

EOQ Best Practices – Small Groups June 2013
Last revised 7/3/13

Site faculty advancement

- Start with recruiting motivated teachers
- Email to staff and faculty sparingly (not too many or too often) – let them know when new student is coming; when grades are due, etc. Share teaching pearls and highlights of EOQ through email or in some meeting form
- Recruit a member of your office staff to help with regular reminders
- Talk about EOQs and other updates at staff/clinic meetings
 - Have a regular agenda item for student teaching
- Share evaluation data with other faculty; if difficult comments, discuss with that faculty in person
- Send each faculty a thank you note at the end of each academic year
- Update about benefits of being clinical faculty especially use of UW library; can buy Microsoft Office online for \$10
- Show faculty how to USE the Health Science Library tools
 - Help them get UW Net ID and create a password
 - Show them how to use visual Dx and talk about getting evaluation in at the same time.
- Newsletter – forward to other faculty
- Hold regular meetings with other teaching faculty – once per year or more
- Review promotion guidelines
- Understand the promotion timeline – review starts in late Autumn each year; review which of your faculty are due for promotion and remind them
- Frustrations with E*value
 - Use MS word or similar program to write draft of grade comments and then cut and paste
 - Work with your site administrative coordinator; he or she can become the expert in E*value

Orientation

- Work with Seattle program coordinator to get student bio form in advance
 - One site laminates bio for patients and staff to see
 - Send that info out to non-physician staff in advance to pave way for student
- It's very important for your site description to be up to date
- Have someone designated to meet the student on arrival whether at the airport or when they arrive by car on Sunday
- Orientation tasks
 - Orient to the community
 - Office and hospital orientation
 - Arrange for hospital name tag or appointment if not done in advance
 - Orient student to your community beyond the medical facilities – where is the gym, the best grocery store
 - Help students make contact with other community doctors, homeless shelter, food bank, hospice, etc.
- Give student your or another cell phone number to call in case of emergency
- Arrange for student to use local fitness center;
 - Go to the local Y or gym and ask for a free membership for students
 - UW may pay fees
- Almost always EHR orientation first morning. If IT person, physician can give helpful hints that IT person may not know
- Hospital orientation
- Hospital badge
- Confirm student schedule ahead of time, provide student with at least the first few weeks in writing.
 - Bio on one side of paper and student assignment on other side of paper
- Review expectations on first day
 - Attire?
 - Arrive early
 - Huddle
 - How many patients should they see per half day
 - How many notes
 - EMR orientation/passwords, etc.
 - Presentation requirement
 - Call
- Social connection for students often far from friends and home
 - Take student out to lunch on first day
 - Take the student out to dinner or to home during the rotation
 - One site takes every student fishing
 - Track sites have more ongoing social events
- Provide students with checklist of things student to do over clerkship – especially if they are your site requirements but not on the clerkship assignment tracker.

Examples: Will student use feedback cards? If so, orient student to how to use them

- Orient students and faculty to grade anchors on which they will be evaluating student

When possible link incoming student with departing student

Mid and End of clerkship feedback

- From your first visit with the student, tell the student about these reviews and schedule them on the student's written calendar/schedule
- Introduce the grade anchors at orientation
- Explain to the student how he/she will be evaluated (see this info on web site)
- Experienced coordinators note importance of continuity: same person who should provide feedback at beginning middle, end of the clerkship, using feedback from others
- Before each session, say "I am going to give you feedback." This may seem unnecessary but some students report not getting feedback despite having these sessions.
- Set aside at least 30 minutes to talk in a private place where you can both sit down.
- When possible be reflective: taking all the feedback into account, how can the student improve on the way to becoming a physician?
- Some sites ask the student to bring mid-clerkship self-evaluation using the anchors that preceptors use.
- Coordinators recognize it can be tough to get feedback from others especially at large sites with multiple preceptors. Strategies to overcome this:
 - Some sites use daily feedback cards or general field notes.
 - Either you or students give feedback cards to faculty for each half-day.
 - Address two strengths and two areas of improvement. Faculty don't have to address all 11 areas of evaluation
 - In a six week rotation you can have many cards
- Administrative support for the clerkship is important. While some sites have administrative support many do not. Administrators can help:
 - make a schedule for the student
 - schedule meetings between student and you
 - collect feedback cards or feedback forms
 - address many student administrative issues
 - monitor housing
 - assure billing and travel reimbursement
 - provide local tips and support for students
 - contact Seattle team for questions on site coordinator's behalf
- Final grade: Mixed experience with whether student can get a concrete grade on last day of rotation
- Hard often to get enough feedback from others to give guidance at end of clerkship review. Regardless: work from a 'no surprises' philosophy. If you

don't know what the grade will be, say so clearly. Strengths and weaknesses should not be a surprise when the student gets their grade via E*Value

- To help avoid surprises, sites with many preceptors often meet with students every two weeks to prevent student misunderstanding in what may appear a chaotic process.

- Focus on the formal curriculum, especially the PCC curriculum

- almost every group said this was important skill for each student to learn and it's our job to be the leaders in this

- Review the feedback form itself with the student. It is lengthy – to do it thoroughly all the way through is impractical in some cases. Ask the student to identify areas within the form for focused work in a particular encounter. By using the form to focus on only a part of most encounters, you can minimize time needed for you to observe and give feedback.

PCC , ARTE and fmCases

fmCases

1. Note the increased the number of cases – now 40 cases, a significant number of cases. Help students efficiently review them as any of these cases can be the basis for exam questions

- counseling student to get started with cases during orientation – get on it early.
- Students have finished all the cases in 3 weeks if well organized. Students who start review early and do all of them tend to do better on the exam. ‘Cliff note’ summaries that come with the cases not sufficient for outstanding exam performance.

2. fmCases and day to day clinic work:

- whenever there is downtime or a patient declines to see a student, remind the student to complete some of the cases with a focus on the problems of the patient they are not meeting.

ARTE

- Now an optional assignment.
- ARTE will not continue to be on the student tracker
- ARTE remains a valuable tool to help some students feel more comfortable asking questions and better understanding your unspoken assessments and plans in patient care.

PCC

Preceptors noted the challenge of being a ‘fly on the wall’ when filling out form in the exam room with patient and student.

Suggestions:

- sit out of the line of view for the patient if possible.
- If necessary move, one preceptor will get up and wash hands if patient keeps looking at the preceptor.

Community service project

1. The clerkship does not have a requirement for each student to do a community service project but many individual sites do have a requirement.
2. It is important to make your specific site requirement clear from Day 1 of the clerkship
3. Ideas for a community service project
 - Participate in a free clinic staffed by the faculty
 - Assisting at sporting events such as high school games or race support team
 - Creating public service announcement on radio station or newspaper
 - Attending community lunch for homeless and assist with screening blood pressure and finger stick glucoses, provided the patient's have somewhere to go for treatment once you identify a problem. Screening without an option for treatment is NOT a good idea.
 - Volunteering in local service organizations such as a women's shelter or search and rescue team
 - Build volunteer/outreach activity into the student's schedule such as working in free clinic

Advantages/Values Added

- Increase students awareness of the family physicians role in community
- Connects the student to the practice community
- Allows the student to feel a sense of giving back to the community that has hosted them

Barriers/Problems with this Activity

- It takes staff or faculty time to arrange or supervise these activities. Clerkship students should always be supervised.
- At urban sites the students may already "live" in the clinic community and the student is already engaged/focused on community activities and don't need more

As you consider a community service requirement, consider these questions:

- Is the goal a project or encouraging the student to appreciate the benefits of volunteerism?
- If you make this a required, scheduled activity at your site, it can be used to evaluate the student within specific categories such as enthusiasm; working well with staff, patients; etc.
- If you make a community service project elective, you CANNOT use this activity for grading
- You can use the project as it relates to specific anchors on the evaluation and feedback form. You CANNOT make participate a requirement for Honors. This is essentially making your own new grading category