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)
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

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1. Medical Interviewing Skills (O Not Observed)
   1 2 3  4 5 6  7 8 9
   SATISFACTORY  UNSATISFACTORY  SUPERIOR

2. Physical Examination Skills (O Not Observed)
   1 2 3  4 5 6  7 8 9
   SATISFACTORY  UNSATISFACTORY  SUPERIOR

3. Humanistic Qualities/Professionalism
   1 2 3  4 5 6  7 8 9
   SATISFACTORY  UNSATISFACTORY  SUPERIOR

4. Clinical Judgment (O Not Observed)
   1 2 3  4 5 6  7 8 9
   SATISFACTORY  UNSATISFACTORY  SUPERIOR

5. Counseling Skills (O Not Observed)
   1 2 3  4 5 6  7 8 9
   SATISFACTORY  UNSATISFACTORY  SUPERIOR

6. Organization/Efficiency (O Not Observed)
   1 2 3  4 5 6  7 8 9
   SATISFACTORY  UNSATISFACTORY  SUPERIOR

7. Overall Clinical Competence (O Not Observed)
   1 2 3  4 5 6  7 8 9
   SATISFACTORY  UNSATISFACTORY  SUPERIOR
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.
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:
____________________________________________________________________
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