RCC Clerkship Essentials; Fun Faculty Development for the Office-Based Teachers of Medical Students

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Session Objectives

1. Participants will be able to describe the goals and objectives of the RCC clerkship
2. Participants will be able to describe expectations of students and preceptors for the RCC clerkship
3. Participants will practice giving difficult feedback
4. Participants will be able to describe 2 or more approaches to giving feedback
### 3rd Year Clinical Core

<table>
<thead>
<tr>
<th>Musculoskeletal Care (2 weeks)</th>
<th>Infant, Child &amp; Adolescent Care (6 weeks)</th>
<th>Hospitalized Adult Care (8 weeks)</th>
<th>Emergency Care (2 weeks)</th>
<th>Women’s Care (6 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Care (4 weeks)</td>
<td>Neurologic Care (4 weeks)</td>
<td>Operative/Perioperative Care (8 weeks)</td>
<td></td>
<td></td>
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<tr>
<td>Adult Ambulatory Care (4 weeks)</td>
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<tr>
<td>Rural &amp; Community Care (4 weeks)</td>
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</table>
RCC Clerkship Goals

1. Develop and advance an appreciation of the unequivocal value of Primary Care as an integral part of any well functioning health system.

2. Develop and advance the knowledge, skills and attitudes necessary to provide Ambulatory (community-based) Clinical Care for common acute and chronic conditions.

3. Develop and advance the knowledge, skills and attitudes needed to conduct Well-Visits and Age Appropriate Clinical Preventive Services.

4. Develop and advance students' understanding of caring for rural and/or underserved populations.

5. Develop an appreciation of team-based care and the Patient-Centered Medical Home to improve care of patients and communities.
RCC objectives: What will students do while on the RCC rotation at your clinical site?

• **55% Clinical Learning**
  • Preceptors are highly involved
  • Students are on rotation at clinical site seeing/observing patients
  • Students log core clinical conditions and practice exam skills
  • Students use several forms:
    • Learning contract
    • Direct Observation Forms (DOFs)
    • Mid-point Feedback (LCME)
    • Final Evaluation (LCME)
RCC Objectives: Core clinical problems students are expected to log

- Back Pain
- Cough
- Failure to Thrive
- Fatigue
- Headache
- Oral Lesions
- Skin Lesions
- Allergies
- Asthma
- Depression/Anxiety
- Diabetes Mellitus
- Domestic Violence

- Hypercholesterolemia
- Hypertension
- Obesity
- Osteoporosis
- Palliative Care
- Preventive Health
- Smoking Cessation
- Strains & Sprains
- Skin Infections
- Thyroid Disease
- Upper Respiratory Infection
- Urinary Tract Infection
RCC Objectives: RCC Concentrated Physical Exam Skills

• Skin Exam
• Oral Exam
• Students may seek opportunities to be directly observed doing these exam skills
RCC objectives: What else will students do while on the RCC rotation?

- Students are required to complete these, however preceptors are NOT involved with these rotation components:
  1. 10% Community Service Learning Project (in local community)*
  2. 10% PCMH learning modules (Online)
  3. 5% Team-based care PPT presentation (Anschutz Medical Campus)
  4. 20% NBME Adult Ambulatory Medicine Shelf Exam (Anschutz)
  5. Required readings from *Essentials of Family Medicine* or *IM Essentials*

* There may be preceptor involvement at some sites
Rural and Urban Primary Care
Family Medicine and Internal Medicine
# What's trending in Medical Education – IP teams

<table>
<thead>
<tr>
<th>ORIENTATION</th>
<th>AAC/RCC CLINICAL</th>
<th>INTRASESSION</th>
<th>AAC/RCC CLINICAL</th>
</tr>
</thead>
</table>
| Intro to teamwork in primary care clinic | • TeamSTEPPS  
• AHRQ evidence based  
• Key teachable learnable skills | 1st Clinical experience in primary care teams | Small group facilitated discussion | 2nd Clinical experience in primary care teams |
| Structured clinical Program |  
• Prep for clinical (primary care)  
• How to be successful | • Observe teams and teamwork at clinical site  
• Apply teamwork skills  
• Identify role of self and others | • Team-based care PPT  
• Teams & teamwork, roles of self and others | • Observe teams and teamwork at clinical site |
|             |                 |               | MBTI facilitated program | • Apply teamwork skills  
• Identify role of self and others |
|             |                 |               | MBTI instrument & debrief | • Interactive PCMH modules |
|             |                 |               | Professional develop.  
• Tying together personal preferences to team and clinical experiences |
Teamwork Curriculum

Build from current IPE Curriculum

Connect to PCMH

Teach about teams and dysfunction

Watch and analyze videos of teams
Structured clinical curriculum

Potential student roles

Tips for success in clinic

Elderly patient case study
Experiential learning exercises- encouraging ACTIVE learning

• MBTI
  • Student Professional Development
  • Tying together personal preferences & learning styles in clinical experiences

• Medical Improvisation
  • Student preparatory exercise
Teacher – Learner Agreement

• Guiding Principles
  • Duty to convey and model knowledge skills and attitudes required of physicians
  • Integrity to be honest and have strong moral principles required of physicians
  • Respect between teachers and learners that is mutual
RCC Student Expectations

1. Show up; Be an active, enthusiastic and engaged learner
2. Demonstrate professional behavior in all settings
3. Be an “active” learner; self-directed, set goals & complete assignments
4. Solicit and incorporate feedback into learning experiences
5. Recognize personal limitations and seek help when needed
6. Be prepared and on time, communicate with preceptor
7. Log patients and duty hours weekly
8. Maintain an ethical approach to the care of patients
9. Enjoy learning from the preceptors at the clinical site
RCC Preceptor Expectations

1. Host students for 4 weeks at a time
2. Provide students with a safe learning environment
3. Expose students to exceptional learning experiences
4. Mentor the students while they are with you
5. Give timely & constructive verbal & written feedback
6. **Supervise, demonstrate, teach, and observe** clinical activities
7. Complete and promptly return the evaluation forms (immediately)
8. Maintain an ethical approach to the care of patients and serve as a role model for the student with high professional standards
9. Enjoy teaching and learn from your student
RCC quality of teaching

<table>
<thead>
<tr>
<th>TEACHING QUALITY</th>
<th>AY 2015-2016 (N=130)</th>
<th>AY 2014-2015 (N=126)</th>
<th>AY 2013-2014 (N=154)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 pt scale; 1=Strongly disagree, 5=Strongly agree</td>
<td></td>
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</tr>
<tr>
<td>I received useful feedback at the mid-block review.</td>
<td>4.07</td>
<td>4.26</td>
<td>3.27</td>
</tr>
<tr>
<td>An attending/resident provided useful feedback on my performance based on personally observing me perform a component of at least on physical exam and/or history.</td>
<td>4.48</td>
<td>4.50</td>
<td>3.51</td>
</tr>
<tr>
<td>Overall, attending faculty members were adequately involved in teaching the block.</td>
<td>4.45</td>
<td>4.49</td>
<td>3.65</td>
</tr>
<tr>
<td>5 pt scale; 1=poor, 5=excellent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the overall quality of clinical teaching in this block?</td>
<td>4.16</td>
<td>4.28</td>
<td>4.20</td>
</tr>
</tbody>
</table>

Responsescale: 1=Poor, 2=Fair, 3=Good, 4=Very good, 5=Excellent. ***Expected threshold for CU 4.0
Students were asked to rate 72 attendings on their overall teaching effectiveness. The mean rating for overall effectiveness was 4.52 in AY 2015-2016. The mean rating ranged from 2.5 to 5.0 with five attendings receiving a score < 3.5.

| Overall, how effectives is this attending’s teaching? |
| Mean Rating |
| 4.52 | 4.28 | 4.39 | 4.55 |

Response scale: 1=Poor, 2=Fair, 3=Good, 4=Very good, 5=Excellent.
RCC students feel like an integral part of the team

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>I felt like an integral part of the health care team.</td>
<td>4.29</td>
<td>4.25</td>
<td>3.58</td>
</tr>
</tbody>
</table>

1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree
## RCC site adequacy

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>I</td>
<td>A</td>
<td>E</td>
<td>I</td>
</tr>
<tr>
<td>Your level of</td>
<td>4.6</td>
<td>93.1</td>
<td>2.3</td>
<td>4.0</td>
</tr>
<tr>
<td>responsibilities for</td>
<td>(N=130)</td>
<td></td>
<td></td>
<td>(N=126)</td>
</tr>
<tr>
<td>patient care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variety of patients</td>
<td>6.9</td>
<td>93.1</td>
<td>0.0</td>
<td>4.7</td>
</tr>
<tr>
<td>seen.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patients</td>
<td>2.3</td>
<td>94.6</td>
<td>3.1</td>
<td>1.6</td>
</tr>
<tr>
<td>seen.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of supervision</td>
<td>2.3</td>
<td>95.4</td>
<td>2.3</td>
<td>0.0</td>
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<tr>
<td>received.</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

I=Inadequate; A=Appropriate; E=Excessive
## RCC strengths and areas for improvement

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I really enjoyed this block and learned more than I ever expected during my time at XXXX. I would highly recommend it to anyone!”</td>
<td>“I think it was a little more difficult to integrate into the team as a medical student... understandably it can be difficult to balance a busy schedule and a medical student.”</td>
</tr>
<tr>
<td>a wonderful place to do my rural rotation. Their program is conducive to learning and a great example of a PCMH system that works well with complex teams to serve a diverse patient population.”</td>
<td>“This site is too busy, seeing every patient and doing all the notes on everyone took away from my learning.”</td>
</tr>
<tr>
<td>“I loved how involved and useful I got to be as a student. Everyone at this site was kind and happy to have a student involved and loved to teach.”</td>
<td>“At this particular site, I felt more like a shadow than an integrated part of the care team...I would have liked to be more active in patient care.”</td>
</tr>
<tr>
<td>“I really enjoyed the small clinic and one on one teacher-student dynamic of the rural setting. I got to see patients on my own and again with the attending and learned more about my strengths and weakness from the excellent feedback I received.”</td>
<td>“I think one good thing to take forward for the future is a clear discussion of expectations of the bat. I got a good idea of what I needed to do as the weeks went by, but it was more of an ad hoc education than probably necessary.”</td>
</tr>
</tbody>
</table>
Rate the quality of your educational experiences in the following clinical clerkships. If you participated in an integrated clerkship, please answer this question in terms of your educational experience in each discipline. If you had no clinical experiences in the discipline, select "Not applicable." (Scale: 1=Poor to 4=Excellent)

<table>
<thead>
<tr>
<th>Family Medicine</th>
<th>Year</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Mean</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>2012</td>
<td>3.4</td>
<td>16.0</td>
<td>37.8</td>
<td>42.9</td>
<td>3.2</td>
<td>119</td>
</tr>
<tr>
<td>Colorado</td>
<td>2013</td>
<td>2.2</td>
<td>5.8</td>
<td>38.8</td>
<td>53.6</td>
<td>3.4</td>
<td>138</td>
</tr>
<tr>
<td>Colorado</td>
<td>2014</td>
<td>1.6</td>
<td>8.2</td>
<td>37.7</td>
<td>52.5</td>
<td>3.4</td>
<td>122</td>
</tr>
<tr>
<td>Colorado</td>
<td>2015</td>
<td>2.9</td>
<td>10.3</td>
<td>22.1</td>
<td>64.7</td>
<td>3.5</td>
<td>136</td>
</tr>
<tr>
<td>Colorado</td>
<td>2016</td>
<td>3.2</td>
<td>10.4</td>
<td>24.8</td>
<td>61.6</td>
<td></td>
<td>125</td>
</tr>
<tr>
<td><strong>All Schools</strong></td>
<td><strong>2015</strong></td>
<td><strong>3.8</strong></td>
<td><strong>11.6</strong></td>
<td><strong>32.8</strong></td>
<td><strong>51.8</strong></td>
<td><strong>3.3</strong></td>
<td><strong>14,359</strong></td>
</tr>
</tbody>
</table>

2016 AAMC Medical Student Graduate Questionnaire CU School Report
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Were you observed taking the relevant portions of the patient history?</strong></td>
<td>Yes = 81.3% (n=123)</td>
<td>Yes = 84.3% (n=134)</td>
<td>Yes = 87.2% (n=125)</td>
<td>Yes = 88.9% (n=14,279)</td>
</tr>
<tr>
<td><strong>Were you observed performing the relevant portions of the physical or Mental status exam?</strong></td>
<td>Yes = 87.0% (n=123)</td>
<td>Yes = 89.5% (n=133)</td>
<td>Yes = 92.8% (n=125)</td>
<td>Yes = 90.9% (n=14,223)</td>
</tr>
<tr>
<td><strong>Were you provided with mid-clerkship feedback?</strong></td>
<td>Yes = 95.9% (n=123)</td>
<td>Yes = 92.5% (n=133)</td>
<td>Yes = 98.4% (n=125)</td>
<td>Yes = 94.8% (n=14,228)</td>
</tr>
</tbody>
</table>

***CU Threshold = 85%***

2016 AAMC Medical Student Graduate Questionnaire CU School Report
GQ; FM faculty provided effective teaching during the clerkship

<table>
<thead>
<tr>
<th></th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
<th>Mean</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado 2014</td>
<td>0.8%</td>
<td>0.8%</td>
<td>8.2%</td>
<td>36.9%</td>
<td>53.5%</td>
<td>4.4</td>
<td>122</td>
</tr>
<tr>
<td>Colorado 2015</td>
<td>3.0</td>
<td>3.0</td>
<td>9.0</td>
<td>33.1</td>
<td>51.9</td>
<td>4.3</td>
<td>133</td>
</tr>
<tr>
<td>Colorado 2016</td>
<td>2.4</td>
<td>2.4</td>
<td>9.6</td>
<td>36.8</td>
<td>48.5</td>
<td></td>
<td>125</td>
</tr>
<tr>
<td>All Schools 2016</td>
<td>1.7</td>
<td>3.9</td>
<td>9.1</td>
<td>36.8</td>
<td>48.5</td>
<td></td>
<td>14,195</td>
</tr>
</tbody>
</table>

Scale; SD=Strongly Disagree, D=Disagree, N=Neutral, A=Agree, SA=Strongly Agree

2016 AAMC Medical Student Graduate Questionnaire CU School Report
RCC contacts

• Julie Paranka MD – Director, Rural & Community Care Clerkship
  • julie.paranka@ucdenver.edu
  • 303-859-4435

• Caroline LeCair DO – Director, Medical Student Education
  • caroline.leclair@ucdenver.edu
  • 303-589-0243 (cell)

• Christina Lambert M.ed – RCC site development and placements
  • christina.lambert@ucdenver.edu
  • 303-724-8260 (office)

• Steven Cruse – Medical Student Education Coordinator
  • steven.cruse@ucdenver.edu
  • 303-724-0975 (office)
Giving ‘Difficult’ Feedback to Students

• Our surveys tell us that students are getting mid-point feedback
• But they don’t tell us what type of feedback the students are getting
• It is a well known fact that giving feedback about deficits and areas for growth is the hardest type of feedback to give
  • Examples from the field
• Specific skills for giving “difficult” feedback exist
Skills for giving “difficult” midway feedback

- Have the student do a self evaluation based on their learning objectives and goals
  - “Your school has learning goals for this rotation let’s look at each of them and let me know how you think you are doing and what parts you want my help with for the last 2 weeks.”

- If you are concerned about a particular area (e.g. professionalism) and they don’t address that invite them to do so
  - “What is your self evaluation with regard to xxxx?” “You didn’t mention physical exam progress, how are you progressing with that.”
Skills for giving “difficult” midway feedback

- Identify parts of their self evaluation that you particularly agree with
  - “Your self awareness and observations about xxx are excellent. I there anything in that realm you would like to work on?”
- ‘Ask permission’ to bring up parts of the self evaluation that you disagree with
  - “would it be okay with you if we discuss professionalism with regard to timeliness because I have some concerns in that area?”
Skills for giving “difficult” midway feedback

• Start with reassurance and statement of the educational goal
  • “You are doing so well in so many areas that I think it is worth it for us to focus on challenges you have maintaining empathy with certain kinds of patients.”

• Be specific and give examples
  • “You mentioned that you feel like you are doing well with relating to patients. I don’t feel this is always the case. For example, Mrs. Payne mentioned that she felt like you were dismissive of her need for narcotics. It can be really hard to work with people who have chronic pain, lets talk about what happened.”
Skills for giving “difficult” midway feedback

• **Example - developing feedback statements**
  
  • You are in clinic and you think to yourself, “this student is really disorganized”.
  
  • Next step formulate this in terms of a competency
Open Discussion

• Christina Lambert