

Working with Medical Students: a Guide for Faculty and Fellows



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
 - [Medical Documentation Assessment](#)
- **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
 - OASIS. SOM evaluation system (SLU Tools). Individual supervising physician evals due within 2w of course completion. Course directors have to post final grades and narratives within 4w of course completion.
- **Pediatric student contact information**
 - 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. Please review those pertinent to your site!**
 - We go through regularly to update the website

Key Points

- ☐ **YOU are a key member of the pediatric student education team**
- ☐ **Direct observation and feedback are a great coaching strategy**
- ☐ **Be honest and specific in both coaching (feedback) and assessment (grading)**
- ☐ **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
- **Pre-clerkship Curriculum** (18mo)
 - [Pediatric pre-clerkship electives](#) is first and second year
- **Third Year**
 - 6 blocks, 7w each
 - **Core Clerkships (May-April)**
 - [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, clerkships: some students spend part of the clerkship at CG
- **Fourth year (May-April)**
 - Acting internship (AI): required for all slu students
 - [Pediatric AIs](#)
 - 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 on [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**
 - ☐ 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 teams

- ☐ **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.

Faculty and Fellow Expectations regarding Medical Students

Supervised clinical practice

- ☐ Trainees practice medicine under a supervising physician's license
- ☐ Assume primary physician role (with appropriate supervision and scaffolding)
- ☐ Starting and advancing entrustment
- ☐ Relies on active observation and coaching
 - ☐ Observer role transitions: junior physician-->senior physician
 - ☐ Both roles have numerous educational benefits
 - ☐ **Third and fourth years should NOT be limited to exclusively the observer role in any setting**



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- ☐ **Medical Students can be incredibly helpful if you take the time to teach them how to be helpful**
 - ☐ Documentation: admission notes, progress notes, discharge summaries, after visit summaries
 - ☐ “Prep” note fields for supervising physicians to review, edit, attest
 - ☐ Generate a note for supervising physicians to review, edit, attest
 - ☐ **Can be used for coding/billing**
 - ☐ Place orders (need to be reviewed and co-signed to be active)

Coaching (feedback)

- ☐ Learner and supervising physicians working together towards a shared goal of optimizing learner performance and **helping him/her become a competent physician**
- ☐ “Gift of feedback:” you are investing your valuable time and skills
- ☐ Be honest, specific, and focus on actionable steps
- ☐ Ongoing informal coaching among all team members
- ☐ Schedule more formal sit-down feedback sessions towards the end of the clinical assignment and halfway through if working together for more than a week



- ☐ **Clerkship student “coaching assignments”**
 - ☐ Meant to facilitate direct observation and coaching and 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)
 - ☐ Students are responsible for completion
 - ☐ Our goal is for all students to be competent by the end of the clerkship as determined by direct observation by a supervising physician using standardized rubrics
 - ☐ Low stakes credit/not credit assignments. Some students need more time/help than others. It’s okay! There is no limit on number of attempts.
 - ☐ 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
- ☐ **Observed Patient Encounters**
 - ☐ Students see large number of patients and families.
 - ☐ They are required to have a minimum of 2 full or 6 “mini” encounters be directly observed and determined to meet expectations by a supervising physician using [a structured rubric](#)
 - ☐ Well visit and/or newborn admission
 - ☐ Problem based visit and/or hospitalization
 - ☐ Components
 - ☐ History
 - ☐ Physical exam

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- ☐ Information sharing
- ☐ Done in real time by any supervising physician
- ☐ **“Mini observations” strongly encountered**
- ☐ **Medical Documentation Assessment**
 - ☐ Students involved in medical documentation
 - ☐ They are required to have a minimum of two notes be assessed and determined to meet expectations by a supervising **attending or fellow** using [a structured rubric](#).
 - ☐ Done close to real time
- ☐ **Qualtrics:** needs to be done by faculty
 - ☐ SOM requirement for all clerkships
 - ☐ Students asked to request this the first 4w of the clerkship
 - ☐ Same questions as final evaluation
 - ☐ Can complete at the same time as OASIS evaluation if working with a student for a week or less

Grading (Assessment)

- ☐ **Why grade?**
 - ☐ Document competency
 - ☐ Identify students in need of additional help
 - ☐ Identify students who excel
- ☐ **Grading Logistics**
 - ☐ Course directors required to finalize grade and narrative within 4w of course completion
 - ☐ Single evaluator (course director): most courses
 - ☐ Multiple evaluators: clerkship, floor and NICU Acting Internships
 - ☐ Final evaluation (course director/s)
 - ☐ Individual student performance evaluations (supervising physicians students work with). Need to be done within 2w of course completion
 - ☐ “Official” OASIS evaluators are expected to complete evaluations based on their own experience and feedback from the team. **Please share your thoughts regarding student performance with course directors ESPECIALLY if not assigned an evaluation.**
- ☐ **Grade Components**
 - ☐ Letter grade
 - ☐ H, NH, P OR P/F (grading choice determined by course director)
 - ☐ Grade distribution
 - ☐ Core clerkships: strict limits
 - ☐ Other courses: at the discretion of course directors
 - ☐ Narrative summary
 - ☐ **Positive** comments from various sources
 - ☐ Clerkship: included in the MSPE (dean’s letter)



☐ Clerkship Grades (two separate)

Grade	NBME Grade Criteria	Clinical Performance Grade Criteria
Honors	≥ 75th %ile	Met course objectives; professionalism score ≥90%; points in the top 30% of the block
Near Honors	≥ 50th %ile	Met course objectives; points in the top 70% of the block
Pass	≥ 5th %ile	Met course objectives
In Progress	<5 th %ile; retake the exam after a minimum mandated study period	Was close to meeting course objectives, needs remediation
Fail	Failed 2 nd attempt at NBME; needs to repeat the clerkship	Did not meet course objectives; needs to repeat the clerkship

☐ Clerkship Clinical Performance Points

Component	Percentage
Clinical performance evaluations by supervising physicians	40%
Objective Structured Clinical Exam	30%
Professionalism	5%
Other (QI/reflection assignments, quizzes),	25%

☐ Clerkship Clinical Performance Evaluations

- ☐ Assigned at the start of each clerkship block to faculty, fellows, and senior residents
- ☐ “Opt out” (not observed)
 - ☐ Whole evaluation (should rarely be used) or individual items
 - ☐ Score not affected by a “not observed” response
- ☐ “Anchor” descriptors for scored items
 - ☐ **Please use the full spectrum of scores**
 - ☐ Grade inflation helps no one
 - ☐ Scores tend to become higher as the year progresses and students gain experience. That’s fine!
 - ☐ Students compared within their block cohort

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- ☐ Free text section: please utilize!
 - ☐ Students find these most valuable
 - ☐ Used in crafting the final performance narrative
- ☐ Anonymous

Letters of Recommendation

- ☐ 3 required; up to 4 allowed
- ☐ Students applying in Pediatrics
 - ☐ Typically 3-4 Pediatric LORs at least one of which is from an Acting Internship
- ☐ We instruct students to
 - ☐ Ask early
 - ☐ Share unique characteristics, CV, and personal statement with LOR writers
 - ☐ Further insight
 - ☐ Extra sets of eyes for edits
 - ☐ Be patient
 - ☐ Keep everyone posted regarding residency application progress
- ☐ **Please post your LOR before the ERAS deadline!** (Typically 9/15. 2021 9/29)



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 fellows**
- **Residents, staff, patients, and families**

