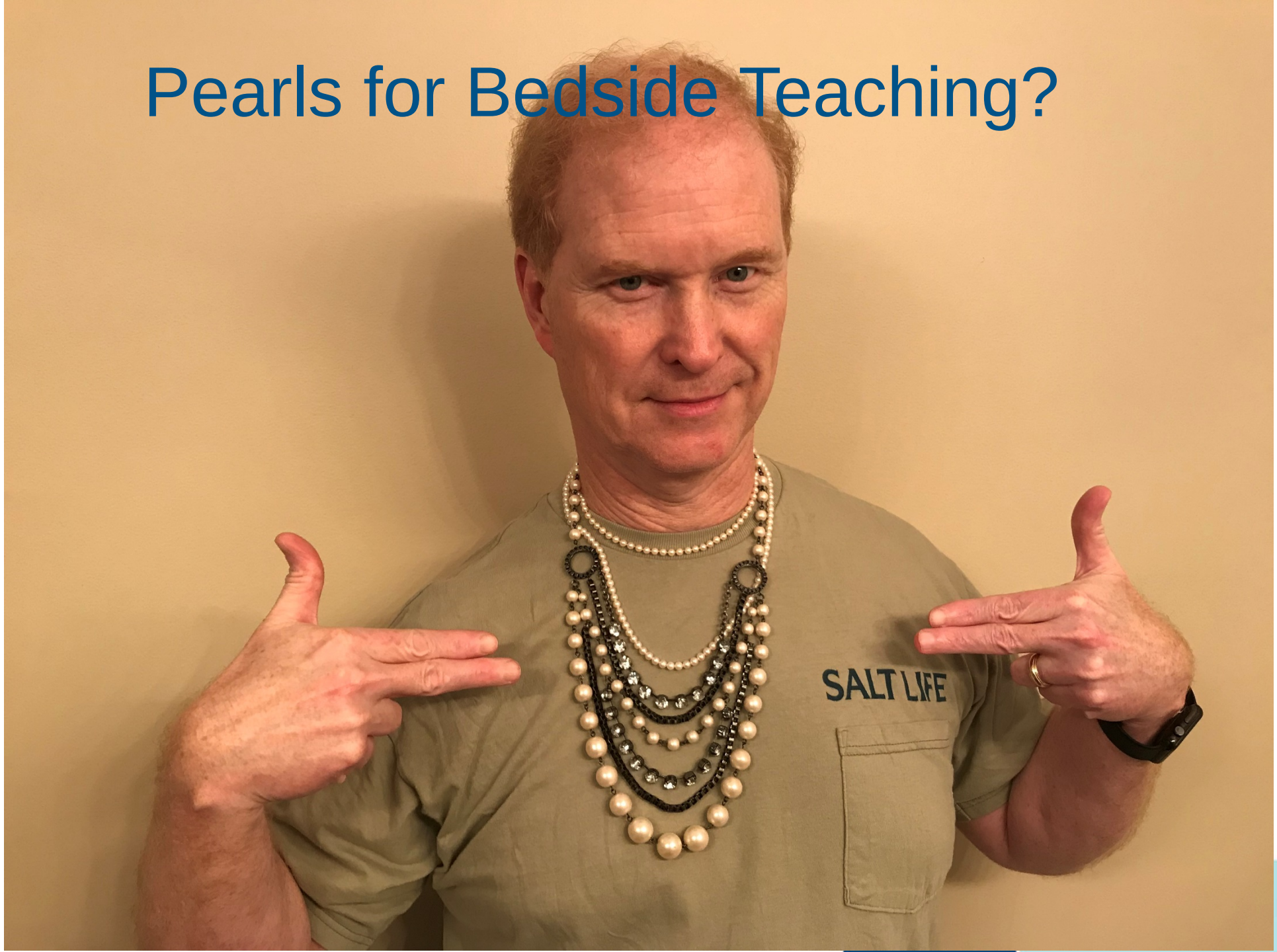
Pearls for Bedside Teaching?



Disclosures
This presentation is brought to you from…

Learning Objectives

- To Explore the Benefits of and Barriers to Bedside Teaching
- To Share Tips for Effective Clinical Teaching
- To Review Some Characteristics of Good Teachers

Introductions

- Who are you and what areas do you teach in?
- Share one question you have about bedside or clinical teaching.

Teacher Reasoning and Action

- Diagnose the Patient

- Diagnose the Learner
    1. Get a commitment
    2. Probe for evidence

- Teach
    1. Teach general rules.
    2. Provide feedback. Correct mistakes.

Diagnosing the Learner: goals (“analytic”)

- attitudes
- skills
- knowledge

some definitions

- Assessment = making the observation

  -”sitting next to”

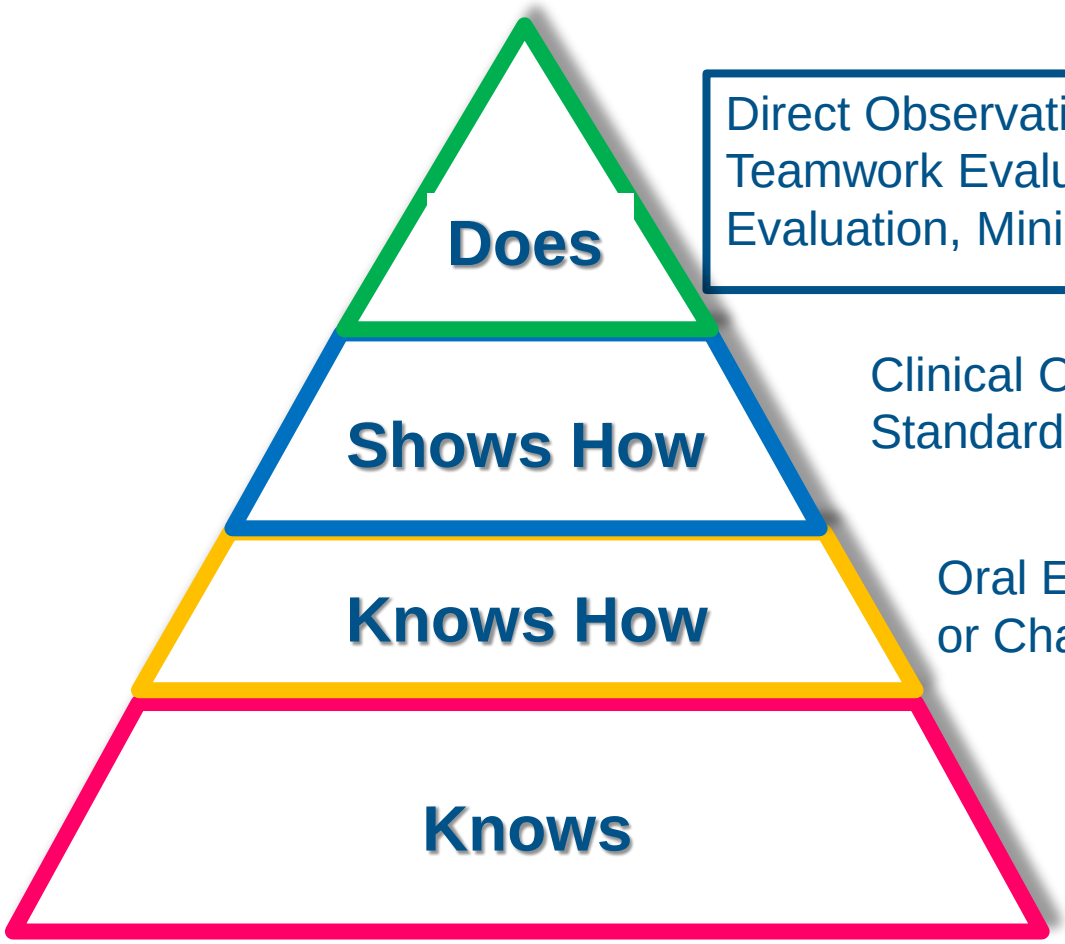
- Evaluation = assigning value

  - not grading uses words

  - based on goals

  - diagnoses what “step” they have achieved

Miller's[1] Pyramid of Clinical Competence



Direct Observations, Multi-Source Feedback, Teamwork Evaluation, Operative (Procedural) Skill Evaluation, Mini CEX

Clinical Observation, Simulation, Standardized Patients

Oral Examinations, Clinical Vignettes, or Chart Stimulated Recall for reasoning

MCQ

[1]Miller, GE. Assessment of Clinical Skills/Competence/Performance. Academic Medicine (Supplement) 1990. 65. (S63-S67)

van der Vleuten, CPM, Schuwirth, LWT. Assessing professional competence: from Methods to Programmes. **Medical Education 2005; 39: 309–317**

The Learning Environment:

Refers to the diverse physical locations, contexts, and cultures in which students learn

Can refer to an educational approach, cultural context, or physical setting in which teaching and learning occur

Rounding Styles

- Sit down rounds (Remote discussion)
- Walk rounds (Hallway discussion before entering room)
- Bedside rounds (In room with involvement of the patient/family)

Benefits?

Great for new patients

Procedures

Physical Exam maneuvers

Humanism

Counseling

Medical knowledge

Team Communication

Barriers to Bedside Teaching?

- “Time”
- “Time”
- “Time”
- Too many patients
- Lack of confidence in self or team
- Learner fears
- Sensitive information
- Interruptions
- Noise

Getting to the Bedside

- Patients prefer and perceive greater compassion
- Time does not differ
- Nurses feel that this improves interprofessional communication
- Attendings feel that this is better to teach Clinical Reasoning Skills and Physical Diagnosis

Pitfalls in Clinical Teaching

- Taking over the patient
- Inappropriate lecturing
- Insufficient “wait time” on questions
- Pushing Past Ability
- Leading questions
  - “Could this be pneumonia?”

Orient the Team (including the patient)

- Set Expectations
- Review Learning Objectives
- Assess Needs (How do you do this?)
- Organize the Experience
- Assign Responsibilities

Put Forth an Effort

- Take the Time to Teach
- Give Assignments
- Teach What you Know
- Observe Your Learners

Five-Step Microskills Model of Clinical Teaching

1. Get a Commitment
2. Probe for Supporting Evidence
3. Teach General Principles
4. Reinforce What Was Done Well
5. Correct Mistakes

Role Model

- Be Professional
- Have a Good Attitude
- Be on Time
- Pitch in/lead from the front
- Treat everyone with respect

Create a Good Environment

- Be Consistent
- Show Enthusiasm
- Involve the Learners
- Be Friendly
- Ask Questions in a non-threatening way

Three Components of the Educational Milieu (Hafferty, et al)

- The formal curriculum
- The unscripted, predominantly ad hoc form of teaching and learning
- A set of influences that function at the level of organizational structure and culture (the hidden curriculum). This can be the fundamental distinction between what students are “taught” and what they learn.

”When we are no longer able to change a situation, we are challenged to change ourselves.”

”Everything can be taken from a man but one thing: the last of the human freedoms: to choose one’s attitude in any given set of circumstances.”

Viktor Frankl

Promote Reflection

- Give assignments
- Ask the Team What They Have Learned
- Review Unexpected Outcomes/Debrief
- Give Feedback

Give Feedback

- Without feedback, mistakes go uncorrected, good performance is not reinforced, and clinical competence is achieved empirically or, not at all.
- Good feedback promotes the skill of reflection, which is essential for the development of expertise and lifelong learning.
- It's required by the LCME and ACGME.

Ende J. Feedback in Clinical Medical Education. *JAMA* 1983;250:777-781.
Bing-You RG, Trowbridge RL. Why medical educators may be failing at feedback. *JAMA* 2009;302:1330-1331.

Tools

Microfeedback-case by case

Macrofeedback- formative

Summative Evaluation

The 5 Elements of Effective Feedback

- Create a Safe Environment
- Articulate Common Goals and Objectives
- Give Effective Feedback
- Receive Feedback Non-defensively
- Achieve a Mutually Satisfactory Outcome

Limit the Quantity

Sharpen Your Tools

- Ask for Feedback
- Build Your Medical Knowledge
- Have Some ”Go To” Topics
- Continue to Emulate your Mentors

What were the characteristics of your best teachers?

What were the characteristics of your worst teachers?

Top Characteristics of Good Teachers

- Enthusiastic
- Ask Questions
- Nonthreatening
- Promote Self Learning
- Recognize the needs of the learner
- Knowledgeable

Questions?

Feed Forward

Ask the learner to pick one behavior they would like to change – do multiple, 10 minute sessions over time

Ask for 2 suggestions for the future that might help them achieve a positive change

Feed back – focuses on the past

Feed Forward – give someone suggestions for the future

- Deliverer: Help as much as you can
- Learner: Learn as much as you can

*https://www.hrbartender.com/images/Goldsmith**Feedforward**.pdf*

http://www.uab.edu/medicine/dom/education/meded-moments

Examples of expectation sheets

Is it effective?

-Patient perspective

- RCT in clinic setting. Within the room vs rounding outside. “Patients preferred this”[1]
- RCT in inpatient setting. Bedside vs nonbedside rounding. “Patients felt treated with greater compassion”[2]
- “Bedside rounds did not provoke anxiety in patients, measured by serum catecholamines and stress hormones”[3]

Is it effective?

Resident Perspective

- “Overall time spent per patient did not differ”4

Nursing Perspective

- “improves communication between nurses and physicians”

Is it effective?

Attending perspective

- “Bedside teaching was associated with six themes of professional growth and development, including improved bedside physical diagnosis and clinical reasoning skills” [5]

Is it effective?

Other outcomes

- Personal experiences…

Learner Assessment

Residents as Teachers

Communication with patients/families

Communication with the interdisciplinary team

Team management skills

Patient prioritization

Tips

“Lab spy”

Avoid the zoo display

Socratic method

Brainstorming

Case discussion

- Coming onto service with 18 patients, 1 3rd year resident, 2 interns, 3 3rd year medical students, 1 extern and a pharm D student
  - What are the first steps?
  - Efficiency techniques
  - Engage and teach to your audience (varied levels)
- A problem learner
  - How to “protect”
  - How to engage and inspire