The Neurology Clerkship
Weill Medical College of Cornell University

New Resident Orientation
Orientation Session Objectives

- Identify rationale for residents as teachers in clerkships
- Describe clerkship, including format and learning objectives
- Define student’s roles and responsibilities
- Define resident’s roles and responsibilities
Rationale for Residents as Teachers

- Teaching is our professional responsibility
  - Professionalism

- Teaching can aid our own learning
  - Practice-based learning

- Residents have most contact with students
  - Increased opportunity to observe the students and to be observed by the students
The Clerkship

Personnel:

- Clerkship Director – Joseph Safdieh MD
- Associate Clerkship Director – Bridget Carey MD
- Coordinator – Carol Hopkins
The Clerkship

**Format:**

- 4 weeks
  - NYPH
  - MSKCC
  - NYH-Q

- Formal didactic teaching in medical student conferences, tutor rounds, house staff conferences, and professor rounds

- Evaluation by writeups, quizzes, shelf exam, tutor and you!
  - Honors, High Pass, Pass, Fail
The Clerkship

Requirements:

- Patient log
- Direct observations
- Clinical evaluation
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Sites and Directors:
The Clerkship

Learning Objectives:
The Clerkship

More Student Objectives:

- Act professionally at all times
- Participate in patient care as active team member
- Demonstrate clinical reasoning skills
- Demonstrate critical thinking skills
- Demonstrate self-directed learning
The Clerkship

Learning and Teaching Venues:

- In the clinical setting
- In conferences
- In core lectures
- In tutorial sessions
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Where is the student?

- With you
- With the patient
- In tutor group
- In lecture
The Student

- Learner
- Active team member
  - Active participation vs. scut
- Liaison between patients and family and team
The Student

Responsibilities as Team Member:

- Attends all rounds and conferences with the team

- Responsible for XXX “own” patients
  - Pre-rounds on own patients
  - Writes admission, daily, and off-service notes
    - Responsible to get resident co-sign or write an “agree with” note within 24 hours
  - Presents at rounds
    - Patient data and mini-lecture
  - Accompanies patient to consultations and procedures

- Assists in care of all patients
The Resident

**Roles:**

- Teacher
- Supervisor
- Evaluator
- Role model
The Resident

As Teacher:

- Set expectations for performance
- Promotes self-directed learning
- Teach at the bedside
  - Demonstrate
  - Observe
  - Provide feedback
- Teach through the day
  - Think out loud
  - Include a Teachable Moment
  - Deliver and assign “mini-lectures”
The Resident

As Supervisor:

- Assign patients and tasks to promote student’s learning and to integrate them into team
- Assure adequate supervision of students as they provide patient care, including performing procedures
- Co-sign notes or write “agree with” notes within 24 hours
- Co-sign orders
The Resident

As Supervisor--Physical exams and procedures:

- The student exam does not "count", you must examine each patient yourself
- Students must be chaperoned when performing pelvic exams
- Students may perform procedures for which they have been certified with general supervision, other procedures must be performed with direct supervision
- Students may not accompany monitored patients off the floor
- Students may not administer any meds, immunizations, or IVF
The Resident

As Supervisor--Notes and Orders:

- Student notes contribute valuable information
- Student notes can impact on medical-legal matters
- Co-sign all student orders
  - Although students can write orders under your direction, these orders cannot be taken off without your co-signature
The Resident

As Supervisor--Notes:

- You must read the student note and write your own note
  - Your note should be able to stand alone

- Every student note must be co-signed or have an “agree with (med student name)” note signed by the supervising resident within 24 hours

- If you have a difference of opinion with a clinically significant part of the student note, explain this in your note in a neutral manner; e.g.:
  - “I agree with med student note, except that on my examination, murmur is not audible.”
The Resident

As Evaluator:

- Provide ongoing, timely feedback
- Contribute to summative evaluation
  - Turn in your evaluation forms ASAP!!!
  - Most students “sometimes exceed expectations”
  - Comments on specific, observed behaviors are essential
    - Your comments contribute to the Dean’s letter
    - “A pleasure to work with” is not useful
The Resident

As Role Model:

- You are a walking, talking text book
- Hidden curriculum
  - That which is learned through role modeling, rather than explicit teaching, through acculturation and assimilation
    - Learning may be subconscious
  - Can be more powerful than the “explicit curriculum” of the classroom
THANK YOU!