

RESIDENT AS TEACHER ROTATION

Goals

- Develop competency in teaching
- Acquire the tools for life-long learning

Learning objectives and competencies:

1. Demonstrate competency in evidence-based medicine.
2. Demonstrate teaching skills in the following areas:
 - a. Large group instruction (handouts for morning report)
 - b. Small group instruction (participation in small group activities)
 - c. Offering feedback to interns and students (miniCEX, small groups)

Participants:

1. All PL-3 Pediatric Residents

Specific Requirements:

1. For Pediatric Residents: present at an Evidence-based Medicine lecture
 - a. Presentation of a case
 - b. Discussion of the clinical disease: manifestations, clinical course, differential diagnosis, treatment, etc.
 - c. Presentation of a Critically Appraised Topic (CAT) on the clinical disease
2. Attend all morning report conferences
 - a. Locate and present the ABP Content Specifications on each topic
3. Perform observed Mini-Clinical Exam (CEX) in PER with interns (how many?).
4. Participate in Pediatrics Forums small groups with students and a faculty facilitator.
 - a. Meet with 1 or 2 Forums groups during the month (4 to 6 sessions)
 - b. Obtain Forums notebook beforehand to allow preparation for sessions
 - c. Cofacilitate group discussions with third year medical students
5. Assist in intern Clinical Reasoning project
 - a. Learn to use assessment tool
 - b. Assist with grading and feedback to interns

Documentation of month's activities:

At the end of the rotation, the resident must turn in to residency office the following:

1. _____ Copy of EBM Critically Appraised Topic
2. _____ Mini-clinical exam forms to Residency Office
3. _____ Evaluation form from Forums faculty facilitator
4. _____ Feedback form on Morning Report handouts (anonymous peer evaluation)

Mini-Clinical Evaluation Exercise (CEX)

Evaluator: _____

Date: _____

Resident: _____

O R-1 O R-2 O R-3

Patient Problem/Dx: _____

Setting: O Ambulatory O In-patient O ED O Other _____

Patient: **Age:** _____ **Sex:** _____ O New O Follow-up

Complexity: O Low O Moderate O High

Focus: O Data Gathering O Diagnosis O Therapy O Counseling

1. Medical Interviewing Skills (O Not Observed)

1	2	3	4	5	6	7	8	9
<i>SATISFACTORY</i>			<i>UNSATISFACTORY</i>			<i>SUPERIOR</i>		

2. Physical Examination Skills (O Not Observed)

1	2	3	4	5	6	7	8	9
<i>SATISFACTORY</i>			<i>UNSATISFACTORY</i>			<i>SUPERIOR</i>		

3. Humanistic Qualities/Professionalism

1	2	3	4	5	6	7	8	9
<i>SATISFACTORY</i>			<i>UNSATISFACTORY</i>			<i>SUPERIOR</i>		

4. Clinical Judgment (O Not Observed)

1	2	3	4	5	6	7	8	9
<i>SATISFACTORY</i>			<i>UNSATISFACTORY</i>			<i>SUPERIOR</i>		

5. Counseling Skills (O Not Observed)

1	2	3	4	5	6	7	8	9
<i>SATISFACTORY</i>			<i>UNSATISFACTORY</i>			<i>SUPERIOR</i>		

6. Organization/Efficiency (O Not Observed)

1	2	3	4	5	6	7	8	9
<i>SATISFACTORY</i>			<i>UNSATISFACTORY</i>			<i>SUPERIOR</i>		

7. Overall Clinical Competence (O Not Observed)

1	2	3	4	5	6	7	8	9
<i>SATISFACTORY</i>			<i>UNSATISFACTORY</i>			<i>SUPERIOR</i>		

Mini-Clinical Evaluation Exercise (CEX)

Mini-CEX Time: Observing _____ Mins

Providing Feedback: _____ Mins

Evaluator Satisfaction with Mini-CEX

LOW 1 2 3 4 5 6 7 8 9 HIGH

Resident Satisfaction with Mini-CEX

LOW 1 2 3 4 5 6 7 8 9 HIGH

COMMENTS: _____

Resident Signature

Evaluator Signature

DESCRIPTORS OF COMPETENCIES DEMONSTRATED DURING THE MINI-CEX

Medical Interviewing Skills: Facilitates patient's telling of story; effectively uses questions/directions to obtain accurate, adequate information needed; responds appropriately to affect, non-verbal cues.

Physical Examination Skills: Follows efficient, logical sequence; balances screening/diagnostic steps for problem; informs patient; sensitive to patient's comfort, modesty.

Humanistic Qualities/Professionalism: Shows respect, compassion, empathy, establishes trust; attends to patient's needs of comfort, modesty, confidentiality, information.

Clinical Judgment: Selectively orders/performs appropriate diagnostic studies, considers risks, benefits.

Counseling Skills: Explains rationale for test/treatment, obtains patient's consent, educates/counsels regarding management.

Organization/Efficiency: Prioritizes; is timely; succinct.

Overall Clinical Competence: Demonstrates judgment, synthesis, caring, effectiveness, efficiency.

Note 1: Reprinted with permission from the American Board of Internal Medicine, www.abim.org.

Note 2: Discussed in: Norcini JJ, Blank LL, Arnold GK, Kimball HR. The mini-CEX (Clinical Evaluation Exercise): a preliminary investigation. Ann Intern Med 1995;123:795-9.

Formal Review of ER Charting

1. Pertinent History Documented

1 2 3 4 5 6 7 8 9
SATISFACTORY UNSATISFACTORY SUPERIOR

2. Pertinent Physical Exam Findings Documented

1 2 3 4 5 6 7 8 9
SATISFACTORY UNSATISFACTORY SUPERIOR

3. Appropriate Assessment Documented

1 2 3 4 5 6 7 8 9
SATISFACTORY UNSATISFACTORY SUPERIOR

4. Management Plans Clearly Documented

1 2 3 4 5 6 7 8 9
SATISFACTORY UNSATISFACTORY SUPERIOR

5. Handwriting legible and Signature legible

1 2 3 4 5 6 7 8 9
SATISFACTORY UNSATISFACTORY SUPERIOR

COMMENTS: _____

