

Teaching in the Hospital Setting



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I have nothing to disclose.



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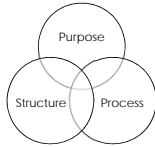
Objectives

1. Describe strategies for teaching in the hospital/in-patient setting.
2. Describe teaching and logistical strategies to enhance bedside teaching rounds.
3. Describe how specific teaching strategies (e.g. 5 Microskills, Wait-time, RIME framework) can be utilized to enhance instruction and learning in the hospital setting.
4. Describe how knowledge of teacher and learner "personality type" can be used to enhance the effectiveness of bedside teaching rounds.

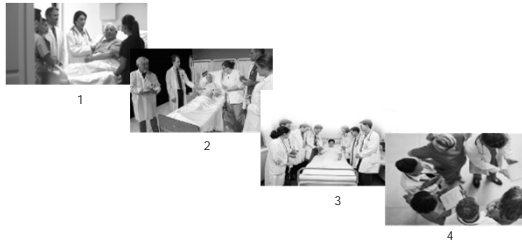
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Implications of Literature for Rounds

- Rounds need clear purpose (purpose of rounds vs not purpose of rounds.)
- Rounds need clear structure congruent with clear purpose.
- Teacher-student interaction (process) focused on purpose.



What Do You See?



Tips for Bedside Teaching (Rounds)

1. Review the patients and think about the main thing you want learners to learn from each patient to be seen.
2. Relative to each patient, think about what different learners (residents, students) can learn from examining and interacting with the patient.
3. Tell learners the plan for rounds and inform them about certain things that should or should not be discussed with particular patients.
4. Patients need to be told the purpose of the visit is for teaching and the patient is welcome to ask questions.
5. Remind all team members that rounds are a great time for everyone to role model good communication skills and always talk in a way that makes the patient feel included.

Tips for Bedside Teaching (Rounds)

- 6. Teach (e.g. ask questions, make points, etc.) but do not humiliate team members.
- 7. Before going to the next patient summarize some things learned or have learner(s) summarize.
- 8. Remind everyone to jot down questions or points they need to make that should be discussed in a post round setting instead of in the presence of a patient.
- 9. Reflect on how rounds went and make notes for improvement.
- 10. Always be a model of what you want learners to do. (Be a model.)

"All I can teach you is what I know."



Rounds Improvement Process



Plan



Do



Review

References on Bedside Teaching

- Twelve Tips to Improve Bedside Teaching, Ramani, S. *Medical Teacher*, Vol. 25, No. 2, 2003, pp. 112-115.
- Improving Bedside Teaching: Findings From A Focus Group Study of Learners, Williams, KN, et. al. *Academic Medicine*, Vol. 83, No. 3, March 2008, pp.257-264.
- Twelve Tips to Improve Medical Teaching Rounds, Abdool, M.A. *Medical Teacher*, Vol. 35, 2013, pp. 895-899.
- Teaching in the Hospital. Jeff Wiese, Editor, ACP Press. 2010. (This is a book in the ACP Teaching Medicine Series)

Teaching in the Hospital

Jeff Wiese (Author, Editor)
Available from Amazon

E.G. Chapter Titles

1. Teaching to improve performance: The clinical coach
2. The first day on service: The attendings role in setting expectations
3. Strategies for succeeding as an inpatient attending
4. Teaching clinical reasoning
5. Teaching important non-clinical skills



Conduct an Orientation with Student (15-30 min)

- 1. Clerkships completed
- 2. Student's residency desires
- 3. Discussion of Learning Goals/Objectives (Rotation Goals)
- 4. Student's Goals
- 5. Daily routine (Arrival, Responsibilities, Departure)
- 6. How student fits (responsibilities) in patient care team
- 7. Mention mid-point feedback session
- 8. Discuss evaluation form



Know and Use Rotation Learning Objectives

OB/GYN

- 1. Use the literature to enhance clinical decision making.
- 2. Effectively communicate medical information to patients, families, and health care team members.
- 3. Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options for patients.
- 4. Demonstrate knowledge of biomedical concepts, patient-care practices, & clinical techniques.
- 5. Build productive relationships with patients, families, and members of the healthcare team.
- 6. Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.
- 7. Perform & document a complete history and PE appropriate for patient care.
- 8. Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales.

Know and Use Rotation Learning Objectives

Internal Medicine

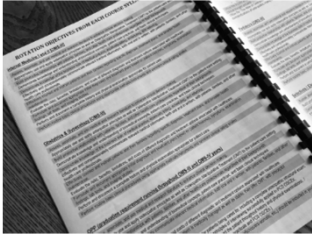
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Know and Use Rotation Learning Objectives

Pediatrics

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- 2. Effectively communicate medical information to patients, families, and health care team members.
- 3. Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options for patients.
- 4. Demonstrate knowledge of biomedical concepts, patient-care practices, & clinical techniques.
- 5. Build productive relationships with patients, families, and members of the healthcare team.
- 6. Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.
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Be Aware and Use Clerkship Learning Objectives



Using Questions as a Teaching Strategy

1. Stimulates thinking at various levels
2. Motivates preparation
3. Check on student progress



Ask Questions to Stimulate Various Levels of Thinking

- **Recall Questions**
 - E.G. What are the most common causes of Cholecystitis?
 - E.G. Before you examine the abdomen, tell me how you are going to palpate and what anatomical landmarks you will use?
- **Analysis/Synthesis Questions (Questions to detect understanding)**
 - E.G. How do the patient's various symptoms relate to each other?
 - E.G. What might happen if?
- **Application Questions (Application of knowledge to specific patient case)**
 - How should we treat this patient's pain?
 - How will you know when the diagnosis has been confirmed?
 - Show me the examination you would use to help confirm your diagnosis of

RIME Model

- **R**eporter
 - Student communicates the clinical facts.
- **I**nterpreter
 - Student interprets clinical data using clinical reasoning and PS skills.
 - Prioritizes problems, Offers DDX, Intreprets and applies tests results, refines DDX
- **M**anager
 - Student offers mgt plan and individualization of that plan based on patient
- **E**ducator
 - Student teaches others, does advanced reading

- { Reporter
- { Interpreter
- { Manager
- { Educator

5 Microskills



- Get a **C**ommitment → What would you recommend?
- P**robe for supporting evidence → What leads you to that decision?
- R**einforce correct thinking → You're correct that his BP is elevated...
- C**orrect Errors → However, first we need to
- T**each a general rule → As a general rule, when BP is elevated we need to

Asking Questions: Introverts and Extraverts

- **Introverts**
 - Tend to think, think some more, and then maybe act.
 - Tend to hold back.
- **Extraverts**
 - Tend to act and think, and perhaps then engage in a redo.
 - Tend to jump right in.

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Wait-Time

- Wait-Time 1

A 3-5 second period of silence exhibited by the instructor while "waiting" for the learner to respond to a question.

- Wait-Time 2

A 3-5 second period of silence exhibited by the instructor after the student has answered a question.

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Teaching a Clinical Skill/Procedure

Performing a skill/procedure involves precise muscular movement coordinated with thought, perception, and emotion.



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Teaching A Skill

- Teacher

1. Gives overview of how skill is performed
2. Illustrates and talks through skill
3. Emphasis critical steps
4. Checks for student understanding



- Student

1. Student talks through skill
2. Student does skill as preceptor observes and provides guidance
3. Student asked to self-assess
4. Teacher gives feedback

Mid-Point Checkup



- Ask & Allow for self-assessment
- Reinforce things done well (KSA)
- Confirm what needs correcting/improving
- Help with improvement plan

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Thank you for attending.

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