Medical Students at the VA: Guidelines for Residents

The VA is a primary training site for both Harvard and Boston University Schools of Medicine. The VA is consistently rated very highly by students for providing effective training and a supportive atmosphere. Students rotate for 3-4 week blocks. While we primarily have third year core Medicine clerkship students on the medicine teams, there are also occasional fourth year “sub-interns” on teams as well as students on subspecialty consult services.

You will be sharing responsibility with the team resident and interns for teaching medical students. In addition, please be aware that students also attend several teaching conferences. These include morning report, noon-conferences, and specific student conferences that take place each weekday afternoon. Students are also expected to read **12-15 hours per week**. To accommodate studying they are encouraged to complete clinical work by 6pm daily when not on a “long-call” day.

Students are asked to **admit at least 3 new patients per week**. Students should independently interview and examine these patients then formulate diagnostic impressions and management plans in collaboration with housestaff. Students typically pair with an intern for each assigned patient to participate in care activities such as entering orders for medications, studies, labs, and consults and communicating with other providers.

Students should write-up a full H&P on each patient they admit. This should go in the patients chart under the note title: “Student <Med/Student (B)>”. (The ‘B’ stands for boilerplate text which should be deleted and replaced with free text.) Since students will typically need extra time to read about problems and compose a written H&P, the write-up is expected by the end of the post-call day. It is best if it is written as an electronic Word document and then pasted on completion into the chart. The notes can be co-signed by the intern or resident working with the student. **Under no circumstances will a medical student H&P substitute for a physician H&P.**

Student should follow their patients until discharge, participating in all aspects of care including pre-rounding on the patient, keeping up to date on their condition and study results, presenting on rounds, and suggesting plans for ongoing evaluation and management. Students will typically write daily progress notes on their patients. These notes do not substitute for physician notes. They should be signed by the supervising interns or residents, with the addition of an addendum or a separate physician note summarizing key data, impressions, and plans.

**Expectations**

**The Big Picture--- Foundational Beliefs**

- The Big Goal - develop **someone who we would want to care for our family members**, an increasingly independent (with supervision) clinician who “acts like a doctor and thinks like a doctor”.
  - This is best achieved by:
    - Providing multiple opportunities for **meaningful involvement in patient care and learning** (see below).
• Respecting the expectation that **learning comes first** for 3rd year students. While the student can and should help the team, we minimize SCUT. Students are expected to get to conferences, follow patients to procedures, and have time to read in the evening.
• Delivering timely, candid **feedback** based on multiple, brief **first-hand observations**.

**Expectations**

**Third Year Student**

• **Learns through meaningful involvement in patient care and graduated decision-making responsibility.**
  • Sees patients independently.
  • Pre-rounds and initiates discussion with assigned patients on work rounds.
  • Formally presents assigned patients each day on work rounds.
  • Follows-up on labs, imaging, consults.
  • Updates intern, team and patient as new information emerges.
  • Speaks with consultants.
  • Provides initial write-up & daily progress notes.
  • Admits 3 new patients per week (ideally new admissions and not transfers from ICU).
  • Provides brief, targeted topic presentations to the team on a regular (at least weekly) basis.
  • Learns from own patients first but also from all patients on the team.
  • Participate in decisions concerning patients the student is following.
  • Participates in discharge planning on patients they directly follow but **does not do discharge summaries!**

• The 3rd year student is available to help the team but **Learning comes first.**
  – Learning from direct patient care is complemented by:
    • Getting to conferences.
    • Observing procedures.
    • Reading (at night and during slow periods on some days).

**Expectations**

**Subintern**

• The subinternship is designed to be a **practical, hands-on** learning experience whose purpose is to prepare the subI to be an intern.
• The subintern:
  – Takes ‘ownership’ of assigned patients. Assumes the role of an intern with the responsibility to collect and interpret patient data, and to coordinate the care for assigned patients while under the direct supervision of the resident.
  – Is a proactive participant in developing management plans for patient.
– Challenges himself/herself- admitting as many patients as possible (target is to “carry” 4-8 patients).
– Balances taking initiative with knowing when to seek help.

Expectations

Intern as Teacher

• The intern’s relationship with the 3rd year clerk is collaborative and evolving with the student assuming increased responsibility in proportion to her capability.
• The intern:
  – Serves as the **practical teacher** - providing guidance for the clerk on entering orders, organizational tips, basic procedures (eg NG tube, ABG, blood draw, IV…).
  – Reviews, critiques and co-signs daily **progress notes**.
  – **Role models** professionalism, clinical skills, patient interactions.
  – Conducts multiple ‘CHECK-INS’ daily in which the student should come with:
    – An organized update on pertinent patient information.
    – Interpretation of the information.
    – Management recommendations (hopefully).
    – Questions.
  – **Observe, ask, provide feedback and written evaluation.**

Expectations

Resident as Teacher

• Roles
  – Team Captain- Shares responsibility for making this a successful learning experience.
  – Key teacher of students.
  – Student advocate-looks out for the student.
  – Troubleshooter if problems arise.
  – Role model -professionalism, skills, patient interactions.
• Key Tasks
  – Runs effective work rounds that integrates the student into patient care and learning.
  – Ensures that students formally present assigned patients each day on work rounds.
  – Reviews and critiques ≥2 initial student write-ups/week.
  – Provides dedicated student teaching time – eg, 20 + minutes ≥2 x /week with students to discuss a ‘case’, critique a presentation, go to bedside…
  – Observes student doing brief parts of the interview/exam (for BU students)-SOCS = Structured Observation of Clinical Skills (see SOCS cards and Talking Points).
  – **Observe, ask, provide feedback and written evaluation.**
Please make time to meet with each student on your team individually at least once per week to review written H&Ps, presentations, and issues that arise in their work. For third year core medicine students, the emphasis should be on patient evaluation more than management. At this point students should be becoming more focused and efficient in taking histories and performing physical exams and in communicating information. They should be encouraged to put great effort into formulating clinical assessments, including prioritizing problems, appropriately framing differential diagnoses, and citing supportive evidence for their diagnostic conclusions. More advanced students will be able to engage further in therapeutic management and in utilizing literature to guide plans.

You are encouraged to spend some time with students at the bedside teaching clinical skills. BU Medical students are required to complete at least 2 “SOCS” cards per rotations (Structured Observation of Clinical Skills). In this exercise the student performs either a focused portion of a physical exam, focused history, or focused patient education. The observer may be a resident or attending. The “SOCS” Card is a tool to help teachers provide specific and practical feedback at the time of observation. Students will provide the cards to you when they request observation.

Please make time to meet individually with students before they (or you) finish a rotation to give face to face feedback on the student’s performance. Ideal feedback is supportive but honest, specific, and geared towards helping the student improve. You will also be asked to provide a written evaluation. BU uses a paper form that students will provide to you via the PTRIME format. HMS uses an electronic form that will be emailed to you. The most useful evaluations focus on student performance rather than impressions of personal characteristics and cite concrete examples.

**PTRIME**

The PTRIME Framework is an acronym (derived from the work of Louis Pangaro) that provides a framework and vocabulary designed to guide the learner and teacher in:

- Conveying expectations.
- Establishing standards.
- Guiding evaluation.

PTRIME describes the key domains we assess in a student including Professionalism, Team/Systems, Reporter, Interpreter, Manager, Educator.

We encourage you to use this language to

1) Communicate expectations and
2) Describe students' performance.

- Behaviors
  - Observe.
  - Ask.
  - Provide feedback.
  - Describe what you see and hear using the PTRIME vocabulary.

- Ask yourself and report the level at which you believe the student is CONSISTENTLY functioning (Report, Interpreter, Manager/Educator).
**PTRIME:**

**Professional**
- Reliably and responsibly contributes to patient care.
- Takes initiative to identify and respond to patient care needs.
- Maintains confidentiality.
- Is forthright and accepts responsibility for errors.
- Takes responsibility and asks for help appropriately.
- Advocates for patient’s needs.
- Demonstrates respect, compassion and trustworthiness.

**Team/Systems**
- Strong collaborator and contributor who partners with other health providers to coordinate, assess, and improve patient care.
- Describes how to get things done for this patient in this system (3rd year). For a subintern, gets things done for this patient in this system.

**Reporter**
- Obtains and reports basic information completely, accurately, reliably.

**Interpreter**
- Prioritizes problems.
- Provides a patient-specific differential dx and active alternative dx's with a rationale/support.
- Interprets studies.

**Manager- proactive, real time participant who**
- Proposes actions dxic and therapeutic options and actions applied to individual patient.
- Makes decisions with understanding of the benefits/risks and preferences for this patient.
- Recommends “Next step” for the patient.

**Educator**
- Poses questions.
- Independently seeks answers.
- Shares new knowledge, teaches others, including team members, patients.

If you have any comments or questions, or seek additional information, please contact me at Richard.serrao@va.gov or sarah.grudberg@va.gov