

Online Teaching and Learning

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Disclosures

- Member of MedU CLIPP Editorial Board
- MedU: not for profit
- UNDSMHS subscribes to MedU

Learning Objectives



You Can Teach That - CLIPP Can Help

Michael Dell, CWRU
Elizabeth Stuart, Stanford
Robin English, LSUHSC New Orleans
Mark Fergeson, U Oklahoma
Melissa Held, U Connecticut
Glen Medellin, UT HSC San Antonio
Carrie Phillipi, OHSU
Stephen Tinguely, U North Dakota

Overview - TOPICS

STUDENT REPORTS

- Student engagement metrics
- Self assessment questions
- Summary statements

EDUCATOR'S AREA

- Case assessment tool (CAT)
- Active teaching modules (CLIPP Flips)

ADDITIONAL COURSES

- Oral case presentation module
- Child development module



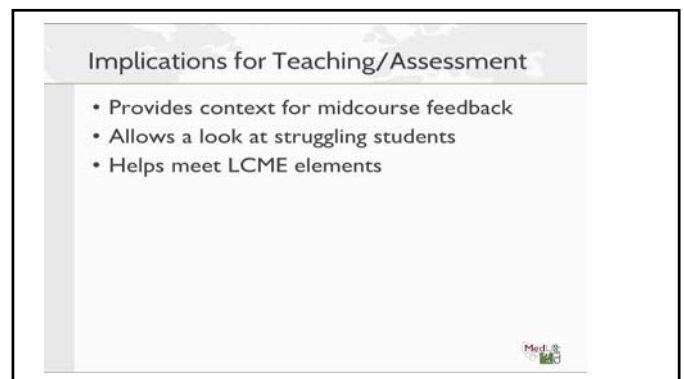
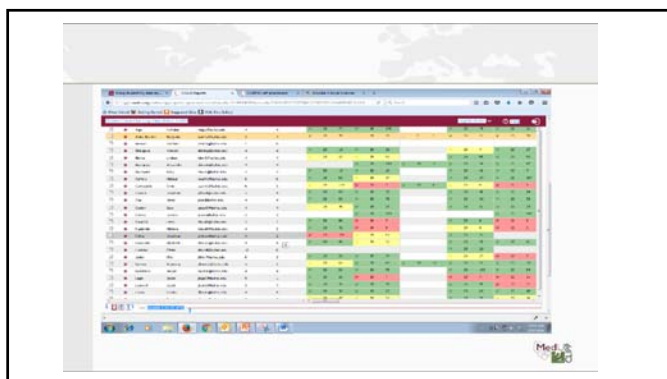
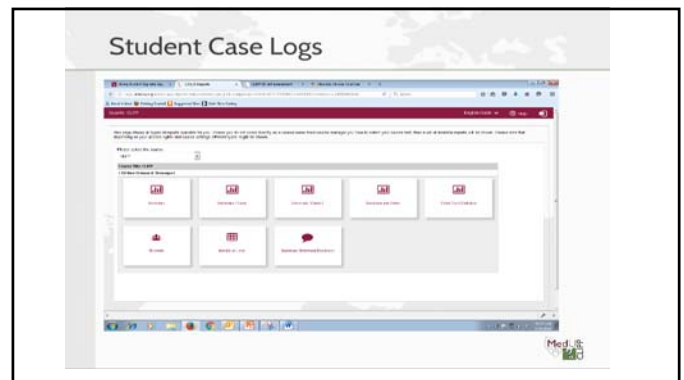
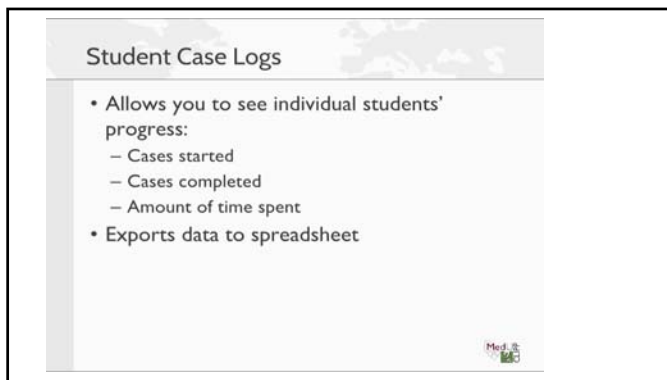
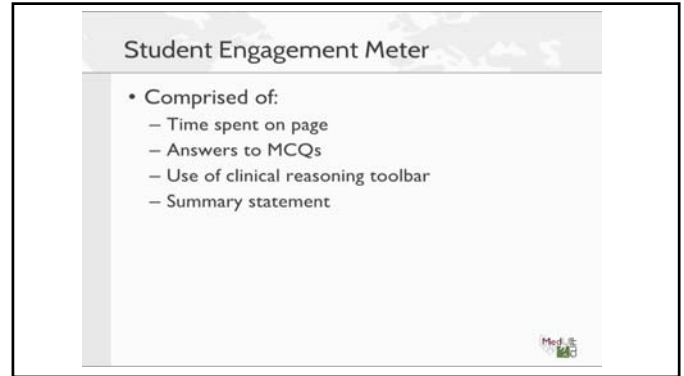
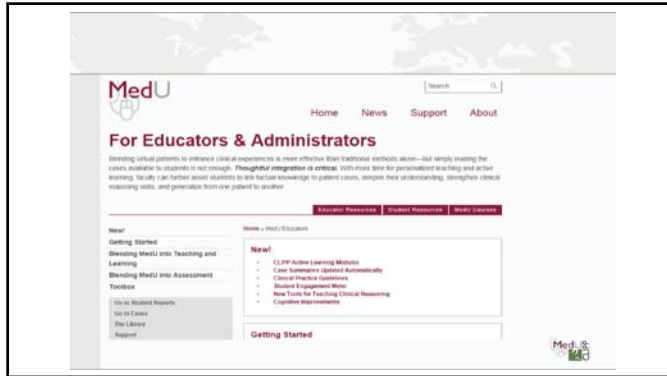
Getting started

- Go to www.med-u.org and log in

Resources:

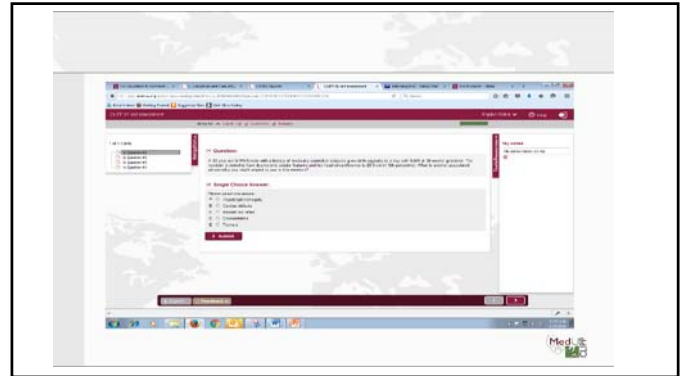
- CLIPP At-A-Glance
- Worksheet for curriculum planning





Self Assessment Questions

- 4-6 "quiz" questions with each case
- Can be "reset"



Implications for Teaching and Assessment

- Self-assessment for students
- Use for group learning
 - Faculty
 - Residents



View the very short video tutorial (70 seconds)

Summary statement feedback tool

Research shows that physicians who are able to provide a semantically rich summarization of a case are much more accurate in making a clinical diagnosis.

Our summary statement feedback tool is a valuable formative assessment tool that enables you to review student summary statements and provide them with formative feedback. Integrating this feedback mechanism in the learning will allow you to gain valuable insight into what they need to improve their clinical reasoning. One critical component of clinical reasoning is summarizing the case, and most MedU cases ask the student to write a summary statement after the history and physical exam components.

Over the 2011-2012 academic year, a group of researchers at MedU evaluated this critical teaching tool to improve its efficacy and clarity to use. As the result of the research team, we developed a support tool that your learning administration may choose to use that allows an instructor to review their student summary statements and provide them with online feedback.

• How does the summary statement feedback tool work?

At some point in almost every case, students are asked to summarize their findings in a summary statement. The summary statement feedback tool allows a designated instructor or faculty member to review student summary statements in MedU cases and provide them with online feedback. When a summary statement is reviewed, the comments provided for the instructor will be sent to the student via email, and the same comments will be embedded in the case report.

View a video tutorial explaining how to use the summary statement feedback functionality in MedU student reports.

• Please note: Access to student summary statements is available through the Reports (click on the blue arrow, instructor or Log Data Administrator (with a MedU) access is required)



What is the value in learning how to write a good summary statement?

- Research shows that physicians who are able to provide a semantically rich summarization of a case are much more accurate in making a clinical diagnosis.




Principles of a Good Summary Statement

A summary statement should:


- Be a concise statement that accurately highlights the most pertinent features in a case without omitting any significant points:
 - Epidemiology (age, gender, risk factors)
 - Key clinical findings (symptoms, signs, data)
- Use qualifying adjectives to describe key findings better:
 - Diagnostic considerations: diffuse vs focal; monoarticular vs polyarticular
 - Severity: mild vs severe
 - Progression: acute vs chronic

Ultimately, a good summary statement should provide the basis for developing an appropriate differential diagnosis.




Practical Structure

- First sentence summarizes subjective information concisely using previous slides principles.
- Second sentence translates the objective information.
 - HR 160 translates to tachycardia
 - Temp of 39 translates to febrile
 - RR of 60 translates to tachypnea
 - O2 sats of 82 translates to hypoxic





Example

- Six week male infant presents with 2 week history of frequent immediate post feeding non bilious emesis and documented 10 % weight loss. On physical exam is afebrile and has mild tachycardia and appears cachectic , fatigued and jaundiced and is found to have a palpable midline epigastric mass.



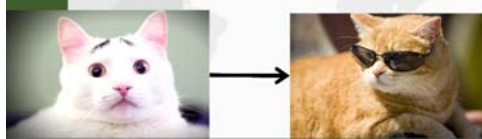
Teaching Using Summary Statements

1. Teaching students about diagnostic reasoning
2. Integrating in student's oral case presentation (see MedU courses for teaching module)
3. Teaching patient handoffs
4. Teaching how to consult a subspecialist

CLIPP CAT (Case Analysis Tool)

Carrie Phillipi, MD, PhD



Case Analysis Tool

Answer Key: CLIPP Case 18

CLIPP Case 18 Answer Key (page 2)

Question 1: (1 point) (max 1000)

Question 2: (1 point) (max 1000)

Question 3: (1 point) (max 1000)

Question 4: (1 point) (max 1000)

Question 5: (1 point) (max 1000)

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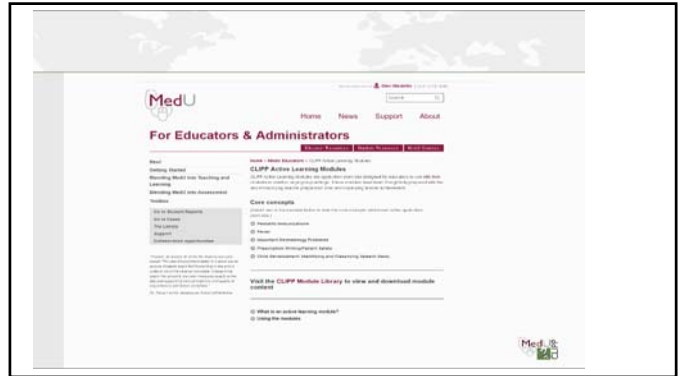
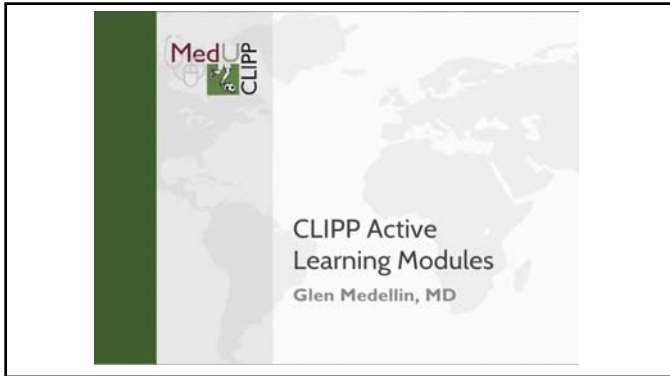
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Pediatric Immunizations
Slide 8

EXERCISE 3

Clinical Scenario

- Jolene is a 9-month-old infant who presents to your practice for her first visit with you. Intake by the nurse reveals that she has not had any vaccines. When you ask mother why, she says that she does not believe in injecting artificial substances into her child. She has researched vaccines and feels that they pose a significant health risk for her child.

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Pediatric Immunizations
Slide 10

EXERCISE 3

Question 3-1

Which of the following statements is most accurate when discussing vaccine safety in the U.S.?

- The risk of infection by vaccine-preventable illnesses is low in the U.S.
- Thimerosal is required to ensure sterility of pediatric vaccines, but it is rapidly metabolized, so should not be a concern.
- The link between the MMR vaccine and autism has been shown to be false.
- Immunity by attenuated live-virus vaccines is not as protective as immunity acquired by natural infection.
- Conjugated vaccines decrease side effects by decreasing the child's immune response to vaccine antigens.

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Question 3-1 Discussion Guide

APPLIED CORE CONCEPT AND CASE SPECIFIC TEACHING POINTS	
APPLIED CONCEPT	RELEVANT MEDICAL SCIENCE
A. The risk of infection by vaccine-preventable illnesses is low in the U.S.	There are millions of vaccine-preventable illnesses, particularly in communities that do not vaccinate. A key component of vaccine safety is a carefully monitored "Third Party Monitoring." When a small portion of the population is vaccinated against a contagious disease, there is little opportunity for infection.
B. Thimerosal is required to ensure sterility of pediatric vaccines, but it is rapidly metabolized, so should not be a concern.	Pediatric use over the larger vaccine immunizable quantities of thimerosal. The only vaccine administered to children that still uses thimerosal are polio shots (all of the new ones).
C. The link between the MMR vaccine and autism has been shown to be false.	There is an epidemiologic link. The paper on during the link was retracted by Lancet. This is still through the link to some developmental issues.
D. Immunity by attenuated live-virus vaccines is not as protective as immunity acquired by natural infection.	Immunity by vaccines is very effective. The vaccine was designed for not some disease in healthy areas, but still provides full immunity. Boosting doses are required to obtain and maintain full immunity.
E. Conjugated vaccines decrease side effects by decreasing the child's immune response to vaccine antigens.	Conjugation increases immune response. Children under 2 years of age cannot generate immune response to polysaccharide antigens.

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CLIPP Oral Presentation Case
Melissa Held, M.D.

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Outline

- Where to find it
- Overview of the module
 - Oral presentation primer
 - "What's pertinent" exercise
 - Assessment and Plan exercise
 - Online case

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Where to find it

- Will go online and show how to access case
- Log into CLIPP and go into any of the cases
- Click on your name on the upper right corner and in the drop-down click on GO TO MENU
- Then click on PLAYER (on left)
- Then at top, in the drop down menu (Course selection) choose "Oral Presentation Module."

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Overview of the module

Outstanding oral presentation skills:

- are one of the most important aspects of clinical training in medical school.
- are integral to good patient care.
- give insight into the presenter's thought process and, indirectly, skill as a clinician.
- can be broken down into several components



(4) Case presentation exercise

- This CLIPP-style case presents Teddy, a four-month-old with trouble breathing. As you work through the case, you will be asked to build an oral presentation step by step through a combination of data-gathering, organizational, and clinical reasoning exercises.



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Child Development Module

Michael Dell, MD

Child Development Module - rationale

- nearly universal learning objective in US medical schools
- no national curriculum or teaching resource specifically designed to teach child development
- medical students frequently utilize student created resources to meet their learning needs
- improved instruction on childhood development = top priority on faculty needs assessment



Child Development Module

(1) LIBRARY - TOOLS

- Introductory video
- Interactive table of milestones

(2) CASES

- Instructional videos
- Self-assessment exercises



(1) LIBRARY - TOOLS

- Narrated whiteboard video
- Brief (few seconds) videos demonstrating developmental milestones for children ages birth to 5 years in four major domains



(2) CASES**a. Instructional videos**

- Discuss the theory and practice of developmental surveillance, screening, and evaluation

<https://www.dropbox.com/s/dcyx5v7wpym6aay/Motor%20Development3.mp4?dl=0>

**(2) CASES****b. Self-assessment exercises**

- Matching questions
- Scenario-based multiple choice questions
- Developmental assessment of patients in videos (planned)

**OTHER RESOURCES****Culture in Healthcare**

1. 6yo w szs
Navajo / shared decision-making
2. 2 yo w/ HA
Vietnamese / use of interpreter / LEARN model to resolve conflict
3. 2 yo w/ Pna
Unimmunized, homeopathy / uninsured

**OTHER RESOURCES****Medical Home**

1. 16 yo w/ RAD
non-adherence / motivational interviewing
2. 11 yo w/ Myelo
care coordination / letter of medical necessity
3. 2yo w/ Language delay, Fragile X
community resources / difficult conversations
4. Newborn w/ anomalies
delivering bad news / consensus building / continuity of care during transition to home

**In Development**

- Short Cases

Summary Slide

Answers to Post Test