

Medical Student Evaluations



MedHub

- ▶ Evaluations will be sent to you a few days prior to the midpoint of your time with the student
- ▶ LCME requires students to receive feedback half-way through their rotation
 - ▶ Help the student identify areas of improvement and continued strength for their summative evaluation
 - ▶ Allow enough time for remediation, if needed
- ▶ Written evaluations to be completed no later than one week after your time with the student

RIME Framework

- ▶ Provides common terminology for the assessment of learners
- ▶ Track progression of student development
- ▶ Combines skills, knowledge and attitude, and professional competencies

Reporter = *Gets the story straight*

- ▶ Answers “what” and “when”
- ▶ Obtains accurate and reliable information from multiple sources
- ▶ Communicates clearly (verbal and written)
- ▶ Does not plagiarize
- ▶ Performs thorough physical exam
- ▶ Distinguishes important from unimportant information (advanced or master reporters)

Should not need to rewrite majority of HPI or objective findings

Patient with AMS: Reporter

- ▶ HPI includes:
 - ▶ Baseline status (will need collaborative information)
 - ▶ Chronological presentation
 - ▶ Beginning reporter may include exhaustive ROS
 - ▶ Master reporter will have a more narrowed ROS with both pertinent positive and negative symptoms
 - ▶ Identifies change in medications
 - ▶ Presents solutions that have already been tried/sought out
- ▶ Physical Exam/Labs/Imaging
 - ▶ Thorough physical exam
 - ▶ Can present normal and abnormal labs (ie, normal UA, Na 120)
- ▶ Assessment & Plan
 - ▶ Gives differential diagnosis
 - ▶ Not prioritized
 - ▶ May include rare diseases/unlikely diagnoses

Patient with AMS: Reporter

62 yo woman with h/o mild dementia who lives with daughter but has intact ADLs was in her baseline state of health until two weeks ago when her daughter noticed progressively increasing lethargy. She had recently seen her PCP three weeks ago where they started her on HCTZ for hypertension and sertraline for depression. She has a mild headache. Patient and daughter deny fevers, chills, cough, dysuria, nausea, vomiting, or diarrhea. No recent falls.

PE: VS Temp 97.2 HR 65 BP 150/85 RR 14 O2 sat 95% on RA,

No focal findings reported

Labs with normal UA and Na 120

ED gave ceftriaxone 1 gram

A student at this level may be able to tell you patient has altered mental status and may give you a differential of UTI, meningitis/encephalitis, hyponatremia. Differential may be anchored in bias.

Interpreter = *This is what is going on*

- ▶ Answers “why”
- ▶ Identifies new problems independently
- ▶ Can prioritize differential and update problem list
- ▶ Demonstrates reasoning but not necessary to provide all of the “correct” answers
- ▶ Requires confidence
- ▶ Demonstrates reading and understanding of prevalence amongst specific populations

Patient with AMS: Interpreter

- ▶ Assessment & Plan
 - ▶ Gives prioritized differential diagnosis (aim for 3)

Differential now includes altered mental status due to hyponatremia, which is further differentiated into hypovolemic hyponatremia secondary to HCTZ vs euvolemic hyponatremia secondary to SIADH (possibly from sertraline) vs hypothyroidism and less likely water intoxication. Unlikely to be UTI given normal UA.

Manager = Sub-Intern/Intern Level

= *This is what I am going to do*

- ▶ Answers “how”
- ▶ Outlines testing or further plans to delineate diagnosis
- ▶ Outlines plan to therapeutically manage conditions
- ▶ Incorporates patient wishes into risk/benefit balance of specific diagnostic and therapeutic measures
- ▶ Recognizes gaps in knowledge and reads appropriately

Patient with AMS: Manager

- ▶ Assessment & Plan

- ▶ Gives prioritized differential diagnosis (aim for 3)

A student at this level will have a plan to distinguish hypovolemic vs euvolemic hyponatremia by checking orthostatic vital signs (or has already done so). Recommend holding HCTZ as a beginning step. They will also suggest checking urine and serum studies to distinguish the two and discuss how diuretics would affect their testing. Although UA unlikely, will send for urine culture to confirm given previously treated UTI.

Educator = Resident Level = This is why I am doing this

- ▶ Consistently excels as reporter, interpreter, and manager
- ▶ Role models and teaches these above functions
- ▶ Role models communication with patients
- ▶ Role models system-based practices
- ▶ Recognizes gaps in knowledge and reads/consults appropriately
- ▶ Consistently asks important clinical questions and refers to primary literature for answers
- ▶ Able to scrutinize the quality of evidence

RIME Framework

	Answers	Learner Level
Reporter	What/When	Expect all MS3 students to be master reporters at end of clerkship
Interpreter	Why	MS3s should be transitioning to interpreter, especially for more common diagnoses
Manager	How	Expect sub-interns to act as master interpreters and beginning managers
Educator	Role models + asks the next question	Late intern/Resident

Honors/Pass/Fail Grading System

- ▶ Honors = Consistently demonstrates:
 - ▶ Professionalism
 - ▶ Strong work ethic
 - ▶ Compassion
 - ▶ Competency with oral presentations commensurate for their level of training
 - ▶ Competency with physical exam skills commensurate for their level of training
 - ▶ Sound clinical reasoning and consistently offers prioritized differentials commensurate for their level of training
 - ▶ Written documentation commensurate for their level of training