

MedEdPortal: Instructor's Guide

"Resident-Guided Case Discussions in Reproductive Endocrinology & Infertility"

- A. Resources:** the following case files are included in Word format
- a. Instructors Guide Case_Based.
 - b. REI_case_1_A
 - c. REI_case_1_B
 - d. REI_case_1_C
 - e. REI_case_1_D
 - f. REI_case_1_reading list
 - g. REI Case 1_mentor answer key
 - h. REI_case_2_A
 - i. REI_case_2_B
 - j. REI_case_2_C
 - k. REI_case_2_D
 - l. Case 2 Reading List
 - m. REI Case 2_mentor answer key
 - n. REI_case_3_A
 - o. REI_case_3_B
 - p. REI_case_3_C
 - q. REI_case_3_D
 - r. Case 3 Reading list
 - s. REI Case 3_mentor answer key
 - t. REI_case_4_A
 - u. REI_case_4_B
 - v. REI_case_4_C
 - w. REI_case_4_reading list
 - x. REI Case 4_mentor answer key
 - y. Teaching_Learning Evaluation
 - z. Global ACGME Evaluation
- B. Uses**
- a. These cases are assigned to a novice learner to review. A 30-minute time period is set aside for reviewing the case. A senior teacher (resident, fellow, faculty) will then 'teach' the novice learner in that topic with attention to detailed questions in the case, associated topics, evidence-based evaluation and treatment and cost-effectiveness of the proposed management.
 - b. The cases are independent and may be used in any order.
 - c. If a resident or fellow is in the teaching role, a supervising faculty member should observe and be available to assist with learning and teaching in the case. This supervising faculty member should evaluate the effectiveness of the teaching and learning experience. A 'Mentor Answer Key' is included with each case to aid in discussion of the specific questions.
 - d. At the conclusion of the case, evaluations are completed and immediate feedback is given learner to teacher, teacher to learner and faculty supervisor to both learner and teacher.

- e. Learners and teachers formally evaluate each other following completion of the case based on ACGME competencies of Patient Care, Medical Knowledge, Interpersonal Communication Skills, Practice-Based Learning & Improvement. The faculty supervisor also formally evaluates the senior resident in the same categories.

C. Goals

- a. To allow both learners (medical students, junior residents) and teachers (senior residents, fellows) to improve their comfort with core concepts in Reproductive Endocrinology & Infertility
- b. To provide opportunities for medical trainees to explore ACGME competencies in clinical cases outside of the clinical arena
- c. To allow senior instructors (residents, fellows) the opportunity to formally gain educational skills by teaching clinical concepts in a supervised environment while enhancing their own knowledge of REI concepts.

D. Conceptual Background: Clinical experience in Reproductive Endocrinology & Infertility is variable among residents. Structured case-based learning allows gynecology trainees to be exposed to a core of common concepts in Reproductive Endocrinology. It improves their Patient-Based Care, Communication Skills, and Systems-based practice patterns, in addition to allowing acquisition of Medical Knowledge. Furthermore, this opportunity allows senior gynecology trainees to gain supervised teaching experience.

E. Practical Implementation Advice

- a. These novice level cases are designed to be reviewed with the ‘teacher’ in a 30 minute timeframe.
- b. Each learner will be required to prepare for the case and read the recommended Reading List. Included are two evaluation forms. The ‘Teaching/Learning Evaluation’ is designed to facilitate an immediate 360-degree evaluation of the educational experience from the standpoint of the learner, the teacher and the faculty supervisor. A second evaluation form, ‘Global ACGME Evaluation’ addresses appropriate ACGME competencies attained during this activity.
- c. The cases are independent. One or more cases can be assigned to the learner/teacher pair.

F. Deployment/Tips for Success

- A. Numbers of participants – this instructional experience has been used in the education of junior and senior gynecology residents over the last year in the Department of OB/Gyn at the University of Washington. The participants include one novice learner, one senior gynecology trainee who serves as the ‘teacher’ and a supervising faculty member.
- B. Performance expectations, anticipated management mistakes:
 - 1. Most novice learners appropriately review the case. The ‘teacher’ (with faculty assistance when needed) can guide them in the important evidence-based and cost-effective treatment of common issues encountered in Reproductive Endocrinology & Infertility

2. The faculty supervisor is essential to maximize the educational value of each clinical case, verify that the content is accurately taught and ensure valid clinical judgment. Each case includes a 'Mentor Answer Key' to aid in the discussion of the specific questions. This will allow both the learner and the teacher benefit maximally from this exercise.
- C. Evaluation forms for participants: participants receive immediate debriefing of their case management. Both parties are evaluated for their preparation, medical knowledge and clinical judgment. Particular attention is paid to giving the 'teacher' feedback on their teaching methods, clinical judgment and preparation/baseline knowledge.
- G. Limitations:** As for any case-based learning experience, it is difficult to anticipate how each trainee will approach these clinical scenarios. Uncertainty in management of these clinical cases is best addressed in the individual encounter by the learner, the senior trainee 'teacher' and supervising faculty mentor. In the event of an unclear evaluation or management plan, trainees are very often expected to review the literature to more clearly guide an appropriate action plan (practice-based learning and improvement).