Partners Neurology Resident as Teacher Series: Orientation and Basics

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Some Basic Principles

Be respectful and enthusiastic
- Introduce yourself and share your love of neurology
- Use first names and introduce learner to others
- Be kind when pimping

Know your learners
- Ask about prior education and background
- Become familiar with learner’s goals and objectives
- Give learner clear expectations

Think out loud
- Include learner in your thought process
- Probe learners to ensure they follow your reasoning
- Allow learner opportunity to ask clarifying questions

Give specific real-time feedback
- Choose right setting/timing for feedback
- Provide positive and constructive SPECIFIC feedback
- Solicit and formally deliver feedback at end of encounter
Be respectful and enthusiastic

Scenario: Three new medical students arrive to morning rounds in the conference room during the middle of a new case presentation. The senior resident should:

a) Ignore them and hope they go away
b) Interrupt the junior presentation to have a group hug with the students
c) Pause for brief introductions and then resume case presentation, with a more complete orientation to team after rounds
d) Acknowledge the students and suggest that the junior complete the presentation before formal introductions and orientation to the team
Be respectful and enthusiastic

• Respect
  – Introduce yourself and your background
  – Learn and use first names
  – Introduce learners to other providers
  – Include everyone in team discussions, and speak to all levels of knowledge
  – Pimp kindly, but do pimp (engage learners in process rather than dictating to them)
  – Invest early by explaining logistics, expectations and then reinforcing with frequent feedback
  – Divide tasks among all members of team, including both trivial and high level
  – Get your hands dirty with everyone else on team
Be respectful and enthusiastic

- **Enthusiasm**
  - Share with learners why you chose neurology
  - Remind *yourself* intermittently why you chose to do what you do
  - Find something interesting in every case
  - No great teacher was ever noted for their apathy to content or students
  - When feeling burned out, tell a peer and/or share with team your frustrations (and exercise)
  - Remember that even when you are not explicitly teaching, you are actually teaching through role modeling
Know your learners

Scenario: You are a night senior working with a rotating resident on the RDA service. During an admission for a new diagnosis of likely MS, you give him an overview of the clinical features and diagnostic workup. You find out later he has published on the genetics of MS. How could you approach this scenario differently?

a) Ask briefly if he is familiar with MS and gauge his level of knowledge by asking probing questions
b) When first introducing yourself to the resident, ask him about his background knowledge in neurology
c) Once you learn of his research, stop trying to teach him
d) Ask him how his research informs the case, while explaining your thought process
Know your learners

• Who is an HMS Third Year?
  – Traditional Student
  – MD/PHD Student
  – HST student
  – Oral Surgery Resident
  – Visiting (foreign) students
  – Advanced students
  – Observers

• Third year rotations for most students begin in late April
Know your learners

• Required Third Year (Core) Clerkships
  – Medicine – 12 weeks
  – Surgery – 12 weeks
  – OB/GYN – 6 weeks
  – Pediatrics – 6 weeks
  – Radiology – 4 weeks
  – Psychiatry – 4 weeks
  – Neurology – 4 weeks
Know your learners

- **Principle Clinical Experience (PCE)**
  - Student completes all clerkships at one hospital
  - Provides structure and community for students
  - Weekly student-run case conferences (Tue or Thu 4-5:30PM)

- **Primary Care Clinic**
  - Weekly continuity clinic (Tue or Thu afternoon approx 1-5P)
  - Some are off site and require travel time
Know your learners

Neurology Clerkship Structure

• Services
  – 2 weeks on each service
  – RDA and CMF at MGH
  – DMD, AHR, MAS, VA clinics, pedi neuro at BWH

• Call Responsibilities
  – MGH: Five calls per rotation, one of which is weekend
  – BWH: Q4 overnight for DMD/MAS, until 10P for others
  – PGY-2+ work hours apply (24 + 4hrs, so done circa 11A)
  – Admit patient (more than one later in rotation) from start to finish, present on rounds, follow with daily updates and notes
Neurology Clerkship Structure

- Didactics/Bedside Rounds
  - MGH: 10:30-noon M-F for lectures, bedside rounds, one afternoon per week for neurology clinic
  - BWH: Tue 11-12, Wed afternoon for lectures, bedside rounds

- Conferences
  - Morning report
  - Brain Cutting
  - Noon conference

- Weekly obligations: 1 primary care + 1 neurology clinic/didactic + 1 post-call = 3 afternoons off wards
Know your learners

• Grading
  – Subjective evaluation forms (residents and attendings): 70%
  – Bedside examination/mini-CEX: 15%
  – NBME Shelf Exam: 15%
  – Satisfactory, Honors, High Honors

• General advice
  – Explicitly review goals and expectations
  – Give real-time feedback (positive and constructive) so they know when they are not reaching those expectations
  – Complete evaluations AFTER giving learner feedback
  – Be SPECIFIC
Scenario: You are paged for the 10th time by the ED junior to review a consult as the night senior. You have 5 floor consults and a death by cardiac criteria case to triage in the ICU. The case presented by the ED junior is straightforward carotid dissection and you tell them to get an MRA with fat sats, start heparin, and admit to CMF. How could you teach more effectively in this context?

a) Send them three articles (PDF’s) on dissection
b) Copy and paste the summary from Up-To-Date to an email
c) Give them a chalk-talk on ASA vs. anti-coagulation in stroke
d) Briefly explain your rationale for suspecting dissection, the imaging modalities that can be used, and the ambiguous evidence for treatment but your favored approach/reasoning
Think Out Loud

- Teaching at bedside
  - Prepare – directed questioning and examination
  - Practice – seek feedback from experts
  - Include patient – no one is more invested in the findings and they can be an ally in engaging and teaching the learners
  - Observe – step back and let the learner take a stab
  - Debrief – make sure learners received the information you intended, discuss what went well and what could be better, leave time for questions
Think Out Loud

- Teaching on work rounds
  - Be flexible – adjust amount and type of teaching to needs of team and service
  - Be explicit – do not assume everyone is following your thought process; think out loud and verify that learners understand concepts and decisions
  - Role model – every interaction has implications (you are always being watched!)
  - Do it – there is no time like the present; no need for fancy presentations
Think Out Loud

- **Teaching on call**
  - Set expectations at outset (take first admission, try to see another one, come with me to ED, etc.)
  - Include students in potential learning moments when possible (paged to see unstable patient on cross-cover)
  - Engage student to help with duties they can perform while learning, making them a part of your team (even if team of two)
  - Confirm history and examination findings, demonstrate additional findings, review and give feedback on notes
  - Role model (always!)
Scenario: A student on DMD performs at an expected level, including admitting one admission on call nights, being reliable with work and notes, and demonstrating a good knowledge base. You tell him that he did “well” and there was no specific feedback. He then goes on to MAS, where his team has a similar impression. At his exit interview, he is told of his “solid” performance and later gets an “honors” grade. He wonders how he could have done better. More effective feedback includes:

a) Specific advice to take on more patients
b) Reviewing specific aspects of the exam to improve
c) Recommending targeted reading on his patients to present to the team
d) Pointing out specific strengths of his performance
Give (High Quality) Feedback

- Good feedback is...
Give (High Quality) Feedback

- Good feedback is…
  - Timely
  - Respectful
  - Bidirectional
  - Honest
  - Positive and constructive
  - Actionable
  - SPECIFIC
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