

## Teaching on the Continuum from Medical Students to Residents

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### Objectives

- Describe the AAMC Entrustable Professional Activities (EPAs)
- Use the SUPERB/SAFETY model for resident supervision
- Discuss the differences in using the 5 microskills of teaching with students and residents
- List the preceptor's responsibilities if using residents as teachers

## What's New in Teaching Students

### Entrustable Professional Activities

### CEPAERS

(Core Entrustable Professional Activities for Entering Residency)

- 13 activities students should be able to perform without direct supervision on day #1 of residency
- Common core set of behaviors that should be expected of all graduates
- Intended to supplement not replace school specific graduation competencies

### EPAs

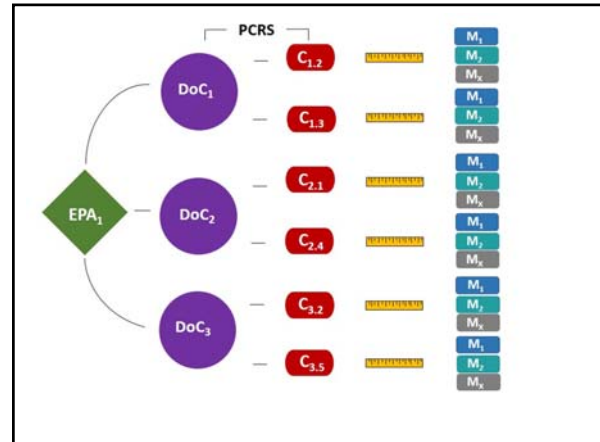
- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic and screening tests
- EPA 4: Enter and discuss orders and prescriptions
- EPA 5: Document a clinical encounter in the patient record
- EPA 6: Provide an oral presentation of a clinical encounter

### EPAs

- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 8: Give or receive a patient handover to transition care responsibility
- EPA 9: Collaborate as a member of an interprofessional team
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician
- EPA 13: Identify system failures and contribute to a culture of safety and improvement

## AAMC definitions

- Milestone: Behavioral descriptor that marks a level of performance for a given competency
- Competency: An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes.
  - Can be measured and assessed since observable.
- Entrustable Professional Activity (EPA): EPAs are units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence.
  - EPAs are independently executable, observable and measurable in their process and outcome
  - Suitable for entrustment decisions

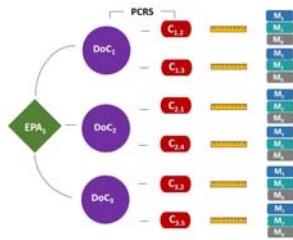


### Example:

- Entrustable Professional Activity #1: Gather a history and perform a physical examination

#### • DOC:

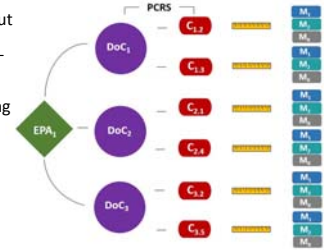
- Patient Care
- Knowledge for Practice
- Interpersonal and Communication Skills
- Professionalism



### Example: EPA #1: Gather a history and perform a physical examination

#### • Competencies

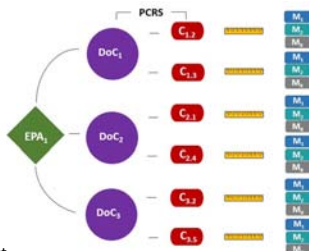
- PC2: Gather essential and accurate information about patients and their condition through history-taking, physical examination, and the use of laboratory data, imaging and other tests
- KP1: Demonstrate an investigatory and analytic approach to clinical situations
- ICS1: Communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds



### Example: EPA #1: Gather a history and perform a physical examination

#### • Competencies

- ICS7: Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
- P1: Demonstrate compassion, integrity, and respect for others
- P3: Demonstrate respect for patient privacy and autonomy
- P5: Demonstrate sensitivity and responsiveness to a diverse patient population, including, but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

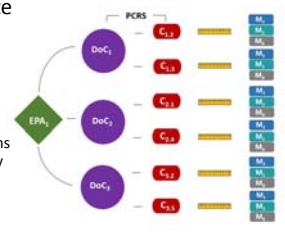


### Example: EPA #1: Gather a history and perform a physical examination

#### • Competency P1: Demonstrate compassion, integrity and respect for others

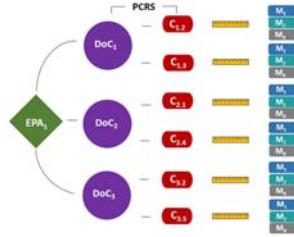
##### – Pre-entrustable milestones

- Demonstrates lapses in professional conduct, such as through disrespectful interactions or lack of truth-telling, especially under conditions of stress or fatigue or in complicated or uncommon situations.
- There may be some insight into behavior, but there is an inability to modify behavior when in stressful situations



### Example: EPA #1: Gather a history and perform a physical examination

- Competency P1: Demonstrate compassion, integrity and respect for others
  - Entrustable milestones
    - In nearly all circumstances, demonstrates professional conduct, such as through respectful interactions and truth-telling.
    - Has insight into his/her own behavior as well as likely triggers for professionalism lapses and is able to use this information to remain professional.



### ACGME Competencies

- **Patient Care**
  - Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge**
  - Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
- **Practice-based Learning and Improvement**
  - Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- **Interpersonal and Communication Skills**
  - Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Professionalism**
  - Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **Systems-Based Practice**
  - Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

### Teaching Residents

### Considerations

- Learner characteristics
  - Educational background
  - Year in training or time of year
  - Previous experience in your field

### Keep the Following in Mind

- A resident is an apprentice doctor, not a student.
- As residents gain experience and demonstrate growth in their ability to care for patients, they should be given roles where they can exercise those skills with greater independence.
- While autonomy is a welcome reward, it can also be scary for new residents.
- Increased autonomy of a resident requires increased vigilance for preceptors

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### Levels of Supervision

- **Direct supervision:** The supervising physician is physically present with the resident or student and patient
- **Indirect supervision**
  - Direct supervision immediately available
    - supervising physician physically within the patient care site
    - Immediately able to provide direct supervision
  - Direct supervision available
    - The supervising physician NOT physically present within patient care site
    - Is immediately available by telephone or electronic means and available to provide direct supervision

### SUPERB Model for Resident Supervision

- **S**et expectations for when to be notified
- **U**ncertainty is a time to contact
- **P**lanned communication
- **E**asily available
- **R**eassure resident not to be afraid to call
- **B**alance supervision and autonomy for resident

### SAFETY Model for Residents Seeking Attending Input

- **S**eek attending input early
- **A**ctive clinical decisions
- **F**eel uncertain about clinical decisions
- **E**nd of life care, family or legal discussions
- **T**ransitions of care
- **Y**ou need help with the system/hierarchy


### Goals for Resident Education

- Set goals specific to your setting and the resident's specialty
- Example of pediatric rotation goals for non-pediatric residents
  - 1. Recognize an ill child
  - 2. Correctly dose weight-based medications
  - 3. Basic pediatric fluid management
  - 4. Ask for help when needed

### Teaching Students and Residents Using the 5 Microskills

### 5 Teaching Microskills

- Have learner commit to a diagnosis, work-up, or therapeutic plan.
- Probe for supporting evidence
- Teach general rules
- Reinforce what the learner has done right
- Correct learner's mistakes



### Get a Commitment

<p><b>Students</b></p> <ul style="list-style-type: none"> <li>• Immediately after the learner has presented                             <ul style="list-style-type: none"> <li>– Presentation is a part of the learning</li> </ul> </li> <li>• May relate to any part of the visit</li> </ul>	<p><b>Residents</b></p> <ul style="list-style-type: none"> <li>• May choose to do this first to help focus the interaction</li> <li>• More likely to focus on definitive diagnosis and treatment plan</li> </ul>
<p><b>Both</b></p> <ul style="list-style-type: none"> <li>• It is okay to be wrong</li> </ul>	

### Probe for Supporting Evidence

- Ask what underlies commitment statement
- May use questions such as
  - “What factors did you consider in making that decision?”
  - “Were there other options you considered and discarded?”

<p><b>Student</b></p> <ul style="list-style-type: none"> <li>• Opportunity to teach the logic</li> </ul>	<p><b>Resident</b></p> <ul style="list-style-type: none"> <li>• Ensures that the background logic is present</li> <li>• Higher level questions                             <ul style="list-style-type: none"> <li>– Expand thinking to similar cases</li> </ul> </li> </ul>
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### Teach General Rules

Teach one or more general rules related to the case

<ul style="list-style-type: none"> <li>• Student rules focus on                             <ul style="list-style-type: none"> <li>– Key features of a diagnosis</li> <li>– Management guidelines</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Resident rules can be expanded to include                             <ul style="list-style-type: none"> <li>– Dealing with a difficult patient</li> <li>– Effective use of consultation</li> <li>– How to prioritize on a busy day</li> <li>– Coding and billing</li> <li>– Practice management</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Both:                             <ul style="list-style-type: none"> <li>– Not more than a few rules per case</li> <li>– If baseline knowledge low may need to assign reading and return.</li> </ul> </li> </ul>	

### Reinforce What Was Done Right Correct Mistakes

- Find behaviors that were highly effective
- Use descriptive language
- Get learner input on what they did right
- May ask ahead of time how learner likes to get feedback
- If time does not allow, set aside specific feedback time

### Residents as Teachers

### Residents as Teachers

- All residents affiliated with UND training sites are required to complete online residents as teachers module
  - AMA introduction to the practice of medicine
- Required to receive prior to teaching
  - Student objectives
  - Required clinical encounter list for students

### LCME Standards Residents as Teachers

- **3.1 Resident Participation in Medical Student Education**
- Each medical student in a medical education program participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited program of graduate medical education.

## LCME standards Residents as Teachers

- **9.1 Preparation of Resident and Non-Faculty Instructors**
- In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, and provides central monitoring of their participation in those opportunities.

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