

WHY TEACH MEDICAL STUDENTS?

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Professor and Dean

UTCOM-C

DISCLOSURES

- NO CONFLICTS OF INTEREST

Why physicians teach: giving back by paying it forward

Yvonne Steinert¹ & Mary Ellen Macdonald² Medical Education 2015; 49: 773–782 doi:10.1111/medu.12782

Burke MS. Benefits of Teaching Medical Students: Perspectives from a Community Physician Preceptor. Am Fam Physician 2020; 102(3): 140-141.

What is the meaning of teaching? (Peds, Surgery, IM) (N=15)

Integral part of identity

Repay teachers for their own training (moral commitment)

Contribute to development of next generation of physicians:

Mastery (mental models not part of medical curriculum)

Moral/Social commitment

Enabled continued learning (“To teach is to learn twice”)

Energizing and Gratifying

Enhance enjoyment of clinical practice

Improve quality of care (staying current)

CME Credit for teaching

Stimulus for learning and renewal

Recruiting future colleagues/teachers

POSITIVE ASPECTS TO TEACHING

HELPING STUDENTS BECOME GOOD DOCTORS

ENJOY CHALLENGE OF EFFECTIVE TEACHING

PRESENTING ONE'S OWN SPECIALITY

ENJOY SMALL GROUP TEACHING

INSPIRATION FROM PAST MENTORS/TEACHERS

LIKING CHALLENGE OF OTHER VIEWS

FEELING RESPONSIBLE FOR STUDENTS

WANTING TO UNDERSTAND STUDENTS

<u>75 educators</u>	<u>26 Non-Participants</u>
18 Female; 57 Male	2 Female, 24 Male
<u>AGE</u> 30-40 = 16	Majority 41-55
41-55 = 46	
> 55 = 13	
INTERNISTS 39	16
SURGEONS 12	9
OTHER 24	1

IMPEDIMENTS TO TEACHING

LACK OF REWARD

LACK OF SKILL/ENJOYMENT

CLINICAL PRODUCTIVITY/RESEARCH DEMANDS

***OBTUSE CURRICULUM DESIGN (LACK OF INVOLVEMENT
IN DESIGN)***

***PERVERSE RESEARCH INCENTIVES FOR PROMOTION
WITH LITTLE VALUE ON TEACHING***

LIMITATIONS

Qualitative Nature of Observations

Single Site (“reaching the converted”)

Possible Investigator/Social Desirability Bias (participants aware of evaluators being colleagues)

Method may not reflect all aspects of motivation

PRIMARY TAKEAWAYS

NEED FOR ENGAGEMENT OF TEACHERS IN COURSE DESIGN

NEED TO “DWELL” ON THE INSPIRATIONAL MODELS OF MENTORS

ASSIST IN DEVELOPING UNDERSTANDING OF STUDENT NEEDS

ACKNOWLEDGEMENT OF EFFORT/EXCELLENCE IN TEACHING

CONNECTING SENIOR EDUCATORS WITH JUNIOR PHYSICIANS TO FACILITATE GROWTH AS A TEACHER

WHAT DO YOU NEED TO BE A BETTER TEACHER?

WHAT WOULD MOTIVATE YOU TO TEACH IN A GREATER CAPACITY?

DO YOU FEEL OUR INSTITUTION RECOGNIZES EXCELLENCE IN TEACHING?

**IF NOT, WHAT RECOMMENDATIONS DO YOU HAVE REGARDING
RECOGNITION?**

How Can Medical Students Add Value? Identifying Roles, Barriers, and Strategies to Advance the Value of Undergraduate Medical Education to Patient Care and the Health System

Acad Med. 2017;92:1294–1301.

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“Because of several factors including regulatory requirements, increased focus on quality, and diminishing students’ ability to document in the electronic medical record, opportunities to provide authentic contributions to team functioning are limited.”

AMA Education Consortium: 32 US Allopathic Medical Schools; 121 Educators

Considering current clinical roles for medical students, what specific tasks do they perform that add value to care delivery?

What are potential opportunities for new or innovative value-added clinical roles?

What are the challenges to creating value-added roles for medical students in health care settings?

What are potential strategies for overcoming these challenges?

A wide landscape view of a canyon with layered rock formations under a cloudy sky. The foreground shows a rocky slope with sparse vegetation and some evergreen trees. The middle ground features a deep canyon with distinct horizontal rock layers in shades of tan, yellow, and red. In the distance, more mountain ranges are visible under a sky filled with soft, white and grey clouds. The overall scene is a natural, rugged landscape.

QUESTIONS?

BACK UP SLIDES

'You know, medical students are people that are just new, they don't have the cynicism or they are not jaded and they often have such a beautiful vision of what it should be. And they have a pure image... it's not coloured by either being overworked or stressed... You gain a lot from that and some of the most difficult questions I've ever been asked is from medical students who would, instead of taking the facts and saying, oh that's the truth, they would question it.'

'I think the biggest long-term reward is to see the people you've taught grow and see them develop into successful clinicians, researchers, whatever their path is in their own right.'

We defined value-added medical education as “Roles that are experiential and authentic, and have the potential for a positive impact on outcomes related to patients, populations, costs of care, or other processes within the health care system, and enhance student knowledge, attitudes, and skills in the clinical science or HSS.” HSS relates to an applied science that includes course work and application of various systems related topics, including the evidence underlying interprofessional teamwork, population health, patient safety, and quality improvement.

3 Unifying Principles:

1. Medical Students have time and are positioned to make connection with patients
2. Substantial technology skills sets
3. Unique inquiry and problem-solving mindset
 - a. “beginners mindset”
 - b. “Fuels healthy dialogue, analysis and quality improvement”

Table 1

Stakeholders, Benefits, and Costs of Value-Added Roles in Health Systems, From a Study of Roles, Barriers, and Strategies to Advance the Value of Undergraduate Medical Education, 2016*

Stakeholders	Benefits	Costs
Health system		
Patient(s)	<ul style="list-style-type: none"> • Improved outcomes • Improved patient experience • Lower utilization of resources or costs of care 	<ul style="list-style-type: none"> • Discomfort/dissatisfaction with program • Stress or discomfort with process
Clinical educators	<ul style="list-style-type: none"> • Improved work efficiency • Gratification in fulfilling social responsibility of student education • Improved work experience 	<ul style="list-style-type: none"> • Reduced clinical productivity • Additional resources • Concerns regarding quality of mentoring
Clinical or community site	<ul style="list-style-type: none"> • Enhanced quality improvement programs • Enhanced partnerships with community programs 	<ul style="list-style-type: none"> • Resources and time required for student presence and work
Hospital system	<ul style="list-style-type: none"> • Improved relationships with community and neighboring health systems • Improved efficiency through optimal use of students and sparing other human resources 	<ul style="list-style-type: none"> • Time and resources to fund programs
Educational system		
Learners	<ul style="list-style-type: none"> • Improved knowledge, skills, and attitudes in HSS • Improved attitudes of professional role identity • Improved attitudes of change agency potential • Improved intrinsic motivation for career development • Greater sense of civic responsibility for profession 	<ul style="list-style-type: none"> • Competing demands of other courses • Competing demands of licensing examinations • Apprehension and anxiety from performing patient-centered tasks
Medical educators	<ul style="list-style-type: none"> • Improved knowledge and skills in HSS, thereby increasing education for other learners 	<ul style="list-style-type: none"> • Investment in learning new concepts
Medical school	<ul style="list-style-type: none"> • Enhanced knowledge and skills in new initiative • Creation of meaningful clinical work for students • Enhanced credibility in fulfilling social commitment to the community 	<ul style="list-style-type: none"> • Competing demands of curricular initiatives • Additional faculty/staff time

HISTORY

Perform advanced histories to clarify information about patient values and needs; document if permitted

- Listen to patients and augment patient-centered care in clinical environments
- Gain more information from patients about social determinants of health, barriers, and needs

EBM AND PRACTICE CONTRIBUTIONS

- Probe health care team with provocative questions to advance care
- Increase rigor and expectations for care delivery through questioning and inquiry
- Facilitate evidence-based practice searches for teams to more quickly gather information
- Provide insights to health care team and patients into technology and applications at the point of care
- Employ geo-mapping methods to diagnosis, resources, and services

Patient education and counseling

• Educate patients about disease, treatments, clinical process, and care plans

• Immediately after encounters, educate and/or coach

patients, interpret the event, translate medical jargon,

identify gaps in patient knowledge, and provide/create

health education materials

• Counsel patients with motivational interviewing

Collect health information outside hospital records for team-

based

delivery

• Perform "chart biopsy" of past encounters to promote well-

informed

vent, report back to care team

• Transport patient to and from locations within hospital

• Perform blood draws and wound care; participate in triage

activities

• Add/edit information

• Add/edit information in the electronic health record and

update

information

• Perform medication review or reconciliation at numerous

points in the

care continuum

• Identify patient needs and administer screening tools

• Provide follow-up after discharge from hospital via phone

calls and

home visits

• Provide continuity for team; bridging fragmentation from

duty hours

EBM AND PRACTICE CONTRIBUTIONS

CLINICAL PROCESS EXTENDERS

Collect health information outside hospital records for team-based care delivery

- Perform “chart biopsy” of past encounters to promote well-informed decisions by health care team
- *Transport patient to and from locations within hospital*
- *Perform blood draws and wound care; participate in triage activities and procedures*
- Add/edit information in the electronic health record and update information
- Perform medication review or reconciliation at numerous points in the care continuum
- Identify patient needs and administer screening tools
- Provide follow-up after discharge from hospital via phone calls and home visits
- Provide continuity for team; bridging fragmentation from duty hours

PATIENT ADVOCATES

Spend time with patients, develop relationships, support psychosocially

- **Accompany patients to appointments/Transport to learn**
- **Provide liaison role between patients and health care team members**
- **Decrease power differential between patient and physician through communication**
- **Report and describe test results in a manner that is understandable to patients**
- **Improve translation and language fluency during encounters**
- **Advocate for patients by addressing structural inequalities**
- **Assist patients with benefit and insurance forms**
- **Engage patients missing appointments by assisting with transportation, motivation, and barriers**
- **Prepare patients to use health portals at institutions**
- **Participate in advocacy activities related to policy at the local and national levels**

SERVICE LEARNING

Enhance service–learning opportunities that align with community needs

- **Provide community education and vaccination programs at local schools**
- **Coordinate community health fairs**
- **Lead and facilitate care at student-run free clinics**
- **Develop “prevention produce” initiatives to improve nutritional eating in communities**
- **Enhance community outreach programs by expanding services and student participation on a continuum**

RESEARCH AND SYSTEMS PROJECTS

Perform quality improvement projects that inform improvement in care delivery

- Perform research projects aligned with care delivery advancement
- Perform research that addresses local and broader needs in clinical and basic science
- Lead/perform community-based needs assessments
- Assist with standardization of electronic health record for quality initiatives and projects
- Perform workflow/systems analysis, which allows for identification of “blind spots” in care delivery

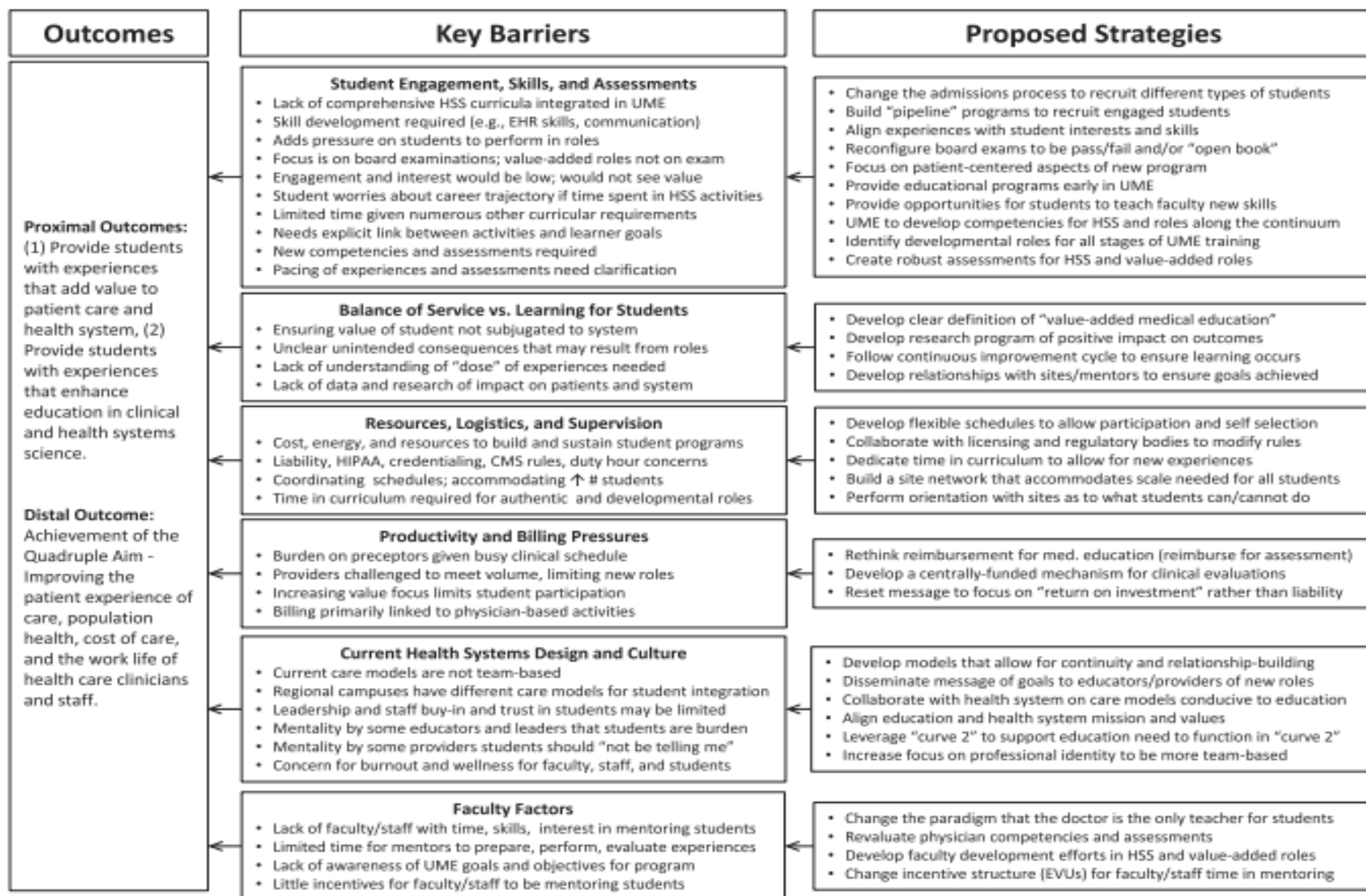


Figure 1 Key-driver diagram of outcomes, barriers, and proposed strategies for advancing value-added roles in undergraduate medical education, from a study of roles, barriers, and strategies to advance the value of undergraduate medical education, 2016. This figure demonstrates the relationships between the outcomes (proximal and distal), "key-driver" factors, and the potential interventions that could potentially influence the key drivers. Abbreviations: HSS indicates health systems science; UME, undergraduate medical education; EHR, electronic health record; HIPAA, Health Insurance Portability and Accountability Act of 1996; CMS, Centers for Medicare and Medicaid; EVUs, educational value units.