

PLY-3 Resident Teaching Elective Curriculum

Faculty:

Pratibha Shirsat, MD (Co-Director)
Ralitsa Akins, MD, PhD (Co-Director)
Merle Ipson, MD
Santha Chamberlin, MD
Teresa Ambat, MD
Joanna Wojciechowska, MD
Carmen Prieto, MD

Purpose: To further develop the resident's effectiveness as a medical educator. Resident teaching is a recognized skill and with explicit responsibilities that require ongoing nurturing. This resident teaching rotation is a program to learn the fundamentals of learning accentuating the value of the different clinical teaching tools allowing teaching skill development and assessment of the learners' acquisition of knowledge using these tools.

Objectives:

- ✓ Understand the principles of basic education and adult learning theory
- ✓ Learn to assess learning needs of the student
- ✓ Understand and implement different learning tools used in medical education
- ✓ Learn to evaluate and give feedback to the adult learner

Goals:

- I. **Patient Care:**
 - a. The resident will demonstrate the ongoing development of the patient care skills initially required while rotating through their core pediatric rotations.
 - b. The resident will ensure the student is educated to obtain a detailed pertinent history, review all medical records and perform a complete age appropriate physical exam. They will then guide and educate the student to formulate a differential diagnosis and plan appropriate diagnostic and therapeutic interventions, in coordination with the medical team.
 - c. The resident will teach the student to reach appropriate assessments through thoughtful review of diagnostic results and frequent reassessment of the patient, making changes to management as appropriate based on the changing clinical status of the patient and redefined differential diagnosis.
 - d. The resident is to teach the student the responsibilities to educate and work with the patient's family and maintain a strong professional therapeutic alliance.
 - e. The residents will educate the students to be mindful of routine health care maintenance for infants and children under their care. They will be taught how to order and follow up on these tests ie; Texas Newborn Screen (as well as what is screened for), hearing screens and reporting required to the state. Active and passive immunizations.

- f. Residents will teach appropriate need for frequently done therapeutic and diagnostic procedures in the newborn and pediatric patient and after assisting the student in obtaining informed consent will supervise the student in performing the following procedures after the student has demonstrated educated verbal knowledge of the appropriate approach to that procedure or technical skill.
 - i. Intravenous catheter placement
 - ii. Lumbar puncture
 - iii. Venipuncture and heel stick for NBS and blood sampling
 - iv. Immunizations
 - v. IM, SQ and ID injections
 - 1. IM Vitamin K administration
 - 2. Immunizations
 - vi. Eye prophylaxis
 - vii. Gavage or NG placement
 - viii. Aerosol treatments

II. General Medical/Teaching Knowledge

- a. Identify one's own knowledge gaps and role-model self-directed learning
- b. Understand basic education theory
- c. Learn different method of education
 - i. Educational need assessment
 - ii. Effective lecturing
 - iii. Use of visual aids
 - iv. Teaching in small groups
 - 1. case based and problem based learning
- d. Learn how to acquire knowledge of the learner, including motivation, interests, and knowledge deficits
- e. Practice using effective questioning to engage and involve learners
- f. Practice applying specific learning to broader clinical problems
- g. Practice teaching general concepts to learners

III. Practiced-Based Learning and Improvement

- a. Evidenced based learning
 - i. The resident will teach the students to utilize a broad range of published medical information available through web-based resources, as well as print textbooks and the TTUHSC library. It is expected for the students to make decisions about patient care that are informed by review, synthesis and application of studies available in the literature. Work rounds will include discussion of information gathered from the literature by students.
- b. The resident and will be prepared (and expect the student to be prepared) for the established clinical vignettes and predetermined topics to be covered by discussion or lecture format.

IV. Interpersonal and Communication Skills

- a. The resident will learn the skills required to give effective constructive feedback
 - i. Describe components of effective feedback
 - ii. Practice giving constructive positive and negative feedback
 - iii. Learn how to deal with difficult students
- b. Specific information will be given to the student in a timely fashion, with the goal of changing observed behavior and guiding future performance.
- c. The resident will supervise the student in discussing issues with the following;
 - i. Interdisciplinary team members
 - ii. Family members
 - iii. Consultants
- d. The resident will educate the students in the importance of accurate, complete legible medical records in communicating information among consultants and team members both in cross cover care and when leaving a rotation. A complete off-service medical summary of care should be completed.

V. Professionalism

- a. The resident through their actions will at all times demonstrate the highest ethical and professional behavior.
- b. The resident should stress to the student that patient and family confidentiality is of the highest priority.
- c. The resident will supervise the student in interacting with an ethnically and socio-economically varied patient population. The student must understand that all patients are cared for independent of their ability to pay for services.
- d. The residents will assist and guide the student in providing compassionate, empathetic and culturally sensitive communication with all parents. They will be sensitive to the unique situation of parents of ill newborns. They will be taught to demonstrate sensitivity and responsiveness at all times to parents' culture, gender, sexual orientation and disabilities.

VI. Systems-Based Practice

- a. The resident will discuss with the student the need to provide high quality, but cost-effective health care.
- b. Demonstrate to the student the need for collaboration with case managers, social workers and all other interdisciplinary team members to implement appropriate discharge plans and arrangements for follow-up.
- c. The resident will stress to the student the importance of communicating with the patient's primary care physician when necessary, especially near the time of discharge.

Weekly Teaching Activities

Morning (See MSIII Lecture Schedule and Weekly Topics)

A. Rounds in WB (Mon-Wed, 8:30-10:00)

- Normal physical exam and gestational age assessment
- Common conditions (hypoglycemia, TTN, hyperbilirubinemia, etc)
- Common infections
- Nutrition
- Anticipatory guidance

B. Rounds in IMCN (Mon-Fri, 8:30-10:00)

- H&P and progress notes
- Fluid and nutrition
- Common diagnosis
- Prematurity: assessment, management, complications, nutrition
- Communication with patient family
- Labs and imaging

General Clinic topics:

- Periodic Checkup/followup and documentation
- Vaccination
- Diagnostics and imaging
- Growth and development
- Common conditions
- Anticipatory guidance

C. Ward/7th floor (Mon-Fri, 10:00-12:00)

Topics to be covered in Ward:

- H&P
- Admissions
- Common procedures
- Common conditions and diagnoses
- Use of labs and imaging
- Anticipatory guidance
- Surgical patients

Afternoon (01:00 – 05:00pm)

Resident Daily Schedule may vary. Refer to MSIII Daily Schedule.

- D. Develop teaching plan to present to faculty/attend continuity clinic
- E. Vignettes (Tuesdays)
- F. Lecture/Presentations to students (Wednesdays)
- G. Review NBME Questions with students (Thursdays)