Residents as Teachers and Leaders

RATL Demonstration

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RATL Demonstration

- RATL: Residents as Teachers and Leaders
- Created by a team of medical educators, physicians and scientists.
- Targeted Audience: forth year medical students and first year residents
- Introductory level of instruction for teaching skills and professional identity to early teachers

Created by RATL Team: Dewey, Culberson, Ismail, Friedland, Tejada-Simon & Turner.
RATL Demonstration

- Currently there are 4 modules in the first series:
  - Module 1: Professional Identity
  - Module 2: Teaching 101
  - Module 3: Teaching Physical Exams and Procedural Skills
  - Module 4: Evaluation and Feedback
RATL Demonstration

• Newest module being developed:
  – Module 5: Patient Education and Safety
RATL Demonstration

Purpose of the RATL program:

- To improve residents’ identity as a teacher & leader and enhance their teaching skills.
- To contribute to resident development as physician educator, interdisciplinary team member and patient care provider.
- To reduce the effects of the hidden curriculum within medical education.
- To build relationships between residents of different specialty areas.
RATL Demonstration

• Self-learning educational tools
• Paired with interactive hands-on workshops to apply knowledge and skills
• Addresses knowledge, attitudes and skills
• Has pre/post assessment questions
• Interactive and encourage reflection
RATL Demonstration

- Contains a sample of each module
- The full version has interactive games, videos, reflection activities, links to articles and useful web sites for residents
- The RATL web page has a resource page with all the articles and other resources
RATL Demonstration

- Each module is color coded
- Has the option of voice, written word only or both
- Learners can control the speed of each module
- Learners have piloted each module with favorable results and comments
RATL Demonstration

Click here to start the automatic demonstration

Click below to select a module and go at your own pace

Module 0: RATL Introduction
Module 1: Professional Identity
Module 2: Teaching 101
Module 3: Teaching PE & Procedures
Module 4: Evaluation & Feedback

Re-Start Demo
End Demo
Introduction

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Web Page and Module Formatting by:

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Created by Culberson, Dewey, Ismail, Friedland, Tejada-Simon & Turner. NIH Funded Relationship-Centered Transformation of Curricula, Baylor College of Medicine, 2006.
Introduction

Welcome to the Residents as Teachers and Leaders self-learning modules.

This program was developed to assist residents and fourth year medical students in their role as physician, teacher and leader in medicine.

We are happy to provide this first series to help you understand your roles and help make your transition into residency a smooth one.
Introduction

This initial series of self-learning modules is geared toward fourth year medical students and entering residents.

There are four modules in the series. They include:

- **Module 1**: Professional Identity
- **Module 2**: Teaching 101
- **Module 3**: Teaching Physical Exams
- **Module 4**: Evaluation and Feedback
Introduction

Each module has an accompanying manual that corresponds to the slides and can be downloaded for taking notes and future references.

Pocket cards have also been developed and are available for you to print, fold and place in the pocket of your white coat. Thus you have the key teaching tips at a hands reach at all times.
Introduction

Each manual and corresponding pocket card can be found on the RATL website materials page.

If you want to print your manual before starting a module, please return to the materials page or print your pdf from the link below.

RATL-Instructional Materials

Instructions
Module 1 - Professional Identity
Module 2 - Teaching 101
Module 3 - Teaching Physical Exams
Module 4 - Evaluation and Feedback
Introduction

End of demonstration for RATL introduction.
RATL Demonstration

Click here to select module and go at your own pace

0 Module 0: RATL Introduction
1 Module 1: Professional Identity
2 Module 2: Teaching 101
3 Module 3: Teaching PE & Procedures
4 Module 4: Evaluation & Feedback

Home End

Created by RATL Team: Dewey, Culberson, Ismail, Friedland, Tejada-Simon & Turner.
Module 1
Professional Identity: Physician, Teacher and Leader

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Welcome

Welcome to Module 1: Professional Identity: Physician, Teacher and Leader.

As a resident physician, you will interact with a wide variety of individuals… patients, nurses, medical students, peers, and faculty.

Your role as a resident physician will be enhanced by adopting appropriate teaching, leadership, and communication principles into your daily routine.
Introduction

Please complete the pre-test by clicking on the link below. Once completed, you will be returned to the module. Remember - Your scores will NOT be sent to your residency director or be reflected in your evaluations.

If you would like to print the manual for module 1, please return to the materials page or print your pdf from the link below.

Pre-test

Module 1
Goals

The goals of this module are:

1. To help you to develop your professional identity as a physician and leader and characterize the relationships that define the resident physician.

2. To reflect on characteristics of the professional physician and to review the key principles of leadership and effective communication.
Objectives

After completing this module, you will be capable of:

1. Identifying four (4) aspects of effective communication.
2. Describing four (4) relationships that define the professional identity of physicians.
3. Demonstrating an appreciation of the physician's role by “being part of the solution, rather than part of the problem” in medical education.
4. Designing an approach to leadership that incorporates Covey’s seven habits.
5. Reflecting on your role as physician and leader in medical education.
Agenda

Physicians have several roles in health care. In this module we will emphasize the professional and leadership roles of the physician while the teacher role is emphasized in module 2.

We will also emphasize effective communication and its role in developing healthy relationships in the medical setting.
Agenda

Module 1 will include the following topics:

1. Physician identity
2. Relationships in medicine
3. Effective communication
4. Leadership identity
5. Hidden curriculum
6. Summary
Doctor

What does this word mean to you?

a) A title recognizing a lot of hard work
b) A person skilled in the art of healing
c) An individual who has been taught and has an obligation to teach
d) An individual eligible for licensure to practice medicine
Physician Identity

While the term physician defined as “a person skilled in the art of healing,” the word doctor is derived from the Latin terms “doctus” “having been taught” and “docere” meaning “to teach.”

Before now, have you ever thought of your career as a physician encompassing both the need to learn and to be a teacher?
“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.”

Sir William Osler: The Master Word in Medicine
Physician Identity

How do you describe yourself?

How will others describe who you are?

Your identity is your reputation. How you shape that identity and reputation is up to you!

Click here for brief photo story on doctors, identities, and relationships.
Physician Identity

As a resident, you will need to diagnose and treat illnesses, however, your greatest challenge may lie in developing and maintaining relationships in an environment of time constraints and stress. These relationships will bond you with others in the care of your patients.
Physician Identity

Which of the following relationships do you think is the most important to a physician?

- Doctor-Self
- Doctor-Colleagues (MD, RN, students)
- Doctor-Patient
- Doctor-Community
Physician Identity

All relationships require the physician to maintain their physical and emotional health. The Doctor-Self relationship is, in fact, the most important… and most often overlooked!

Ensuring time for yourself, friends, and family is a professional obligation. You owe it to yourself!
Doctor-Self

Efficiency and the ability to establish professional and personal boundaries are essential skills, however, this may require considerable practice for some.

No amount of knowledge and skill can overcome the negative consequences of “physician burnout.”

Self-awareness is the primary tool to help identify burnout.
Physician Identity

End of module 1 demonstration
RATL Demonstration

Click here to select module and go at your own pace

0. Module 0: RATL Introduction
1. Module 1: Professional Identity
2. Module 2: Teaching 101
3. Module 3: Teaching PE & Procedures

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Module 2
Teaching 101

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Welcome to Module 2: Teaching 101. As a resident physician, you will provide significant and meaningful teaching to students, peers, and even senior residents and faculty.

Patient and interdisciplinary education is also an essential part of the healthcare. Your role as a resident teacher will be enhanced by adopting evidence-based teaching principles into your daily routine.
Introduction

“Traditionally, medical residents have not received the formal preparation that is essential to the transition from full-time learner to at least part-time teacher. Although many residents make that transition successfully through a sort of osmosis, many more do not, and they remain ineffective teachers throughout their residencies. But how can we expect them to do that if we in medical education don’t teach them how?”

~Jordan J. Cohen, M.D.,
Past-President of the Association of American Medical Colleges

Friedland E., Bing-you et al, “Resident’s Teaching skills”, 2002
Goals

Welcome to Module 2. The goals of this module are to:

• Help you develop your resident physician identity as a teacher.
• Reflect on characteristics of excellent teachers and leaders.
• Review the key principles of effective teaching, leadership, and communication.
Objectives

After completing module 2, you will be able to:

• Compare and contrast the three (3) parts of organized teaching.
• Describe the purpose of using learning objectives in teaching.
• Observe the five steps of the “Microskills Model” of bedside teaching.
• Describe the use of feedback as an essential educational component.
Agenda

Module 2 contains the following content:

• Teacher Identity
• Creating safe learning environments
• Organized & efficient teaching
• Bedside teaching
• Feedback and evaluation
• Summary
Teacher Identity

Sir William Osler was and is considered an outstanding teacher and physician.

He exemplified teaching of students and residents at the bedside.

Here’s a timeless quote regarding your teaching role by Sir William Osler…

Sir William Osler, 1849-1919
Teacher Identity

"The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation." ~ Osler 1932

The student life, in Aequanimitas: With other addresses to medical students...3rd ed. (Philadelphia: Blakiston's Son, 1932) p.400.
Teacher Identity

By being a resident you are a care giver, teacher and role model. You cannot NOT teach! Your role automatically implies you are a teacher.

You will teach students, patients, peers and others. Your role as a teacher is best summed up by assisting with gaining knowledge and skills development and providing evaluation and feedback to your learners.
Teacher Identity

Thus you must know what you are responsible for teaching.

Teaching is the transfer of knowledge, attitudes, and skills. These three behaviors correspond to cognitive, affective, and psychomotor domains respectively.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Behavior Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Knowledge</td>
</tr>
<tr>
<td>Affective</td>
<td>Attitudes</td>
</tr>
<tr>
<td>Psychomotor</td>
<td>Skills</td>
</tr>
</tbody>
</table>
Teacher Identity

The best way to know what to teach is by following a written curriculum. The written curriculum is a detailed plan that includes:

- What is to be taught
- How it is to be taught
- How to evaluate its effects – meaning how well it was taught
Teacher Identity

Learning Goals vs. Learning Objectives

**Goals:** are general statements that provide guidance to learners on what they can expect to learn.

**Objectives:** describe specific cognitive, affective or psychomotor behaviors that are to be accomplished by the learner while learning. Stated in terms of a measurable behavior, a well-written objective guides the teacher. Thus your student learning objectives help guide what you need to teach.
Teacher Identity

Example:

**Goals**: a general description of what’s to be accomplished – the purpose; for example, the goal is to learn how to ride a bike.

**Objectives**: a description of the performance the learner will be able to do – a measurable behavior; the objective is the behavior the learner will accomplish such as pedaling independently. The objectives tell you exactly what is to be expected in attaining the goal.
Teaching 101

End of module 2 demonstration
RATL Demonstration

Click here to select module and go at your own pace

- Module 0: RATL Introduction
- Module 1: Professional Identity
- Module 2: Teaching 101
- Module 3: Teaching PE & Procedures
- Module 4: Evaluation & Feedback

Home
End
Module 3:
Teaching Physical Exams and Procedural Skills

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Created by Culberson, Dewey, Ismail, Friedland, Tejada-Simon & Turner. NIH Funded Relationship-Centered Transformation of Curricula, Baylor College of Medicine, 2006.
Welcome

Welcome to Module 3: Teaching Physical Exams and Procedural Skills.

Psychomotor skills is a term used to describe any procedure or physical exam skill.

Being able to teach a psychomotor skill is an important concept in advancing medical students and peers performances.
Introduction

As an intern, you will need to learn many skills before teaching one.

Most interns focus their teaching of psychomotor skills on physical exam skills such as heart, lung, abdominal, and musculoskeletal exams.

However, evidence supports that students also need teaching on other basic skills such as taking blood pressures, eye exams and GU exams.
Introduction

Once again, your role as the teacher of a psychomotor skill is very important because students get to observe an expert, gain experience and build confidence in their abilities to perform such skills.
Introduction

As you progress in your training and your own proficiency improves, especially for the surgical and procedure-oriented specialties, you will become a master-teacher of psychomotor skills.
Introduction

In this module we will focus on an intern’s approach to teaching medical students and colleagues basic physical exam and procedural skills.

Evidence exists that residents can improve their confidence and teaching abilities as well as their own physical exam and procedure skills by being able to teach them.
Introduction

Please complete the pre-test now by clicking on the link below. Once you have completed the pre-test, you will be returned to the module. Remember - Your scores will **NOT** be sent to your residency director nor will it be reflected in any of your evaluations.

If you would like to print the manual for module 3, please return to the [materials page](#) or print your pdf from the link below.
Introduction

“Anybody who believes that all you have to do to be a good teacher is to love to teach, also has to believe that all you have to do to become a good surgeon is to love to cut.”

Introduction

This quote emphasizes the important point that the desire to learn a skill does not equate to proficiency in performing a skill.

Mastering skills includes performing the task flawlessly under normal conditions and also being able to respond appropriately in the event of complications or equipment failure.
Introduction

Mastering a skill may take many attempts of performing it both correctly and incorrectly.

Evidence suggests that perfecting even basic skills may take at least 24 or more performances to master the skill.
Reflection

Reflect when you first learned a particular physical exam or procedural skill from a resident, attending or other teacher.
Reflection

What on this list did the “teacher” do well in order to help you learn that skill?

<table>
<thead>
<tr>
<th>Demonstrate enthusiasm</th>
<th>Broke down the skill into easy to follow steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was supportive</td>
<td>Provided feedback</td>
</tr>
<tr>
<td>Was organized</td>
<td>Allowed for my reflection</td>
</tr>
<tr>
<td>Assessed my comfort</td>
<td>Was professional</td>
</tr>
<tr>
<td>Demonstrated the skill</td>
<td>Demonstrated patience</td>
</tr>
<tr>
<td>Guided my performance</td>
<td>Assured patient safety</td>
</tr>
<tr>
<td>Communicated clearly</td>
<td></td>
</tr>
</tbody>
</table>

Created by Culberson, Dewey, Ismail, Friedland, Tejada-Simon & Turner. NIH Funded Relationship-Centered Transformation of Curricula, Baylor College of Medicine, 2006.
Reflection

In your reflection, your teacher probably demonstrated some and hopefully most of the characteristics of a good teacher listed in the previous table.

Each of these characteristics is essential to teaching psychomotor skills.

– Organizing your teaching
– Effective communication throughout
– Assessing the learner’s skill level
– Demonstrating and providing guidance
– Allowing for reflection and providing immediate feedback
– Assuring patient safety
– Teaching in a professional manner
Myth Buster

Many times you are asked to teach a skill that you may not have mastered yourself. The old “see one, do one, teach one” is a myth.

It is an unrealistic expectation to believe that you can master or correctly teach a skill after performing it only once.
Myth Buster

It is extremely important for you to reflect on how comfortable you are with a procedure so that you know when you should ask for help.

The more experience you have, the more comfortable you will feel.

Recall, it may require more than twenty times of performing a skill before you master the skill so allow yourself numerous performances before you teach the skill.
Myth Buster

That’s why Reznick et al in his 2006 NEJM article states that:

“Sheer volume of exposure… is the current hallmark in surgical training.”

~Reznick et al. NEJM 2006

Thus repetition and practice are key to performing and teaching psychomotor skills.
Goals

The goals of module 3 are:

1. To review organization in teaching.
2. To train residents how to teach psychomotor skills to students and peers using the 5-step model.
3. To provide reflection and practice opportunities on teaching psychomotor skills.
Objectives

After completing module 3, you should be able to:

1. List the three components of organized clinical teaching.
2. Describe the 5-steps involved in teaching psychomotor skills.
3. Describe the components of effective communication during teaching a procedure.
Agenda

In this module, we will cover the following:

1. Organizing teaching sessions
2. Steps for teaching psychomotor skills
3. Communication & feedback while teaching psychomotor skills
4. Summary
Practice & Demonstrations

The next few slides provide opportunities for either practice or demonstration of teaching psychomotor skills.

Click here to go through demonstrations.

Click here to skip demonstrations.
Example: Steps in BP

Break down steps of a procedure into large categories first, then individual steps.

The big steps in taking a blood pressure are as follows:

1. Position patient comfortably
2. Apply cuff to patients arm
3. Check for obliteration point
4. Measure blood pressure
5. Remove BP cuff
6. Document and provide patient with BP results
Example: Steps in BP

Once the big steps are defined, provide the individual steps that make up each big step in the series.

One efficient way of providing the smaller, individual steps is to use a check list.

The next slide provides an example of all the individual/smaller steps in each of the big steps of measuring the BP. Did you know there was this many steps in taking a blood pressure?
Example: Steps in BP

Position patient
- Patient seated, feet flat on the floor, are at heart level.
- Ask patient to remain silent.

Apply cuff
- Roll up or remove sleeve.
- Locate artery marking on cuff.
- Palpate brachial artery
- Line up cuff marking and artery
- Wrap cuff snugly around arm and Velcro into place

Check for obliteration point
- Close insufflation bulb valve.
- Palpate radial artery
- Inflate cuff until the radial pulse is obliterated.
- Note number on sphygmomanometer and deflate cuff by releasing the insufflation valve.
- Document the pulse obliteration point.

Measure blood pressure
- Place stethoscope in ears and diaphragm on brachial artery.
- Close valve and insufflate the cuff.
- Insufflate the cuff to 20 mmHg above the pulse obliteration point.
- Slowly release the pressure on the insufflation valve by no more than 2 mmHg per second.
- Note the point on the meter in which you hear the first Korotkoff noise.
- Continue deflating the pressure.
- Note the point in which the transition to the last Korotkoff noise is made.
- Release the pressure by opening the insufflation valve.
- Remove stethoscope.

Remove cuff
- Remover BP cuff.
- Assist patient in covering arm.

Document & provide patient measure
- Document the BP in systolic and diastolic numbers as mmHg.
- Discuss results with patient
Teaching PE & Procedures

• End demonstration of module 3.
RATL Demonstration

Click here to select module and go at your own pace

Module 0: RATL Introduction
Module 1: Professional Identity
Module 2: Teaching 101
Module 3: Teaching PE & Procedures
Module 4: Evaluation & Feedback

Home

End
Module 4:
Evaluation and Feedback

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Goals

Our goals for Module 4 are that participants will review the general concepts of learner assessment, written evaluations and providing effective feedback to learners.
Objectives

By the time you complete this module, you should be able to:

1. Explain the difference between formative and summative feedback and evaluation.
2. List the ACGME resident and BCM student competencies.
3. List at least three characteristics of effective feedback.
4. Practice giving feedback to a learner based on case scenarios.
5. Practice writing a learner evaluation
Agenda

In module 4 we will cover the following:

1. Definitions of evaluation and feedback
2. Assessment of learners
3. Providing feedback to learners
4. Writing learner evaluations
Imagine yourself as a chef in a top fancy restaurant and you are cooking for a food critic for the local newspaper in your town—a very important person.

As you are preparing your dish, you periodically assess the taste of your soup and make changes by adding more ingredients based on your assessment.
Evaluation and Feedback

You also ask a few colleagues in the kitchen to assess the taste of your soup and you make adjustments based on their objective opinion.

What has just happened? The first important step here is to gain an understanding of how the soup is progressing as compared to your standard soup – this is assessment.
Evaluation and Feedback

The second important step is seeking an assessment from others in order to improve the soup – this is asking for feedback.

After hearing the comments of other chefs, you contemplate for a while if and how to make your adjustments – this is reflection.

Now your soup is ready to be served and judged by the food critic.
Evaluation and Feedback

You try to make assumptions on how they like it based on their facial expressions as they taste the food.

However, you must await the final judgment in tomorrow’s newspaper - this is a written evaluation.
Evaluation and Feedback

This process of assessment, providing feedback, reflection and evaluation are the key ingredients to evaluating and providing feedback to learners.

It should be something sought after and used to enhance learners knowledge, attitudes and skills. It should be provided during and after every rotation.
Evaluation and Feedback

**Evaluation**: The process of making qualitative judgments or value statements about a person’s work or performance in comparison to their expectations.

**Feedback**: A verbal summary of a learner’s performance that is based directly on an observed performance. It is given in an attempt to improve behavior.
Evaluation and Feedback

There are two (2) basic purposes of evaluation and feedback:

1) To assess learners.
2) To provide a means for changing behavior to prevent repeated errors.
Evaluation and Feedback

There are two (2) major types of evaluation and feedback:
- Formative
- Summative

There are two (2) major foci of evaluation and feedback:
- Attitudes
- Behavior or performance
Evaluation and Feedback

**Formative** – means during the teaching encounter or “on the spot.”

**Summative** – means at the end of a teaching rotation or training period.

Both evaluation and feedback can be either formative or summative.
Question

Explain the difference between feedback and evaluation.

(Click here for the answer)
Answer

**Evaluation**: The process of making qualitative judgments or value statements about a person’s work or performance based on their expectations.

- Making a judgment on how learners do

**Feedback**: A verbal summary of a learner’s performance that is based directly on an observed performance. It is given in an attempt to improve behavior.

- Telling learners what they did well
- Telling learners how to improve
Evaluation and Feedback

First let’s focus on evaluation and feedback during day to day teaching activities – or _formative_ evaluation and feedback.

We will then return to evaluation and feedback at the end of the rotation – _summative_ evaluation and feedback.
Formative Evaluation and Feedback

The 6 core ACGME competencies are:

1. Professionalism
2. Medical knowledge
3. Patient care
4. Systems-based practice
5. Interpersonal communication
6. Practice based learning and improvement

Baylor added a 7th core competency graduation goal for their students - leadership.
Formative Evaluation and Feedback

The student objectives and core competency graduation goals can be found on the RATL resource page.

We suggest you familiarize yourself with the competencies because these are the standards that your teachers are using to assess your performance and how the school assesses their graduating students.
Competencies

Competencies are the outcomes and measures the student should achieve. We use competencies to assess how well a student has done – how competent they are for a given area of knowledge, skill or attitude.

Both residents and students have competencies based on the ACGME topics.
Competencies

The student objectives and core competency graduation goals can be found on the RATL resource page.

We suggest you familiarize yourself with the competencies because these are the standards that your teachers are using to assess your performance and how the school assesses their graduating students.
Competencies

Click on the link below to view and/or print the pdf of the ACGME core competencies and examples of each. You may also print them from the RATL resource page.

Add hyperlink to pdf
Competencies

As a reminder, the 6 core competencies are:

1. Professionalism (PRO)
2. Medical knowledge (MK)
3. Patient care (PC)
4. Systems-based practice (SBP)
5. Interpersonal communication (ICS)
6. Practice based learning and improvement (PBLI)

Use these abbreviations for the following matching game.
<table>
<thead>
<tr>
<th>Task Description</th>
<th>Core Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively and demonstrate caring and respectful behaviors...</td>
<td>PC, PRO</td>
</tr>
<tr>
<td>Counsel and educate patients and their families...</td>
<td>PC, PRO, SBP</td>
</tr>
<tr>
<td>Know and apply the basic and clinically supportive science...</td>
<td>SBP</td>
</tr>
<tr>
<td>Facilitate the learning of students and other healthcare professionals...</td>
<td>PRO</td>
</tr>
<tr>
<td>Apply knowledge of study designs and statistical methods...</td>
<td>PRO, MK</td>
</tr>
<tr>
<td>Use effective listening skills...</td>
<td>PRO</td>
</tr>
<tr>
<td>Work effectively as a member or leader of a health care team...</td>
<td>MK</td>
</tr>
<tr>
<td>Demonstrate compassion, respect and integrity...</td>
<td>MK</td>
</tr>
<tr>
<td>Practice cost-effective care and resource allocation...</td>
<td>MK</td>
</tr>
<tr>
<td>Know how to partner with health care managers...</td>
<td>MK</td>
</tr>
<tr>
<td>Know how types of medical practice and delivery systems differ...</td>
<td>MK</td>
</tr>
</tbody>
</table>
# Answers

How did you do? The answers are below.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
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<td>SBP</td>
</tr>
<tr>
<td>Know how types of medical practice and delivery systems differ</td>
<td>SBP</td>
</tr>
</tbody>
</table>

Patient care; medical knowledge; practice-based learning & improvement; interpersonal communication skills; professionalism; systems-based-practice

Created by Culberson, Dewey, Ismail, Friedland, Tejada-Simon & Turner. NIH Funded Relationship-Centered Transformation of Curricula, Baylor College of Medicine, 2006.
Examples of Effective Formative Feedback

Example 1 (Pediatrics – Physical Examination)
Example 2 (Medicine- History Presentation)
Example 3 (Surgery – Suturing skills)
Example 4 (Psychiatry – Patient counseling)
Example 5 (Family Medicine - Professionalism issue)

If you do not have sound capabilities, click here to read the feedback provided for each scenario.

Created by Culberson, Dewey, Ismail, Friedland, Tejada-Simon & Turner. NIH Funded Relationship-Centered Transformation of Curricula, Baylor College of Medicine, 2006.
RATL Demonstration

• We hope you enjoyed the demonstration of the RATL program for medical students and early residents.

• Remember, these modules are self-learning but should be paired with interactive hands-on training sessions for the best outcomes.
RATL Demonstration

If you are interested in learning more about the RATL program, please contact me at:

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RATL Demonstration

Click here to select module and go at your own pace

Module 0: RATL Introduction
Module 1: Professional Identity
Module 2: Teaching 101
Module 3: Teaching PE & Procedures
Module 4: Evaluation & Feedback

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