Advancing Clinical Teachers a Resident as Teacher program offered by UCF Faculty Development Director Andrea Berry, MPA, Assistant Director Monica Bailey, Coordinator Angela Griffin, Admin Assistant Liz Ivey

# Clerkship Contact Information Clerkship Director:

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#### Clerkship Coordinator:

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Pediatrics Website: <u>https://med.ucf.edu/academics/md-program/program-modules/m3-third-year-</u> <u>clerkships/pediatrics/</u>

#### **One Minute Preceptor**



## Medical Knowledge

- Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a physician caring for children; demonstrate the ability to acquire, critically interpret and apply this knowledge in pediatric patient care.
- Interpret common diagnostic tests and procedures used to evaluate patients who present with common symptoms and diagnoses encountered in the practice of pediatrics.
- Define, describe and discuss **vaccines and vaccination** schedules recommended from birth through adolescence. Identify and counsel patients whose immunizations are delayed.
- Demonstrate understanding of common procedures, including indications, procedure, risks, and interpretation of results.

### **Patient Care**

- Perform, document and present in standard format thorough and systematic, comprehensive **histories and physical examinations** of newborns, infants, toddlers, preschool aged children, school aged children and adolescents.
- Synthesize clinical data into **problem lists and differential diagnoses** and formulate initial and ongoing therapeutic plan of care for patients with common pediatric problems.
- Provide **family centered pediatric care** that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health by gathering essential and accurate information using the following clinical skills: medical interviewing, physical examination, interpretation of diagnostic studies and developmental assessments, provision of preventive services and anticipatory guidance.
- Discuss the **effects of societal problems** (domestic abuse, child abuse, teen pregnancy, high school dropout rates, substance abuse...) on the health and well-being of children including screening, evaluation and management strategies for affected patients and their families.
- Describe or demonstrate and document required technical and **procedural skills** as listed in Pediatric Checklist.

## **Systems-Based Practice**

- Define, describe and discuss the role and contribution of each **healthcare team member** to the care of the patient.
- Take the appropriate degree of **responsibility** at the medical student level to recognize system flaws in the delivery of care; prevent medical errors and ensure patient safety.

### **Practice-Based Learning and Improvement**

- Generate **answerable clinical questions** and use information technology to gather information and support decision-making and patient management in pediatrics and discuss process and results with clinical team.
- Apply **evidence based principles** to compare and contrast available treatment options with regard to efficacy, risk, benefit, and cost-effectiveness.
- Recognize when it is appropriate to utilize other **community and healthcare professionals and programs** in the diagnosis or treatment of patients.

### **Ethics and Professionalism**

- Demonstrate a commitment to carrying out **professional** responsibilities, adherence to ethical principles, and sensitivity to diversity.
- Demonstrate an understanding and commitment to **ethical principles** including patient confidentiality and informed consent.

## **Interpersonal and Communication Skills**

• Demonstrate a **commitment to provide patient centered care** with compassion, and respect to all patients and their families, regardless of medical diagnosis, gender, race, and socioeconomic status, intellect/level of education, religion, political affiliation, sexual orientation, ability to pay, or cultural background.

#### Longitudinal Clerkship Curriculum

Interdisciplinary conference, every six weeks

#### Topics include:

- Ethics & Humanities
- Gender-Based Medicine
- Medical Informatics
- Medical Nutrition

- Geriatrics and Principles of Palliative
   Care
- Culture, Health and Society
- Patient Safety
- Healthcare Policy

#### **Didactics**

Every student participates in core didactic sessions on <u>Friday afternoon</u> and excused from other clinical activities.

Students are required to attend all site specific conference and education activities.

#### **Policies**

## https://med.ucf.edu/student-affairs/gps-a-good-place-to-start/policies/

### **Clinical Supervision of Medical Students Policy**

Levels of supervision—adapted from the ACGME classification—are defined as follows:

Direct Supervision: the supervising health care professional is physically present with the student and patient.

Indirect Supervision with direct supervision immediately available – the supervising health care professional is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

Medical students cannot do any medical or surgical procedure without the direct supervision of the attending or supervising resident physician.

### **COM Student Mistreatment Definition**

UCF College of Medicine has defined mistreatment as any behavior that is harmful or offensive and unreasonably interferes with a student's learning. Such behavior may be verbal (swearing, humiliation, insults), emotional (neglect, a hostile environment), and physical (threats, physical harm). Students should be aware that medical student training is a rigorous process and feedback may occasionally be uncomfortable. For example, the Socratic method is frequently utilized in medical education, to not only assess knowledge, but also to promote synthesis and application of that knowledge. In and of itself, the Socratic method does not constitute mistreatment. (However, once it is clear that a student has reached the limit of his/her knowledge, it is not appropriate to continue berating students with questions or with denigrating comments about his/her knowledge base.) Students should take this into account when assessing potential cases of mistreatment.

\*\*Report mistreatment to the Clerkship Director, Dr. Moran-Bano.\*\*

#### **Attendance Policy**

Clerkship students cannot be excused from clinical activities by their preceptors, all absences need to be approved by the Clerkship Director through the Clerkship Coordinator's office.

#### **Medical Care Policy**

Residents cannot provide medical care to students they evaluate.

#### **Positive Learning Environment Definition**

Having a respectful, inclusive, and robust learning environment plays a critical role in developing and sustaining a professional, capable, compassionate, and diverse healthcare workforce that will meet the healthcare needs of all. -AAMC Statement on the Learning Environment

# **Grading Rubric**

•	PICO (2)	8 points
•	Evaluation- depends on number submitted — Faculty, resident	25 points
•	Professionalism (10 points)	10 points
•	NBME Pediatric SHELF exam	20 points
	– Your % *.20= points	
	<ul> <li>Scaled score equating 5<sup>th</sup>%ile to 70%</li> </ul>	
•	<ul> <li>Scaled score must equal or exceed 65<sup>th</sup>%ile to be eligible for "A"</li> <li>Observed Clinical Encounters (3 for 9 points)</li> <li>For each OCE         <ul> <li>Above expectations=3 points</li> <li>Meets expectations=2 points</li> <li>Below expectations but improving=1 points</li> </ul> </li> </ul>	9 points
	<ul> <li>Below expectations with no improvement=0 points</li> </ul>	
•	OSCE (3 stations)	10 points
•	Histories and Physicals- written (2 for 14 points)	14points
	For each written H&P Calculated Score• Exceptional=7 points• Above expectations=5-6 points• Meets expectations=4 points• Below expectations=2-3 points• Unacceptable=0 points	
•	<ul> <li>Participation (85% conference attendance and clerkship activities) <ul> <li>Evidence of actively participating in clerkship clinical activities</li> <li>attendance at conferences</li> <li>completed CLIPP cases <ul> <li>.5-2 point deduction for every CLIPP case not completed or late</li> <li>.5 point deduction for late assignments</li> <li>Site specific participation- conferences, presentations, projects</li> </ul> </li> <li>Absence from clerkship without permission= 5 points (COM Policy)from final gr Other evidence of lack of participation at discretion of clerkship director</li> <li>Other scoring at discretion of Clerkship Director</li> </ul> </li> </ul>	
Expectations for Preceptors		

- Direct observation of basic skills
- Advise Learners on complex patient care scenarios
- Teaching and guidance
- Constructive feedback
- If requested, written assessment of student performance following the completion of the rotation. If you did not a receive an evaluation form for a student that you would like to evaluate, please contact the Clerkship Coordinator for one. These evaluations make up 25% of the student's final grade for the Clerkship.

## **Motivational Strategies for Learners**

## Motivation determines the *direction*, *intensity* and *persistence* of effort.

## **Extrinsic vs. Intrinsic motivation**

Intrinsic motivation strategies in the clinical setting

- Facilitate experiences that are relevant to their future career goals or personal learning objectives
- Provide experiences that challenge the learner
- Identify opportunities for learners to work autonomously
- Communicate to the learner their role on the healthcare team

Orsini, C., Evans, P., & Jerez, O. (2015). How to Encourage Intrinsic Motivation in the Clinical Teaching Environment?: A systematic review from the self-determination theory. *Journal of Educational Evaluation for Health Professions*, *12*, 8. <u>http://doi.org/10.3352/jeehp.2015.12.8</u>