7-9-2020

Resident UME Updates

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UME Updates
July 9, 2020

AGENDA

- Guidelines for Students in Clinical Spaces
- Grading and feedback
- RIME scheme
- Telehealth, QI curriculum
- Phase 3 Updates and JeffDOT
- Q&A
Guidelines for Students in Clinical Spaces
Patient Care Restrictions

• Students will not participate in direct in-person contact with patients who have known, suspected, or presumed COVID-19 infections.
  • Students can follow the clinical course of these patients and participate in care without direct contact

• Students will not enter rooms with droplet precaution restrictions
Personal Protective Equipment

• Phase 2 and 3 students each received 1 face shield and 2 surgical masks on June 7th for the start of their rotations
  • Further PPE provided at each clinical site

• Just as all TJU clinicians, students will wear a surgical mask and a face shield to see all patients

• All Phase 2 and Phase 3 students fitted and trained how to use the N95 mask and have been provided an appropriately sized N95 mask
Dress Code for Clinical Rotations

• Students may wear scrubs in all clinical settings and are responsible for laundering their own scrubs

• Students who wish to do so may continue to wear the usual business-casual attire in the clinical setting

• Since students will not care directly for patients with COVID-19, they may continue to wear their white coats and IDs
Clinical Patient Care and Didactics

• No “one size fits all” for maximum team size

  • Guidelines of maintaining a 6-foot distance between team members to maintain everyone’s safety

  • For rounds, some students can join in person and some virtually, perhaps on rotating basis

• Didactics will continue virtually whenever possible

  • For any in-person didactics, the number of learners will be limited by social distancing guidelines
Exposure to COVID-19/Student Illness

• Students who are exposed to COVID-19 patients and/or develop symptoms that are concerning for a COVID-19 infection should contact JeffConnect
  • JeffConnect is available for free to students

• The university has developed clinical rotation guidelines on what will happen if students do get sick and need to self-quarantine (i.e. make-up time, grading, etc)

• Students with compromised immune systems or underlying chronic medical conditions should contact Jefferson Occupational Health Network and/or the Office of Student Affairs for guidance
Grading
# 2018-19 Grade Distribution

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*only 7 blocks because final block was pass/fail
New Grading

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RIME

The RIME model, developed by L. Pangaro, is a proven and reliable way to descriptively evaluate medical students. RIME is a classification measure of a student's progression from that of a:

Reporter to Interpreter to Manager to Educator

- **Reporter** accurately and reliably gathers information; communicates information clearly (both verbally and in writing); distinguishes important from unimportant information; focuses data collection and presentation on central issues.

- **Interpreter** independently identifies problems and prioritizes them; independently develops a differential diagnosis that includes “can’t miss,” likely, and possible diagnoses; makes a case for or against each diagnosis under consideration.

- **Manager** develops and defends a diagnostic and therapeutic plan for each important problem; knows when to act on information; explains the risks, benefits, and alternatives of diagnostic testing and various treatment strategies.

- **Educator** defines important clinical questions; analyzes evidence and scrutinizes its quality; educates the team.

The RIME model has particular merit for providing feedback to medical students on their performance.
How RIME relates to grades

If the student functions at the level of:

- Inconsistent Reporter → tell me about this student ASAP; choose Conditional Pass
- Reporter only → tell me about this student ASAP; consider Conditional Pass or Pass
- Master Reporter, Interpreter for only straightforward problems → Pass or High Pass
- Master Reporter, Consistent Interpreter → High Pass or Honors
- Master Reporter, Master Interpreter, Early Manager → Honors

Note: Conditional Pass is a temporary grade only. It triggers development of a remediation plan and, if the student successfully completes remediation, the Conditional Pass is replaced with Pass, High Pass, or Honors, according to performance. Giving a Conditional Pass is a non-punitive way to help a struggling learner receive extra training in professionalism and/or clinical performance.
Samples of evaluations using RIME

Summative Feedback

**Student A** functions as a strong reporter, and is able to gather pertinent and thorough patient histories. She is starting to move into interpreter as she begins to link the findings from the patient to their problems and potential causes. She has a great personality, and uses this to develop rapport with the patients. Her medical knowledge is appropriate, and she can self-identify areas that could use improvement.

**Student B** is a strong reporter, able to gather very thorough histories with pertinent review of systems. He is moving into the interpreter stage, and is able to provide an appropriate assessment and plan for most topics. He was able to present his findings skillfully in both oral and written format. He is engaged in learning, and seeks out educational opportunities to review topics with residents and attendings.

**Student C** was conscientious and diligent, taking thorough histories on the patients and learning to prioritize patient concerns. Her fund of knowledge was adequate to her level. She should start being more assertive in providing her assessment and plan; when prompted she would be able to provide appropriate A&P but often required encouragement to do so. She is still mostly at a reporter level, and should focus on moving towards an interpreter and manager.
Telemedicine Update
# Telemedicine student curriculum - Canvas

## INTRODUCTION

- Telehealth Introduction
- Enterprise-wide approach to Telehealth

## TELEMEDICINE PHYSICAL EXAM

### PERFORMING PHYSICAL EXAM VIA TELEHEALTH

- General and Cardiopulmonary exam
- HEENT exam
- Abdominal and Genitourinary exam
- Neurologic exam
- Musculoskeletal exam
- Skin exam
Telehealth Tip Sheet for Preceptors

1. Email the student with your cell phone number and a time to briefly review the plan for the session (i.e. introductions, which patients they should see, how they will present to you, etc).
   - Set a time that allows 15-20 minutes of conversation with the student BEFORE the student needs to call their first patient
   - For afternoon patients, this can occur mid-day
   - For morning patients, this could occur the previous afternoon, early in the morning, or just ahead of your first patient with the student scheduled to call your second patient
   - Texting with the student during the session works well, especially if you need to communicate during the session about how you are doing on time

2. Notify your MA ahead of time that a student will be present for the session so the MA can call the patient ahead of time first to do a standard check-in and ask permission for a student to start the interview. The MA can group message attending and student that the patient is ready.

3. The student will call the first patient 20 minutes ahead of the patient’s scheduled appt time either via phone or video through Epic Canto.
   During this time, with the patient’s permission, the student can help make sure the patient is connected properly, conduct an H&P, and come up with an A&P.
Telehealth Tip Sheet for Students

Keep in mind that telehealth schedules are unpredictable: sometimes full ahead of time, sometimes fill at the last minute, and sometimes are quite light. Also, preceptors may be running behind schedule (just like in the clinic), so make sure you are communicating with one another about how you are doing on time.

General tips:
- Ensure you are in a secure location, so you can maintain patient privacy during the visit
- Dress professionally, just as you would for a face-to-face visit
- Consider whether or not the patient’s chief complaint is appropriate for a telehealth visit vs needs a face to face visit, and if not, consider work-arounds
  - Appropriate for telehealth e.g. anxiety/depression, URI, UTI
  - Perhaps not appropriate for telehealth e.g. ear pain, vaginal discharge particularly if not consistent with a yeast infection
  - Work around? e.g. sore throat – could the patient use their phone’s flashlight to let you get a better look at the back of the throat, hypertension – does the patient have a home blood pressure cuff?
- During the visit, try to practice good nonverbal communication skills e.g. lean in, maintain eye contact, as well as verbal communication skills e.g. using compassionate words and voice tone; avoid distractions e.g. other phone calls
Multiuser function is available on EPIC

Multi-Party Function

This new feature in Jefferson’s Telehealth platform allows providers to invite by text message or email, another provider, another patient, or the scheduled patient a direct link to join their scheduled telemedicine visit.

1. On the main screen tap the 3 dots

2. Tap Invite Participant
3. Fill out the form that appears on the screen

You can invite one other person to the visit (another provider or family member for the patient). Those invited do not have to download MyChart or Canto/Haiku, just simply click the invite button that is sent via email or text message.
4. The patient/provider will be sent a link in a text or email as shown below.

---

Patrick Demise,
You are invited to join a conference.

Provider One has invited you to join a video conference.

Click this link to join: Join

Note: This link should not be shared with others; it is unique to you.

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For questions, please call us at 1-800-835-2362.
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QI and Health Disparities Curriculum
# QI and Health Disparities Project

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<td>• Complete Community Health Needs Assessment (CHNA) Lesson</td>
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<td>• Select at least 1 vulnerable population to learn more about</td>
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<td>o Answer the related questions</td>
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INTRODUCTION

Benefits of Population Health Management in Health Care Delivery

A Note on Teamwork in Health Care Delivery

CHRONIC DISEASE

Chronic Disease Management

Diabetes

Hypertension

CANCER SCREENING

Shared Decision Making in Cancer Care

ANNUAL WELLNESS VISITS

MOTIVATIONAL INTERVIEWING

Principles and Practice of Motivational Interviewing

Motivational Interviewing Techniques

REFERENCES
Phase 3 Update
Phase 3 Family Medicine Pathway

REQUIRED
- Inpatient sub-I (4 weeks)
- Outpatient Experience (4 weeks)
- Critical Care (2 weeks)
- Advanced basic science (2 weeks)
- Gateway intersessions (4 weeks)

SELECTIVES: Pick at least one from each column (REQUIRED)

A
(4 weeks)
- Behavioral Medicine/Psychiatry
- Chronic pain management
- Community Engagement Experience
- Geriatrics
- Obstetrics
- Outpatient Pediatrics
- Pediatric EM
- Palliative Care
- Radiology
- Sports Medicine/PM&R
- Women’s Health

B
(4 weeks)
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Infectious Disease
- Nephrology
- Neurology
- Ophthalmology
- Otolaryngology
- Pulmonology
- Rheumatology
- Urology

ELECTIVES: remaining 20 weeks
JeffDOTs

• Mini-assessments that are geared toward real-time feedback
• Formative feedback

• JeffDOT is available for both Android, iPhone, and iPad
• You'll search the appropriate App Store using the terms "JeffCAT" or "bedside checklist" to install
Inpatient sub-I DOTs

Cancel
Order Entry
Displays appropriate clinical reasoning
Yes No
Ordering timed appropriately with clinical care (urgent orders quickly, complex orders when time available)
Yes No
Displays understanding of high value care principles
Yes No
Specifications (dose, route) appropriate, confirmed with external resources if necessary
Yes No
If alerts or decision support appeared, appropriately addressed
Yes No
Supervision level for this skill

Consultation
Courteously contacted consultant and provided patient details
Yes No
Clearly asked a focused consult question
Yes No
Provided all relevant details about the patient's presentation and hospital course
Yes No
Avoided giving too much irrelevant detail about the patient's presentation and hospital course
Yes No
Communicated the level of urgency
Yes No
Supervision level for this skill

Strengths and Suggestions for Improvements

Evaluator's Name
Enter evaluator's name

Submit
### Phase 3 Outpatient DOTs

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<td><strong>Yes No</strong></td>
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<td><strong>Provides appropriate diagnostic and management plan</strong></td>
<td><strong>Updates patient chart when appropriate</strong></td>
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<td><strong>Yes No</strong></td>
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<tr>
<td><strong>Explains medical decision making to justify assessment/plan</strong></td>
<td>** Performs accurate medication reconciliation**</td>
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<td><strong>Yes No</strong></td>
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<tr>
<td><strong>Incorporates cost awareness and risk/benefit analysis in management</strong></td>
<td><strong>Utilizes Care Everywhere to coordinate patient care across institutions (when applicable)</strong></td>
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Questions?