Senior Resident Guidelines for supervising clerks in Internal Medicine

Introduction

As internal medicine Senior Residents, you are the educational “heart and soul” of the clinical internal medicine undergraduate and postgraduate teaching programs and part of the foundation on which the McGill University affiliated hospitals maintain their reputation as providing among the best patient practice-centered clinical educational experiences in the world.

The following guidelines are meant to orient and/or update JARs (R2s) and SARs (R3s) on how to go about supervising medical students on an acute care internal medicine CTU and consultation services at all McGill affiliated teaching sites. Each CTU and consultation service will have its own way of applying these general suggestions to its particular context, and readers must consult site-specific guidelines from the CTU director and/or training program as a supplement to these generic guidelines.

Although these guidelines are divided into separate Practice, Education and Learning Environment/Context sections, please keep in mind that in reality these 3 are highly interdependent and integrated concepts.

PLEASE NOTE: This year there are new on-call guidelines, Workload Policy for clerkship students.

Patient Care

General Guidelines for Safe Clinical Supervision

• Personally examine and speak to patients and speak directly with other health care workers when there is a significant change in patients’ conditions, or as required by safe, efficient, effective and compassionate medical care.

• **Remember that all patients assigned to clerkship students are YOUR patients**

• Review all patients (especially Vital Signs, Medications, Laboratory and Radiology test results, tubes and lines, thromboprophylaxis) on admission and before discharge or transfer to other services. Anticipate danger: Unexpected bad clinical events are most likely to occur within the first 24 hours of admission or first 24 hours after discharge or transfer of care.

• Personally see these patients early and pay special attention to their vital signs, even if they are “sold” to the team as “stable” or “not needing surgery”. Most in-hospital adverse events occur because of medications: narcotics, anti-diabetic agents and anticoagulants are the commonest culprits.

• Review and co-sign consultation notes, admission notes, progress notes and discharge summaries. Regularly review level of care orders, patient orders and prescriptions.

• Help with difficult issues (disagreements with other hospital services, access to limited hospital resources, conflicts with other health care workers and difficult patients and families) as they may arise.

• Briefly meet the Head Nurse and Assistant Head nurse at the beginning, middle and end of your time on service to ensure that all workers on the ward work as a team and to get a different and highly valuable perspective on how students are performing

General Internal Medicine CTU Patient Care Guidelines
• The medical gatekeeper decides which patients are admitted from the ER or transferred from ICU, CCU or non-medical wards. It is not the role of the senior resident to "accept" the patient or negotiate with the gatekeeper for "better/more interesting" patients. It is the role of the resident to confirm that the patient who you receive is STILL appropriate for CTU – remember that time may have passed between admission and transfer to a bed on the floor. This is best done by calling x36547 and speaking with the gatekeeper.

Education

Basic “Educational Anatomy” of the Senior Resident
• Before you start
  o Familiarize yourself with the clerkship students’ learning objectives, assessment methods and rules
  o Consider a teaching plan to cover main topics in Internal Medicine
• First day on service: Review general and set personal learning objectives
  o Meet with each learner briefly and individually to share your expectations and their learning needs and to review the program’s learning objectives
  o Assign specific times dedicated to planned teaching, taking into account the availability of team members’ clinics, half days and other meetings.
• Teaching (See general teaching guidelines below)
• Mid-way through:
  o Meet with each student individually and in private to share feedback or provide your feedback to the attending who will be meeting with the student
  o If needed, communicate concerns to the Internal Medicine Clerkship Site Director (my be done at any time)
• Teaching (See General Education Guidelines below)
• Near the end of your time on service:
  o Meet with each student individually and in private to share your summative assessment, or provide your feedback to the attending who will be meeting with the student
  o Meet with your attending to discuss the students’ final evaluations

General Education Guidelines

Teaching Methods.
There are many effective ways of teaching clerkship students and residents (see references below for ideas). All of these methods depend upon the following general rules:
• Directly observe your learners and teach by asking questions based upon what you have observed: The most effective teachers choose what and how to teach based upon collected “educational samples” of learners’ observed performances “in the field”: These may range from taking a history, performing aspects of the physical exam, doing procedures and communicating with patients, families, other team members and other health care workers to advocating for patients, teaching more junior learners, running team meetings and organizing discharges.
• Synchronize your choices of teaching methods with the clinical work schedule. The following general approaches tend to be among the most effective:
  o Walk-around rounds, to review patients efficiently, role model priority setting and do focused bedside teaching. These should generally be done when there are a lot of new patients, early in the day. They should not take longer than 1 ½ to 2 hours, as longer rounds leave no time to get more detailed work done.
- Review new patients with the team in more detail than during walk-around rounds and incorporate bedside teaching and didactic case-based discussions.
- Assign short presentations (10 to 15 minutes) by the students and residents based on questions arising from patient care. This is commonly done before or after sign-out rounds.

- How much time to spend in “teaching” activities is a common question: It is difficult to provide hard and fast guidelines since “teaching” is best done as an integral part of everyday practice, and the quality of learners’ thinking and reflection is far more important educationally than time spent in “formal” teaching. Discussions as part of practice are often not perceived by learners as teaching. One effective approach to this dilemma is to ask your learner(s), after any activity to summarize for you, for themselves or for the group what their own “take home” messages were from that activity.

**Feedback.**
- This is the MOST IMPORTANT part of any educational system and the single most important activity that you can do for learners.
- Give feedback on both strengths and growth areas you observed.
- Weaker learners must be given the direction and time to improve in response to feedback on their growth areas. Many learners improve rapidly and on a very steep curve if they receive and act on good feedback.
- Stronger learners need to hear that they are good at something. For stronger students, feedback reinforces what they are doing well, decreases anxiety and points out smaller growth areas that they may not be aware of and can greatly influence eventual career choices.
- No final assessment should ever come as a surprise to a learner or to the learner’s program director.

**The student who appears to be in difficulty**
- You may encounter a student/resident who appears to not meet expectations despite feedback for one or more evaluation criteria.
- Your role is to let your Attending Physician and your clerkship Site Director know that you perceive a student in difficulty as soon as possible and work with him or her to sort out the situation, all the while strictly respecting due process for the student.

**Summative (“Final”) Assessment**
- The Attending physician must fill in a written assessment form for each clerkship student and resident in one45 software by the end of his or her time on service. They may consult with you prior to doing so.
- This assessment should be a fair summary of the observations and opinions of residents and nurses who worked with the clerkship student and/or resident.
- The Narrative Comments section of the assessment forms are summarized by the Clerkship Site Director into a final assessment summary on one45 which then becomes a part of the student’s permanent record. Many would argue that this is the most important part of the final written evaluation. Your comments, if echoed by others who have supervised the student, will appear in the student’s Dean’s Letter at graduation. This letter is an essential part of a student’s application for residency training.
- Writing out examples of behaviors you observed that support your comments is important if you want your assessment to be believable.
- For students who may not be passing the rotation, it is CRITICAL that you communicate examples of behavior observed that support your rating. It will also help you be more concrete in the feedback you give to a student/resident in difficulty. It will also make it impossible for a student to say “no one ever told me that I was failing in….” It will also give the Associate Dean of Student Affairs/Postgraduate Education evidence that a student is or is not responding to feedback over multiple rotations.
Learning Environment/Context

Service to education balance
The correct service to education balance provides students with meaningful clinical experience and responsibility for patient care as well as time to reflect on and read around their experiences. Excess patient loads and/or work hours tip this balance toward service with inadequate time for reading and reflection. However, students need to have a minimum number and variety of clinical experiences in order to stimulate growth of their expertise. Monitor the teamwork of your residents and students and make sure that the student workload policy (see below) is respected.

Not all service is "scut". Many types of clinical responsibility can be made meaningful by supervisors who explicitly point out the educational value of what can be seen as mundane clinical tasks. Some examples of this include:

- Writing a Discharge Summary: This exposes students to the principles of safe handoffs and medication reconciliation.
- Contacting a radiologist to book a critical test: This teaches students how to prioritize their work and communicate succinctly with and learn from a consultant.
- A student who is committed to a non-Internal Medicine career might interpret summarizing a complex past medical history as “scut”. A perceptive and skilled supervisor can show such a student how important this skill will be for assessment in other disciplines and permits due diligence in deciding best course of action for a given patient at a given time.

Clerkship
What clerkship students can and cannot be expected to do

- Clerkship students cannot prescribe medications nor order tests without a countersignature by an Attending or a Senior Resident.
- Clerkship students cannot obtain consent, establish advance directives, give bad news, deal with an angry family, patient, or consultant nor perform procedures without the supervision of a resident or Attending.
- Under no circumstance can a student discharge a patient from a ward, ER or outpatient clinic setting without that patient having been seen and the discharge summary countersigned by a resident or an Attending.
- In a ward setting, the average student can be expected to care for up to 5 patients under the supervision of a Resident or Attending. The average clerk can do no more than 2 discharges or 2 admissions (or no more than one admission and one discharge) per day. An admission or discharge counts as one patient for the day. So, if a student discharges one patient and admits another on a given day, that student should be able to care for up to another 2-3 patients for that day. For the average clinical clerk, 1 very complex and/or active patient should be considered to be equivalent to caring for 2 regular patients. Thus the average clinical clerk can handle 1 very complex and one regular patient per day
- In an ER setting the average clinical clerk can see one new consult per half-day.
The new McGill Workload Policy and new on-call guidelines:

- A work week for medical students should be 50 hours (excluding calls), and not exceed 60 hours (excluding calls).
- A medical student should not work more than 12 hours in a day with no evening shift.
- A Medical student should not work more than 16 hours in a day with an evening shift.
- A medical student should have at least 8 hours between each shift (which means if the medical student leaves later than planned, he/she can come in later the following day to respect the 8 hour rule in-between shifts.
- Medical students should not carry more than 5 patients a day.
- To facilitate the process, admissions by medical students should be reviewed before sign out.
- There are no post-call days
- Students must not be on call in hospital more than 6 days in a 28-day period.
- Students must get at least 2 weekends off per month.
- **Students must receive their call schedule at least 7 days before the rotation starts**

*Mistreatment Policy for Medical Students/Residents in Internal Medicine*

"Mistreatment" is defined as:

- **Harassment**: Any vexatious behavior by one member of the University Community towards another member of the University Community under the control and authority of the University in the form of repeated hostile or unwanted conduct, verbal comments, actions or gestures, that affects the dignity, psychological or physical integrity of a member of the University Community and that result in a harmful environment for such an individual.
- **Sexual harassment**: Any conduct of a sexual nature by one member of the University Community towards another member of the University Community - where this conduct is
  - made an explicit or implicit term or condition of an individual’s employment or status in a course, program, or activity or
  - used as a basis for an employment or educational decision affecting an individual or
  - discriminatory or hostile to a person because of his or her sex in a manner; and that is known or ought reasonably to be known to create for such a person an intimidating, hostile, or offensive working or learning environment
- **Discrimination**: Any action, behavior, or decision based on race, color, sex (including gender identity), pregnancy, sexual orientation, civil status, age (except as provided by law), religion, political conviction, language, ethnic or national origin, social condition, a disability or the use of any means to palliate a disability which results in the exclusion or preference of an individual or group within the University community.

"Teacher" is defined as:

- Any individual having a recognized affiliation with the University who is involved in the teaching, supervision or mentoring of students. This includes professors, lecturers, supervisors, small-group leaders, attending physicians, and residents.
  - The teacher is expected to:
    - respect professional boundaries and not place herself/himself in unethical situations or conflicts of interest
    - not engage in or tolerate any harassment of students (including emotional, sexual, physical, etc.)
    - recognize and appreciate the power differential between teacher and learner
    - not misuse or abuse this power differential (e.g., for personal gain, intimidation, punishment, etc.)
  - Hospital staff are expected to:
    - treat patients and their families, colleagues, students and residents with courtesy, fairness and understanding regardless of race, religion, ethnic origin, culture, social status, gender, sexual orientation or health status.
• provide a safe, civil environment free of mistreatment and protected from reprisals for reporting mistreatment.

Mistreatment or Code of Conduct Violations
By Teachers should be brought to the attention of the
• Clerkship/Residency Site Director OR
• Assistant Dean, Office of Student Affairs (514-398-5557) OR
• Associate Dean, Medical Education and Student Affairs OR
• University Ombudsperson (514-398-7059)

All complaints will be treated confidentially and appropriate individuals will be contacted only when acceptable to both parties. If acceptable, a meeting may be set up with both parties in an effort to mediate.

By Hospital Staff should be brought to the attention of the
• Clerkship/Residency Site Director OR
• Medical Examiner for the institution where the violation took place.

KEY CHANGES TO CLERKSHIP in 2015:

- Students will now be doing a 16 week block where they alternate between Surgery and Internal Medicine every 4 weeks.

- Students will have mandatory Academic Half-Day Sessions on Tuesdays from 14:00 - 17:00. They must leave the teaching unit where they are by 13:00 and will not return for an evening shift on these days after these lectures.

- Students must have a minimum of 2 weekends off from scheduled clinical and academic curricular duties per 4-week academic period. Any and all mandatory curricular activities ex: (ACLS course) will be considered as a weekend worked. All other non-mandatory educational activities ex: (conference, seminar etc…) will not be considered as a weekend worked. In the event a student is not able to work 2 weekends in a rotation, he/she can work an extra evening shift.

- Students should not be placed on any weekend or night calls the day before their Mandatory Back-to-the Mc (ReCall) Days or exams. However, they are expected to return back to their clinical unit as long as the 16 hours {which includes the time spent at this mandatory activity or exam} has not been exceeded.

- Students should not be in the Hospital on Stat days {except for Christmas and/or New Year’s}. STAT days are those at your local hospital.

- All absences should be first accepted by the teaching office. If a medical student needs to miss ½ day or a full day he/she must submit a “Leave of Absence Request”.

Finally, thank you for your invaluable commitment to teaching.
References

- Lake, F. R. & multiple other authors. Teaching on the run tips series:

Thanks

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