

Residents as Teachers and Assessors
Stanford School of Medicine
(revised 2/4/2016 – JNL)

The responsibilities with teaching medical students on a clinical service are automatically placed upon residents. This responsibility should be considered an honor and with it, a certain amount of preparation must be done in order to accomplish this well. There are two components to this. The actual teaching and mentoring component happens everyday. Following the time with the student giving them formative feedback, a formal summative assessment is required. These are the basis for the core clerkships student's grade and therefore should be done with constructive honesty but with some delicacy.

Teaching and mentoring happens interchangeably in the clinical environment. To assist you in that, there are a number of resources available.

- 1) The Goodman Surgical Education Center has a resident as educators program that would be a month long commitment to learning and teaching that is mentored by faculty and education fellows.
 - 2) The Stanford Faculty Development Center for Medical Teachers offers workshops on effective clinical teaching for residents. This often sought out experience is offered to the PGY-3 and PGY-4 surgery residents but could be broadened to include all that are interested in getting better at teaching. http://sfdc.stanford.edu/local_sfd.html
 - 3) The Clinical Teaching Seminar Series is run out of the GSEC and is a certificate program in clinical teaching and medical education for residents, fellows, and faculty. Seminars are the 2nd Wednesday of each month and culminates in an annual meeting to present your scholarly activity with or without results. Contact Jim Lau for details and a schedule will be sent to you.
 - 4) Teaching as a Competency¹ consists of six main competencies:
 - a. Medical knowledge – Teach content and assess each learner's abilities within their field of expertise.
 - b. Learner centeredness – Demonstrate a commitment both to learners' success and well-being and to helping learners grow into their professional roles.
 - c. Interpersonal and communication skills – Flexibly tailor teaching and communication styles to facilitate learning.
 - d. Professionalism and role modeling – Demonstrate best educational and content-related practices and role model those behaviors for learners.
 - e. Practice-based reflection and improvement – Demonstrate continuous self-assessment and lifelong learning to improve their effectiveness and capacity as educators.
 - f. System-based learning – Utilize resources within the larger system of medical education to advocate for learners and to provide optimal teaching and learning.
1. Srinivasan M, Li ST, Meyers FJ, et al. "Teaching as a Competency": competencies for medical educators. *Academic medicine : journal of the Association of American Medical Colleges*. 2011;86(10):1211-1220.

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Assessment of medical students translates to contributing to their grades. Continuous formative feedback to help them improve should be ubiquitous to your daily workflow. Students must know your expectations in order to meet them. Also, you must know their expectations in order to know what to teach and how to engage them. Summative feedback for the clerkship is done on a criterion based evaluation. If a student deserves a good grade, we can give as many as deserved. For more on CBES (Criterion Based Evaluation System) go to:

<http://med.stanford.edu/md/faculty-resources/cbes.html>

CRITERION VS. NORM-BASED EVALUATION

- Stanford's performance evaluation system in required clerkships is criterion---based.
- All students whose performance meets established criteria can earn a Pass with Distinction, regardless of how other students perform.
- This is in contrast to a curved or norm---based system, where only a certain proportion of students can earn the top descriptor of performance.

PASS WITH DISTINCTION (PWD)

- Prior to 2010, all clerkships at Stanford assigned final grades of Pass, Marginal Pass, or Fail.
- Since 2010, students are eligible to earn a Pass with Distinction in each of three domains:
 - Patient Care
 - Professionalism and Interpersonal Communication
 - Final Exam
- Grades for each domain are reported separately in the MSPE

RIME STAGE DESCRIPTIONS

Adapted from Pangaro & Holmboe, Evaluation Forms and Global Rating Scales, in Holmboe & Hawkins eds. *Practical Guide to the Evaluation of Clinical Competence*, Mosby 2008 p 40.

REPORTER

- Focus at this stage: Reliable, accurate, complete data---gathering and presentation of clinical information
- Emphasis on the S/O (Subjective/Objective) part of SOAP.
- Student is able to answer the "What" questions (What's the patient's blood pressure? What medications is he taking? What findings are present on physical exam?)
- Students are expected move through the reporter stage during preclinical training, i.e. Practice of Medicine

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INTERPRETER

- Focus at this stage: Diagnostic reasoning.
- Emphasis on the A (Assessment) part of SOAP.
- Student can answer the Why questions: e.g. Why does this patient have chest pain? What does this exam finding mean?
- Begins to see how details fit together.
- Data-gathering and reporting become more purposeful, more focused on pertinent positive and negative information and exploring diagnostic possibilities.
- Students are expected to move into the interpreter stage during their core clinical training

MANAGER

- Focus of this stage: treatment planning --- including diagnostic testing and therapy.
- Emphasis on the P (Plan) in SOAP.
- Student can answer the How or What Next questions: e.g. How do we solve or treat this clinical problem? What do we need to do next for the patient?
- Data-gathering and decision-making become more flexible, individualized, patient centered. Student thinks critically about recommendations, takes a more sophisticated approach to using medical literature to support patient care.
- Students at the Manager stage take primary responsibility for ensuring patients' well-being and making sure care plans are carried through. Patients, fellow team members, and staff view the student as patients' primary provider.
- Students are expected to move into the manager stage at the sub-internship level and beyond.

EDUCATOR*

- At the Educator stage, students
- Reflect on experiences to identify learning needs
- Define important questions to learn about in more depth
- Takes ownership for self-improvement

*Features of the Educator stage are threaded through all other stages.

To **pass**, a student should get the highest marks in all the **Reporter and Interpreter** categories. To get a **pass with distinction**, a student should get the highest marks in most all of the **manager and educator** levels. As an example, sub-interns and interns should be working at a level that gives most of the highest marks on manager and educator.

The full Clerkship Educator's Guide walks you through all the nuances of your teaching responsibilities from an administrative standpoint with the School of Medicine at Stanford. This is enclosed.