Resident Comments & Instructor Feedback

A Step-by-Step Guide

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You are currently in the GTP Demonstration Module.

PEDIATRIC CARDIOLOGY/TRIPLER ARMY MEDICAL CENTER/PEDIATRIC CARDIOLOGIST/GTP PACIFIC DIRECTOR/OVERFLIGHT APPROVER (NGUYEN, CHARLIE) 3 MAY 2025 09:08 HST TYPE: CLINICAL CHANGE COMMENT TYPE DEACTIVATE PRINT 2

I have read and reviewed the information above.

Aloha,
I'd like to get some more details on this patient's presentation.

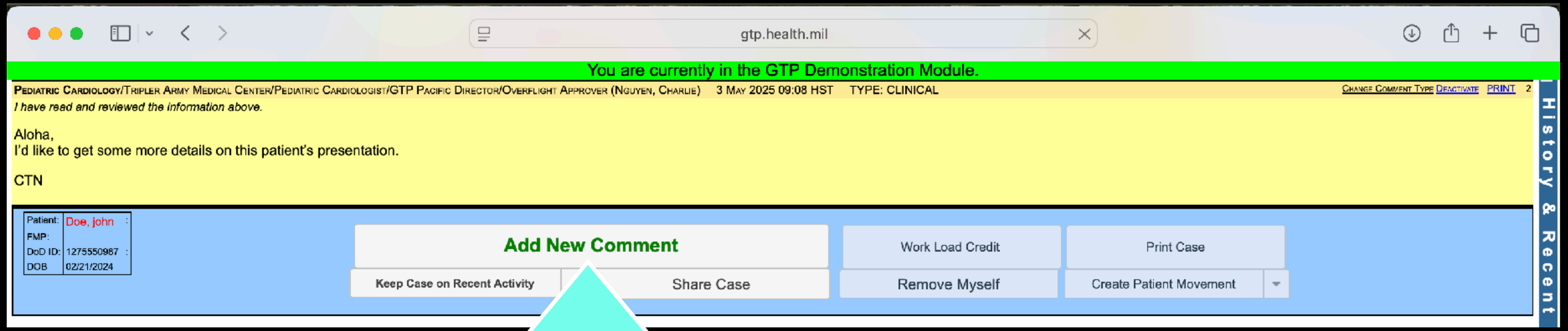
CTN

Patient:	Doe, john
FMP:	
DoD ID:	1275550987
DOB	02/21/2024

Add New Comment | Work Load Credit | Print Case

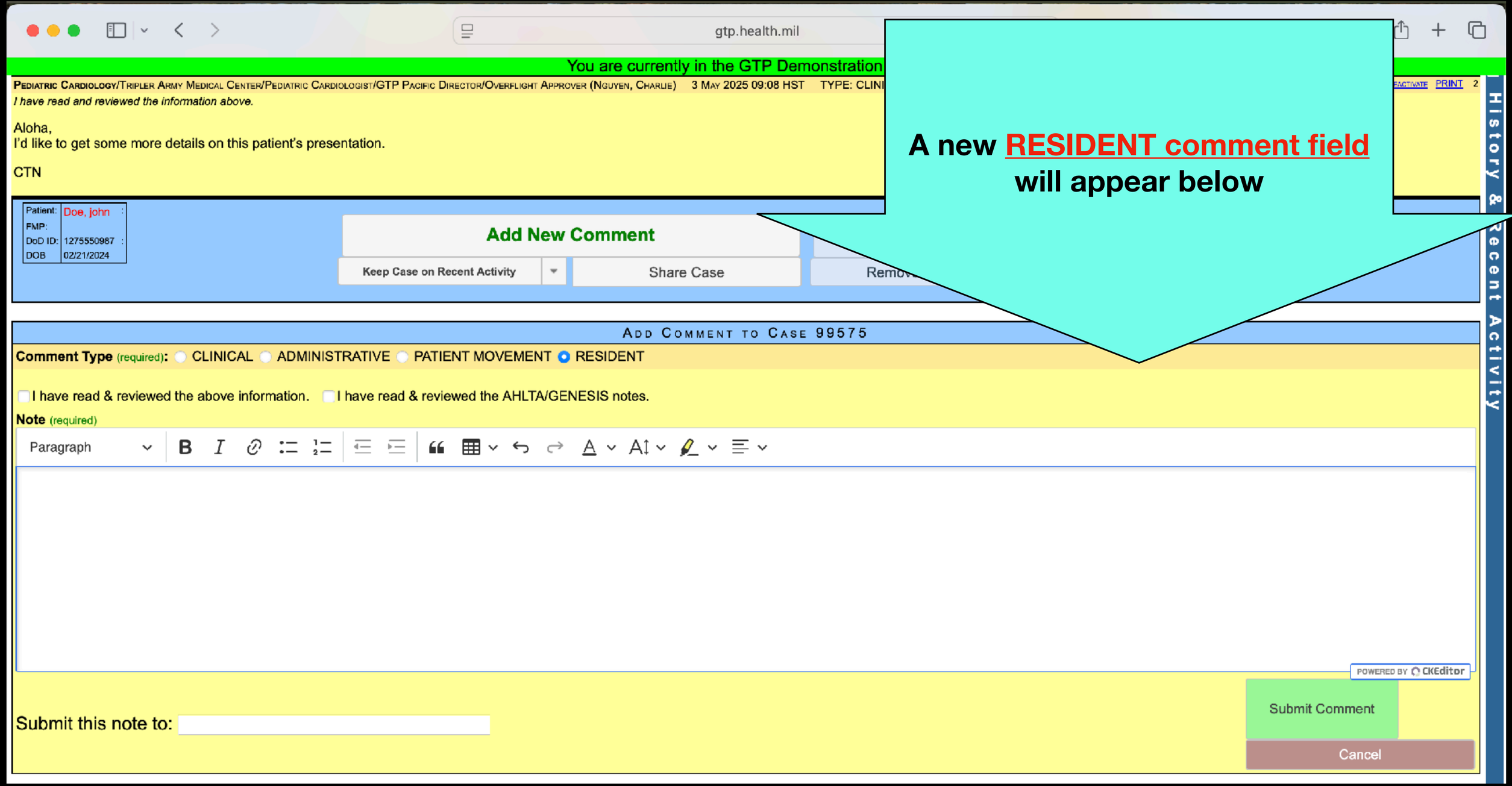
Keep Case on Recent Activity | Share Case | Remove Myself | Create Patient Movement

History & Recent



Once the resident gets access the case, s/he should:

1. Scroll to the bottom of the message
2. Click on the “Add New Comment” link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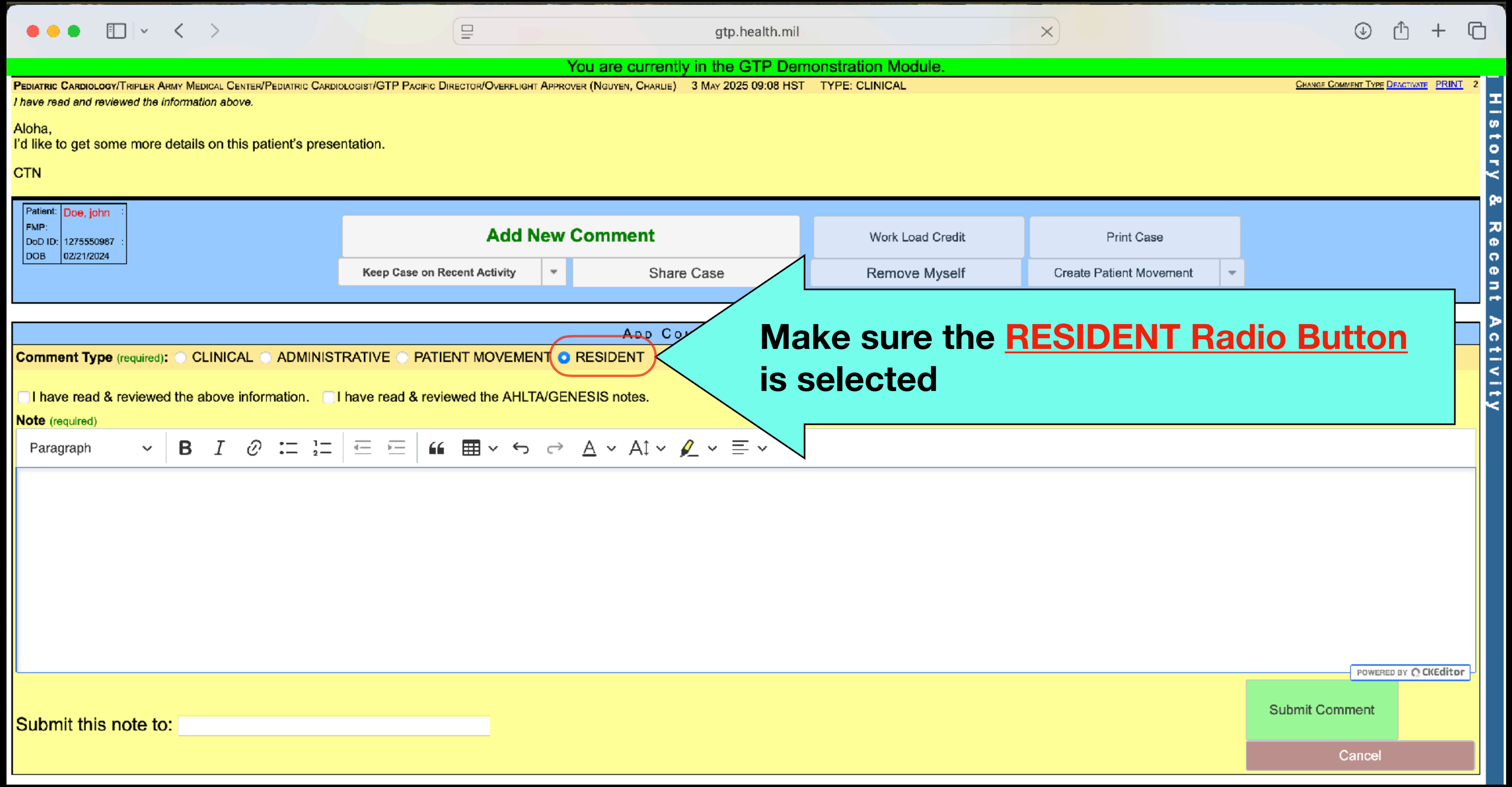
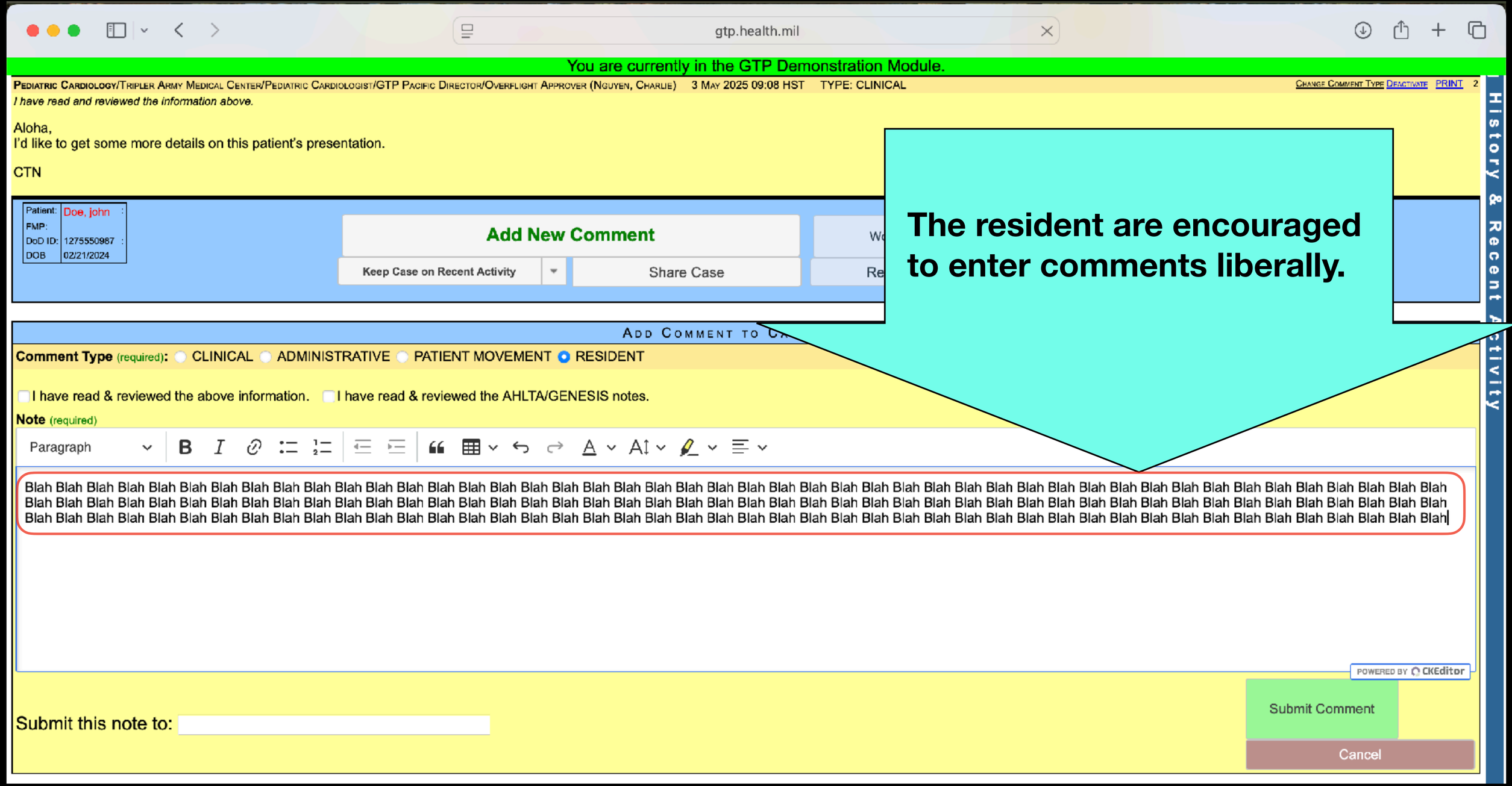
DOB 02/21/2024
Add New Comment
Keep Case on Recent Activity
Share Case
Remov
History & Recent Activity
A new RESIDENT comment field
will appear below
ADD COMMENT TO CASE 99575
Comment Type (required): CLINICAL ADMINISTRATIVE PATIENT MOVEMENT RESIDENT
I have read & reviewed the above information.
I have read & reviewed the AHLTA/GENESIS notes.
Note (required)
Paragraph
POWERED BY CKEditor
Submit this note to:
Submit Comment
Cancel



Make sure the RESIDENT Radio Button is selected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Paragraph | B | I | link | bullet list | numbered list | outdent | indent | blockquote | table | undo | redo | font color | font size | highlight | alignment

Blah Blah Blah

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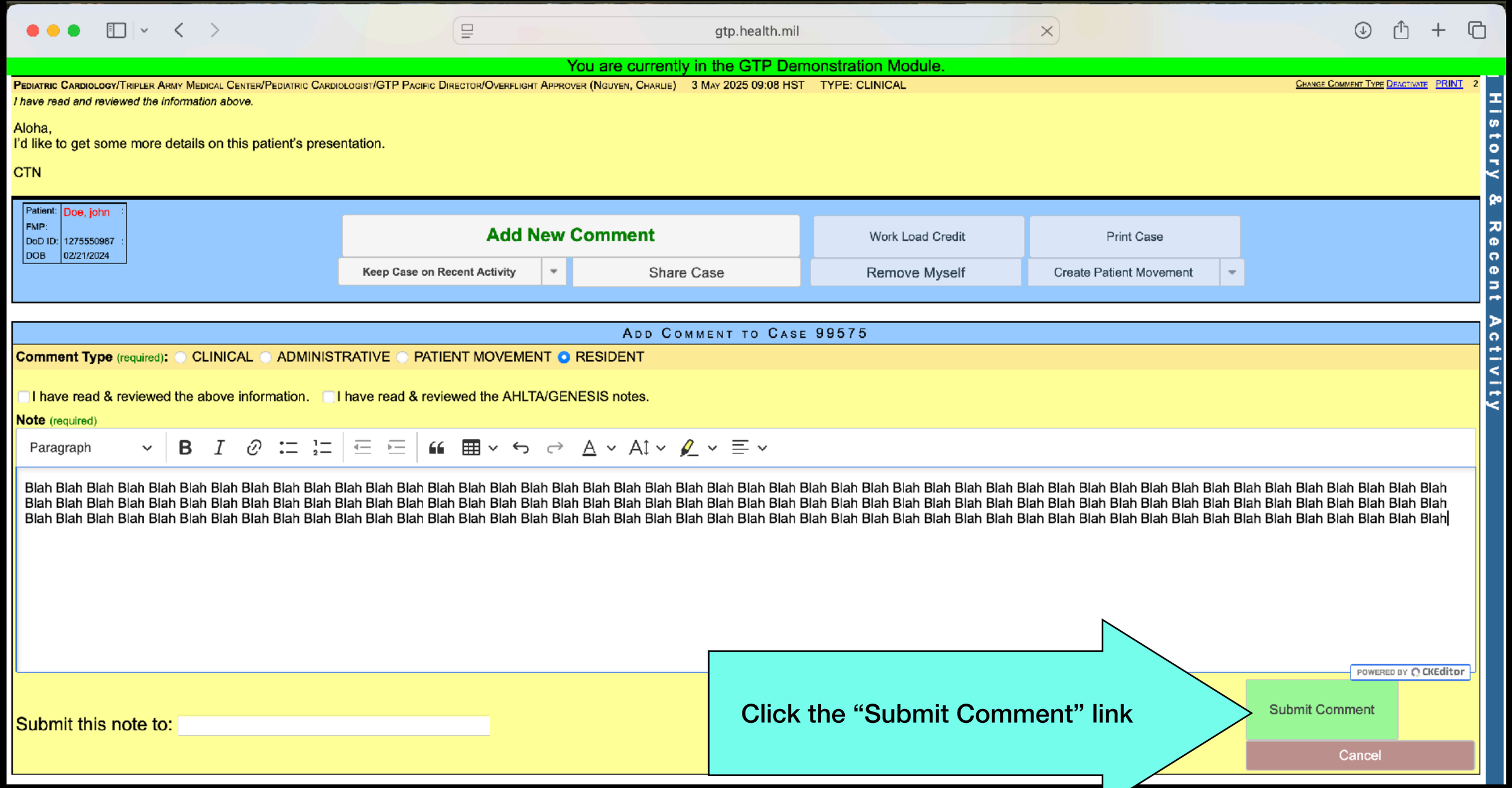
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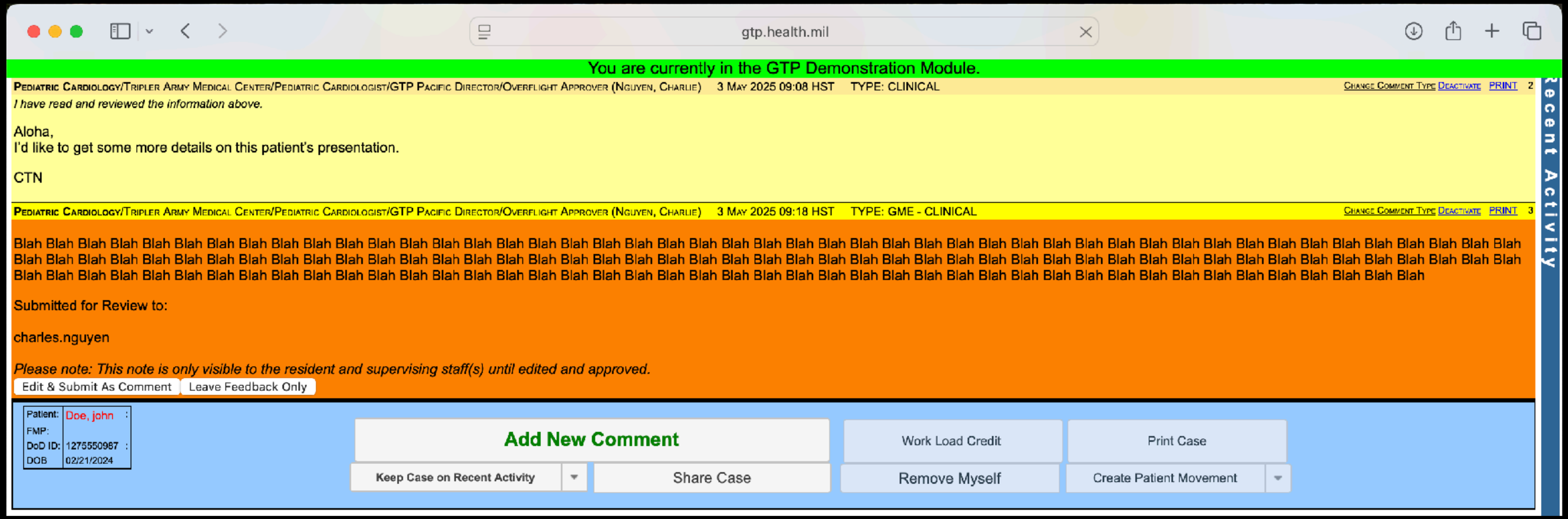
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Change Comment Type Deactivate PRINT 3
Blah Blah Blah

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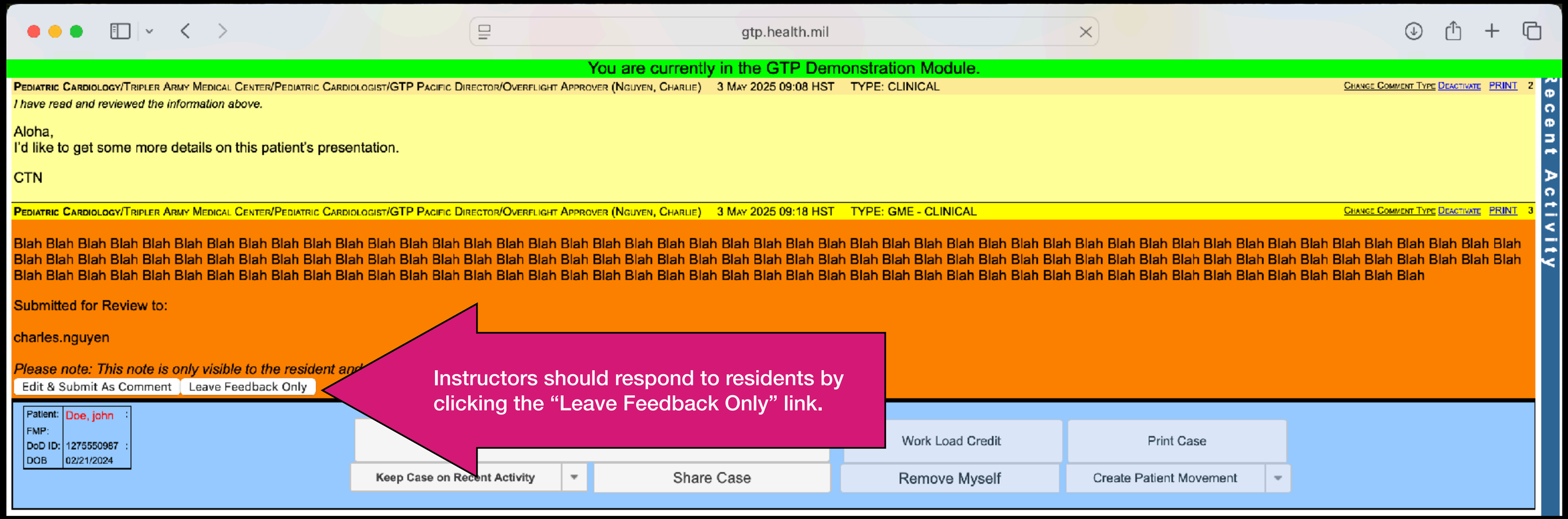
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Change Comment Type Deactivate PRINT 3
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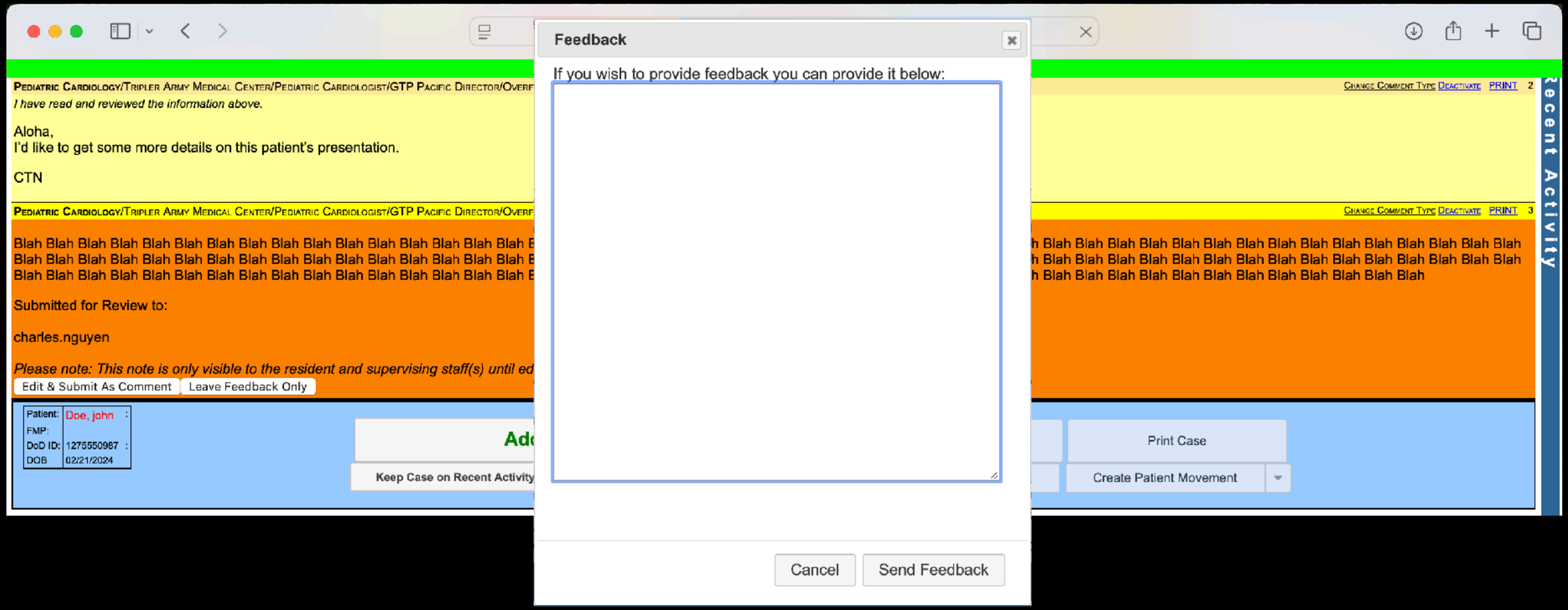
The Feedback Window



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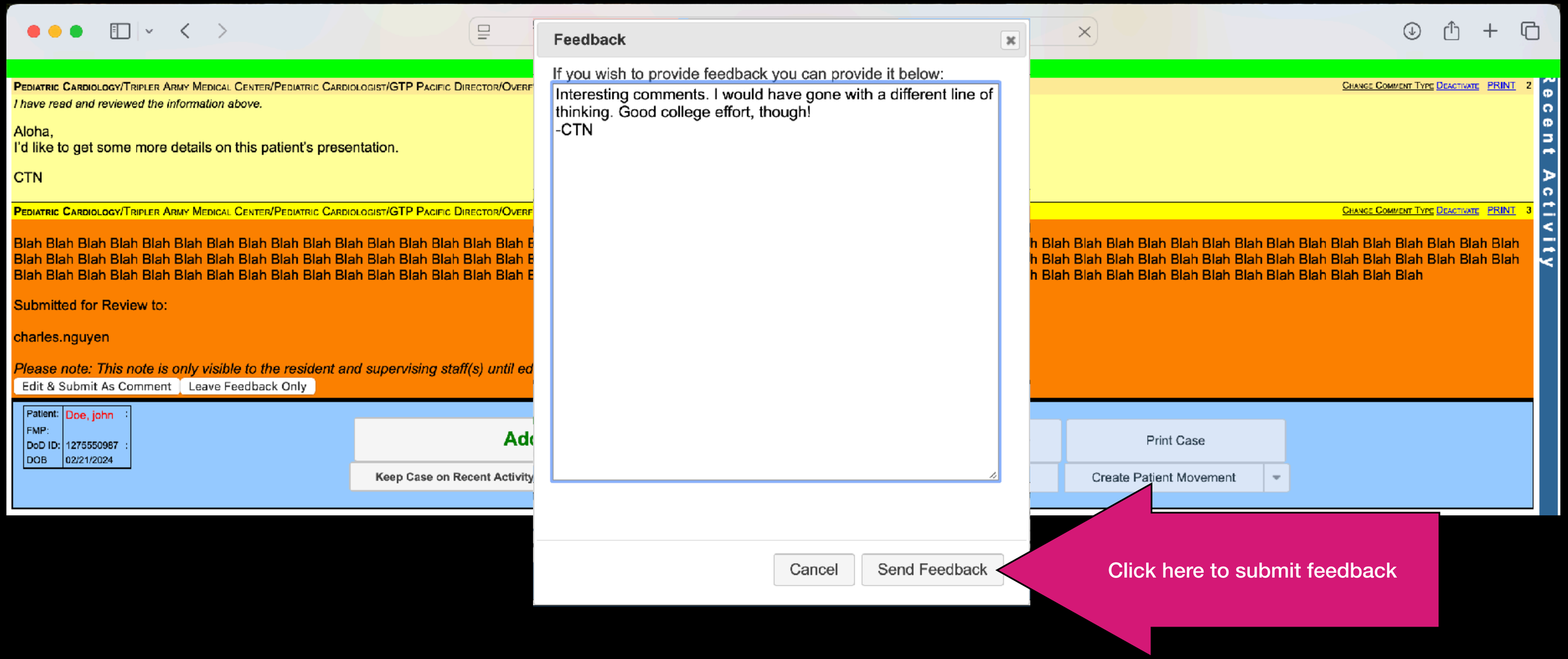

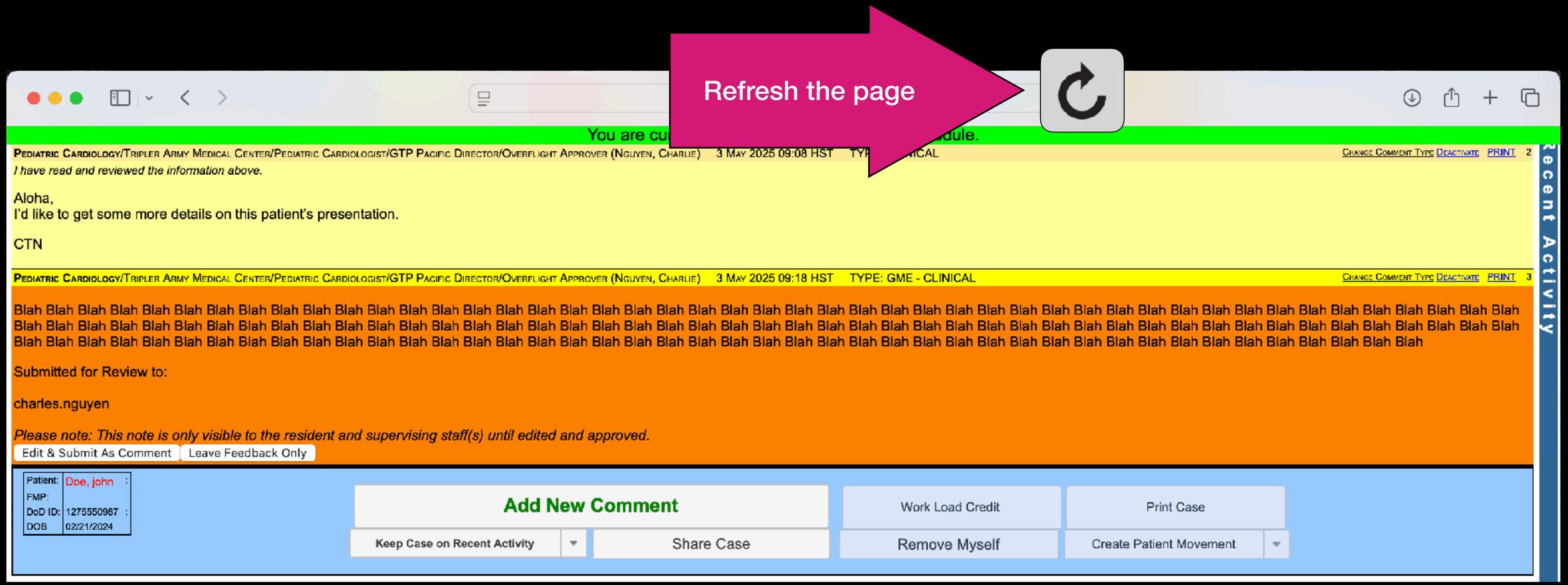
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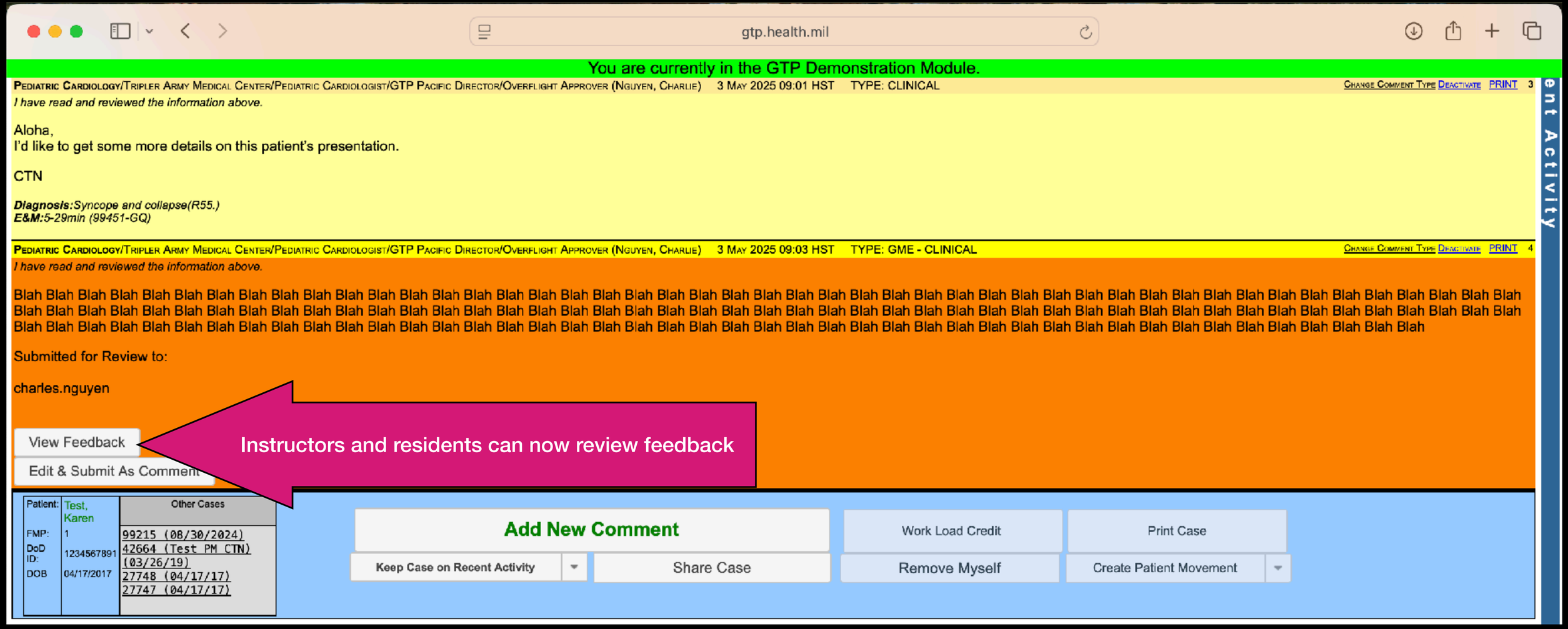
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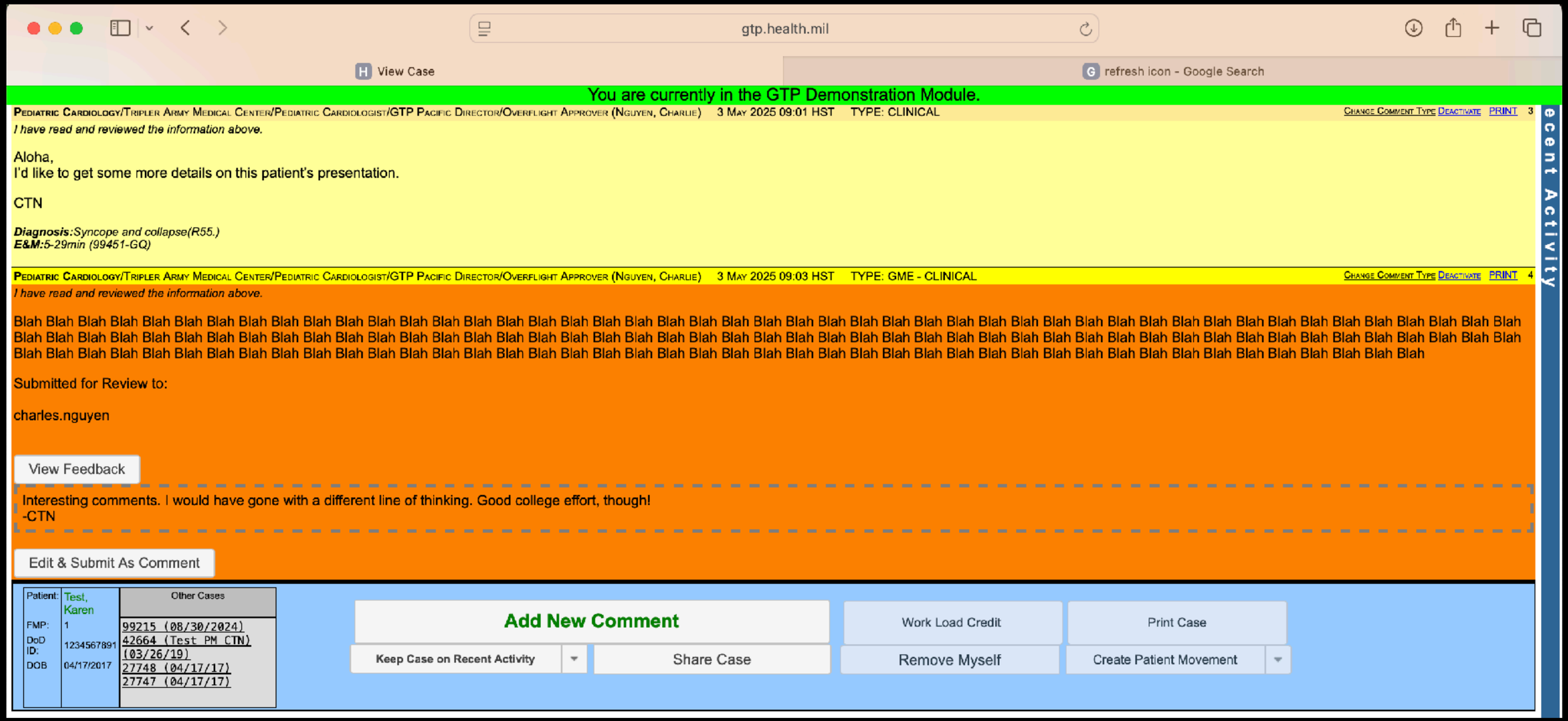
Diagnosis:Syncope and collapse(R55.)
E&M:5-29min (99451-GQ)
Pediatric Cardiology/Tripler Army Medical Center/Pediatric Cardiologist/GTP Pacific Director/Overflight Approver (Nguyen, Charlie) 3 May 2025 09:03 HST TYPE: GME - CLINICAL
Change Comment Type Deactivate PRINT 4
I have read and reviewed the information above.
Blah Blah Blah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View Case
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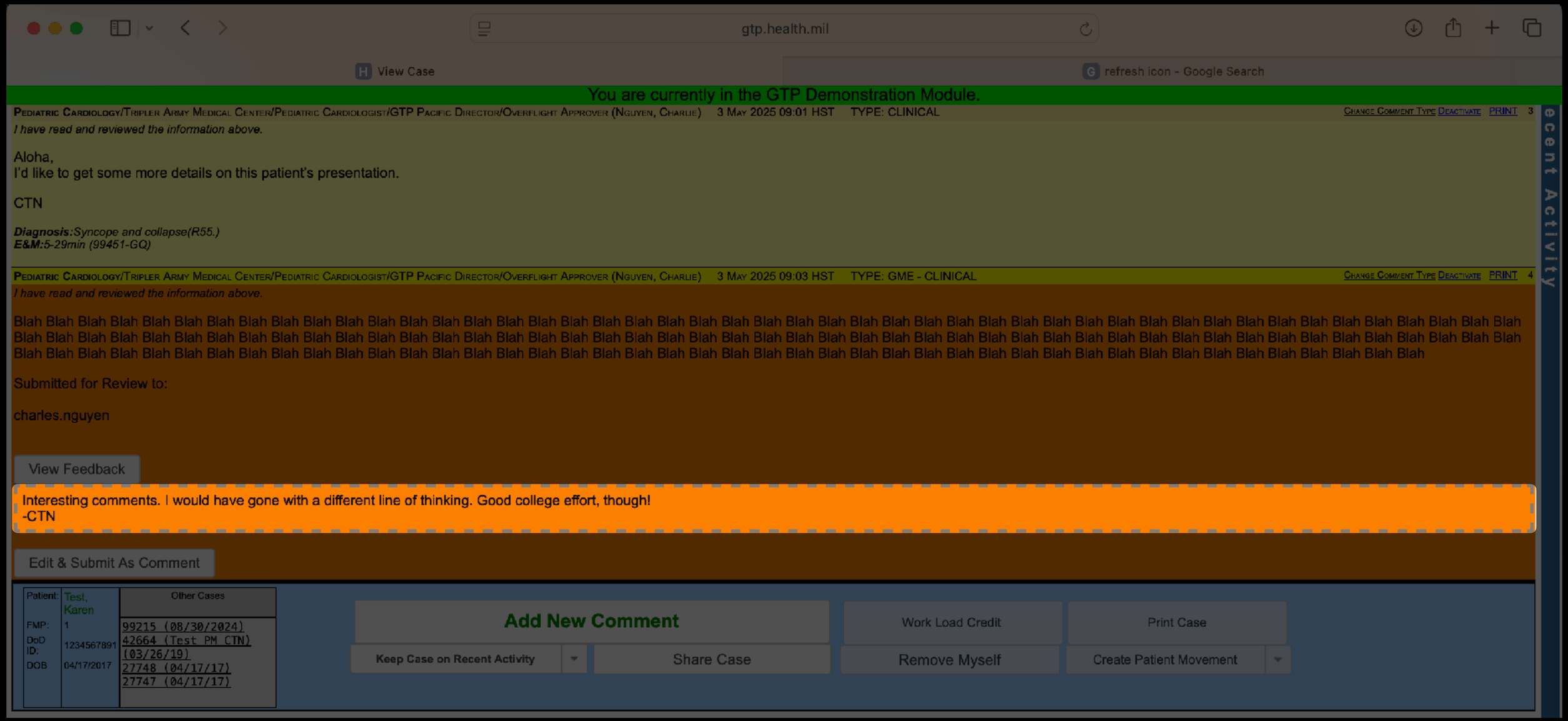
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Blah Blah Blah

Final Points:

1. Many of the cases on GTP are generated by junior providers who are 1-2 years out of training
2. As a result, many of the cases involve “bread and butter” topics that residents are likely to see after they graduate
3. Therefore, GTP is a legitimate source of case exposure for residents and helps to fulfill the ACGME requirements
4. Resident comments can take on a variety of forms:
    - Responding to the sending provider and simulating the role of the subspecialist
    - Asking questions to the assigned instructor (i.e., attending physician)
    - Posing thoughts or reflections on the case: *I always thought that the thyroid was a mythical organ.*
    - Posting and/or citing up-to-date literature on the topic pertinent to the case
    - Providing respectful critiques about how the consultation was presented
5. Residents should feel free to post anything they want as long as their comments are <u>THOUGHTFUL AND RESPECTFUL</u>
6. Resident comments and instructor feedback is NOT visible to the sending provider
7. So as instructors respond to resident comments, it will serve as a parallel line of communication dedicated to GME
8. Unlike other modes of teaching, this function also saves the comments and serves as proof that teaching/learning took place