

TTC Pre-Rounding Session: Facilitator Guide

Purpose of Session:

- Help M2s practice pre-rounding prior to starting on the wards
- Session will be a refresher on their previous MiChart training
- Not intended to be a Q&A about clinical year, however, feel free to answer questions especially with extra time

Before the session:

- Review facilitator guide
- Make sure you can access practice environment and that screen sharing works
- Contact your co-facilitator (if applicable) and choose who will screen share and how you would like to do practice presentations

Must Cover:

- Content of SOAP presentation- ask them to list these so you have an idea of where they are
- Where to find necessary information for pre-rounding, following a template
- Have them go through pre-rounding process with the practice patient
- Video Visits: https://www.youtube.com/watch?v=5kbKdwe_6CU&feature=emb_title
 - Depending on how much time you have, you can show this video
 - Please also be sure to put the link in the chat for students to access at a later time

General Session Outline:

5 min- introduce yourself, give them a quick outline of what you'll be doing

10 min- Log into Practice Environment (have them do this with you so that they can follow along in your explanations)-

15 min- demonstrate useful tabs following a pre-rounding template (here) as a guide

30 min- students practice pre-rounding on a specific patient

15 min- Either in groups or as a larger group, practice translating pre-rounding into a presentation

Can use breakout rooms vs. larger group

Additional things you could cover if time allows:

- How to steal a template from other people
- Notes- how to start/share
- Wrench in specialty specific important tabs in MICHART (not the practice environment)
 - **Purpose:** this will allow students to make changes in their own MiChart (so that they stick) without breaking HIPAA
 - [INSTRUCTIONS](#)
- Answer as many questions as you want to about clerkship year in general, if you don't have time, let them know that they can contact their track advisors.

MiChart Best Practices:

- If on an inpatient service, always access your patients from your team's list- this allows you to see their inpatient data and flowsheets (ie- don't use the "chart" search function)

Take Home points (this is a list of thoughts that a group of facilitators from last year came up with- no need to use it, but just including for reference):

1. It is okay to be anxious about presenting, it is okay to mess up, it is okay to be wrong.
 1. We all remember the nerves associated with presenting early on in clinical year. Now that we have been through it, we can help to normalize the anxiety and remind the new M2s that no one presentation is going to define the rotation.
 2. The goal should be to improve over the time on any given service.
 3. Commit to a plan- even if you are wrong, you will learn from being wrong
 4. "Pimping" is designed to test the edge of your knowledge and push you to expand your understanding. The best attendings will ask you increasingly difficult questions until you start getting things wrong and that is okay! That means that they respect your fund of knowledge enough to push you out of your comfort zone.
2. **SOAP to start, but be flexible.** SOAP style presenting should be the general default, but remind students that presentations will vary based on attending and service. Other team members might interrupt presentations, have more information available than you, say something important that you planned on saying later in the presentation, etc. No one is trying to steal your thunder, we all just approach presentations slightly differently. The more adaptable you can be, the easier it will be to feel successful.
3. **Stay in your lane.**
 1. It is really easy to compare yourself to how others in your cohort are doing with their presentations. We all have different styles and strengths. You will be happier and healthier if you try to focus on improving your own work/presentations day to day as opposed to competing with your peers. Your evaluations are based on so much more than just your presentations, and you will be surprised at how much weight is given to seemingly intangible factors like how well patients respond to you, how often you take a late admission to help out the team, the presence and support you provide in the team room, etc.
 2. **Find a pre-rounding system that works for you.** You don't need to do exactly what your peers are doing. You will notice even the residents have different ways of pre-rounding. Find a system that works for you and a way of organizing the information that helps you be efficient in the morning and allows listeners to follow your presentations.
4. **Don't be a jerk.**
 1. Let the person who is presenting the patient be the expert. Don't jump in and answer questions about other students' patients unless the question is opened up to the group. You will have plenty of opportunities to get questions right about your own patients.

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2. Teams notice when the med students get along and work together. If you find a good team dynamic, it will help everyone enjoy the rotation more and quite frankly, help your evaluations.