Teaching Up the Ladder: Strategies for Meeting Your Trainees' Clinical Learning Needs at Every Level

Role-Play Exercise

Instructions:

- 1. As a group, choose 1 case for role play.
- 2. Determine roles.
- 3. Determine which trainee (student, intern #1 or intern #2) presented the case.
- 4. Attending will facilitate debrief using some of the techniques discussed.
- 5. Debrief on the role play.
- 6. Choose another case and change roles.

Potential Participants for Role Play:

- Attending (facilitator)
 - Your trainee has presented a SOAP note to the team. You're tasked with teaching the team during rounds.
- Medical student
 - You are a new student starting on rotation today. You excelled during your preclinical years but don't have much experience taking care of patients. You're eager to learn about anything.
- Intern #1
 - You're starting to get the hang of managing multiple patients and handling crosscover calls during rounds. You're ready for more responsibility.
- Intern #2
 - You've been on service 10 days straight and you're tired. You're very stressed and trying to field multiple calls for your complicated patients while on service. You just want to get through rounds quickly since you have so many intern tasks to complete.
- Resident
 - You're bored and burned out. You're going into a different subspecialty and aren't interested in rounding right now. You're excited about graduating in a few months.
- Interdisciplinary Team Member (i.e. nurse, pharmacy student, social worker)
 - You're eager to participate in the conversation and feel you can add some additional perspective since you've spent a lot of time with the patient.

Teaching Up the Ladder: Strategies for Meeting Your Trainees' Clinical Learning Needs at Every Level Patient Cases

Scenario #1: 50 y/o w/ a h/o tobacco abuse who presents with a COPD exacerbation

You are seeing a patient admitted to your service with a COPD exacerbation. The patient is a 60 yo man with a history tobacco use, ESRD and polysubstance abuse who presents with wheezing, dyspnea and was found to have a COPD exacerbation. The patient is currently stable on prednisone and a LABA/LAMA regimen and will likely be discharged in one to two days.

Scenario #2: 65 y/o with newly diagnosed metastatic pancreatic cancer

You are seeing a patient admitted to your service for nausea, vomiting and weight loss. CT scan shows evidence of metastatic pancreatic cancer. The patient is also complaining of significant abdominal pain and just wants to go home and be with her family. Her nausea and emesis remain poorly controlled on her current anti-emetic regimen. The patient is not aware of her diagnosis right now.

Scenario #3: 20 y/o here w/ a GI bleed

You are seeing a patient admitted to your service with Hep C cirrhosis, type 2 DM and EtOH abuse who presents with hematemesis. Overnight, the patient had two episodes of melena. Vital signs are currently BPs 90s/50s, HR 130. GI has been consulted for further evaluation.