each 1/2 day clinic including comments on performance and areas to work on. These should be written on the form provided by the student.
- As acting attending and the person who worked most closely with the students throughout the week, the teaching resident will be responsible for assigning the final Danis grade in Oasis and for creating the summary performance narrative. These evaluations will be assigned to you in OASIS by the student education coordinator
- Danis evaluation accounts for 5% of the clerkship grade

Acting Interns (AI's)

Senior Expectations Regarding Acting Interns

- You are the primary supervising physician for acting interns
- While acting interns are highly motivated, often excellent, and expected to take on the responsibilities of an intern, they are medical students from the medico-legal standpoint and thereby require closer supervision
 - Orders and prescriptions need to be co-signed by a physician

Working with medical students: a guide for seniors



- o Admission H&P's. When admitting a patient with an acting intern, the senior is responsible for documenting an HPI, full PE (minimum of 8 organ systems/body areas), diagnostic study summary, assessment and plan. You can refer to student notes for PMH, SH, FH, and ROS. While you can document an independent note, challenge yourself to take the next step and follow the supervising physician workflow in EPIC that allows to review and edit the H&P document by the student

Team Orientation

- We share acting intern team assignments and facesheets with senior residents 2-4w before the start of each month
- Prior to starting the month, AI's are asked to:
 - o Ensure active EPIC access
 - o Review the [acting internship resource folder](#) containing
 - Floor AI goals and objectives
 - Medical documentation guides: admission history and physical, progress note, and discharge summary
 - Transfer of care IPASS guidelines
 - Table of common pediatric syndromes
 - Clinical reasoning resources: clinical reasoning cycle, blank and sample illness scripts
 - o Touch base with both you and the outgoing AI's to discuss
 - Team schedule, call days, and days off
 - Day 1 expectations. Some senior residents will assign you some "old" patients the night before you start to allow you a bit more time to read about them.
 - Any additional expectations for the month

AI Schedule

- A total of 5 days off (average of 1 per week plus the last Sunday of the block). They are asked to work with their co-AI (if present) and you to determine those days
- A total of 4 on call days during the month. They are asked to work with their co-AI (if present), AI's from other teams (if present) and you to determine those days. We have a single AI call room with bunk beds
- On post call days, try to round on AI patients early and facilitate timely work completion
- AI's are expected to attend the same teaching conferences as interns including participating in the intern academic half day with the exception of when those conferences are intern specific (housestaff meeting, etc). They are also welcomed to the lunch provided during their AI month.

Patient Assignments

- You are in charge of assigning patients to third year students, interns, and acting interns
- AI's are generally expected to have a similar patient census as interns especially later on in the month
- While third year medical students primarily share patients they might share patients with the AI at times

Feedback and Evaluation

- As the primary supervising physician for the acting interns, you are in best position to provide ongoing formative feedback. What is the student doing well (so that s/he knows to continue doing)? What things should s/he focus improvement efforts on?
- You will be assigned a formal OASIS evaluation for the acting interns on the team. The final AI grade (H, NH, P) and narrative is determined by the floor AI course directors (Drs. King and Heller) based on evaluations and comments submitted by team attendings and seniors. Please

Working with medical students: a guide for seniors

solicit comments and specific examples from interns, night team, and third year students in writing your assessment



Pediatric Student Education

- 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
- Please contact us!
 - You have concerns about a student
 - You have ideas to how to make pediatric student education processes better
 - You want to be more involved in pediatric student education

Pediatric Student Education Team

Pediatric_student_education@health.slu.edu

Marta King, MD, MEd
Director

Marta.King@health.slu.edu

Glennon Hall 3711

Amelia Kirby, MD
Associate Director

Amelia.Kirby@health.slu.edu

Hannah Beckmann
Coordinator

Hannah.N.Beckmann.1@health.slu.edu