Juggling it all and Enjoying it!

Tips for Effective Teaching Rounds:

Nila S. Radhakrishnan M.D.

James Smith M.D.

Objectives

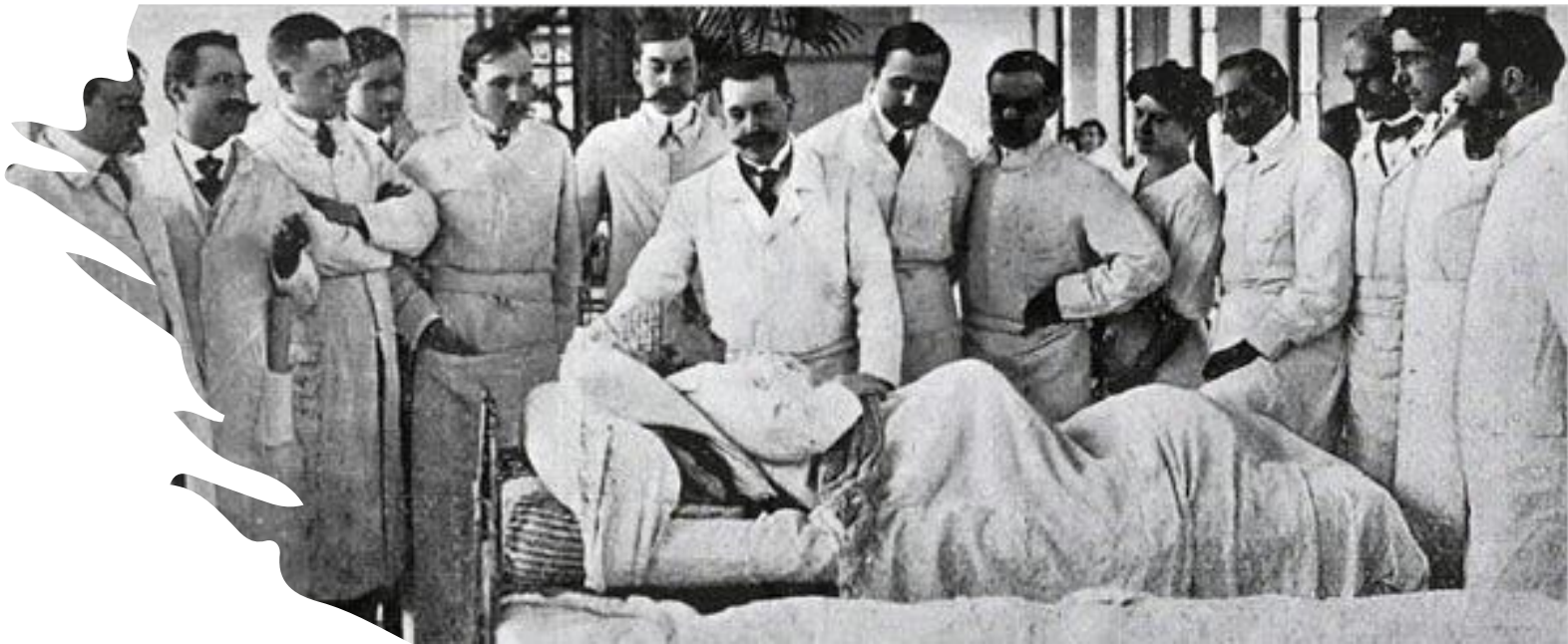
Describe the purpose of Attending teaching rounds

Define goals for daily Attending teaching rounds

Identify strategies to meet goals in the defined time for rounds

Implement a model for organized and effective bedside teaching rounds

What is the Purpose of Attending Teaching Rounds?



ORIGINAL RESEARCH

What's the Purpose of Rounds? A Qualitative Study Examining the Perceptions of Faculty and Students

Oliver Hulland[1]*, Jeanne Farnan, MD, MHPE[2], Raphael Rabinowitz[1], Lisa Kearns, MD, MS[3], Michele Long, MD[4], Bradley Monash, MD[5], Priti Bhansali, MD[6], H. Barrett Fromme, MD, MHPE[7]

1) Communication

2) Medical Education

3) Assessment

4) Patient Care

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Rounds Today: A Qualitative Study of Internal Medicine and Pediatrics Resident Perceptions

Raphael Rabinowitz, BA
Jeanne Farnan, MD, MHPE
Oliver Hulland, BA, BFA
Lisa Kearns, MD, MS
Michele Long, MD
Bradley Monash, MD
Priti Bhansali, MD
H. Barrett Fromme, MD, MHPE

1) Patient Care

2) Clinical Education

3) Patient/Family Involvement

4) Assessment

Attending Rounds in the Current Era

What Is and Is Not Happening

Chad Stickrath, MD; Melissa Noble, BS; Allan Prochazka, MD; Mel Anderson, MD; Megan Griffiths, BS; Jonathan Manheim, MD; Stefan Sillau, MS; Eva Aagaard, MD

Table 2. Frequency of Common Activities on Rounds by Location

Activity by Common Location	Activity Frequency, No. of Patients at Location/With Activity (%)[a]		
	All	At Bedside	In Other Location[b]
Communication with patient	592/807 (73.4)	587/592 (99.2)	5/592 (0.8)
Physical examination skills	118/807 (14.6)	116/118 (98.3)	2/118 (1.7)
Communication with nurse	97/807 (12.0)	63/97 (64.9)	34/97 (35.1)
Communication with family	90/807 (11.2)	89/90 (98.9)	1/90 (1.1)
Patient care plan	780/807 (96.7)	316/780 (40.5)	464/780 (59.5)
Laboratory/imaging findings	732/807 (90.7)	301/732 (41.1)	431/732 (58.9)
Drug list	555/807 (68.9)	229/555 (41.3)	326/555 (58.7)
Medical teaching	367/807 (45.5)	124/367 (33.8)	243/367 (66.2)
Other staff notes	301/807 (37.3)	115/301 (38.2)	186/301 (61.8)
Feedback	89/807 (11.0)	32/89 (36.0)	57/89 (64.0)

Table 1. Frequency of Activities Performed for All Patients on Rounds

Activity	Frequency, No. (%) (n = 807)	Performed More Than Once per Rounding Day, %[a] (n = 90)
Patient care		
Discussion of patient care plan	780 (96.7)	90 (100.0)
Discussion of diagnostic study findings	732 (90.7)	90 (100.0)
Review of patient medications	555 (68.8)	86 (95.6)
Discussion of other staff notes	301 (37.3)	77 (85.6)
Discussion of DVT prophylaxis	131 (16.2)	57 (63.3)
Discussion of invasive tubes/lines	75 (9.3)	45 (50.0)
Discussion of nursing notes	50 (6.2)	29 (32.2)
Communication		
With patient	592 (73.4)	87 (96.7)
With nurses	97 (12.0)	54 (60.0)
With family	90 (11.2)	51 (56.7)
With other	51 (6.3)	32 (35.6)
Education		
Answering patient care question	514 (63.7)	89 (98.9)
General medical topics	367 (45.5)	84 (93.3)
Physical examination skills	118 (14.6)	61 (67.8)
Feedback	89 (11.0)	24 (26.7)
Evidence-based medicine	58 (7.2)	35 (38.9)
Oral presentation skills	38 (4.7)	29 (32.2)
History-taking skills	34 (4.2)	24 (26.7)
Learner-identified topic	26 (3.2)	20 (22.2)

JGIM

REVIEWS

Assessing the Quality of Clinical Teachers

A Systematic Review of Content and Quality of Questionnaires for Assessing Clinical Teachers

Cornelia R. M. G. Fluit, MD, MEdSci[1], Sanneke Bolhuis, PhD[1], Richard Grol, PhD[2], Roland Laan, MD, PhD[3], and Michel Wensing, PhD[2]

DOMAINS OF CLINICAL TEACHING	
Physician role model the clinical teacher can be observed during daily work	**Supportive person** the clinical teacher contributes to a positive, stimulating learning environment by being supportive, enthusiastic, friendly, accessible
Teacher role the clinical teacher uses effective teaching strategies such as discussing learning goals, giving explanations, asking questions, discussing work, and giving instructions for further learning	**Assessor role** the clinical teacher assesses the performance of a trainee, using different assessment tools, in order to make go/no go decisions (summative use)
Supervisor role ***Assigning work effective for learning*:** the clinical teacher makes sure that trainees perform tasks they can learn from, participate in daily practice with growing responsibility and sufficient autonomy ***Providing feedback*:** the clinical teacher in his or her supervisor role provides feedback in order to improve performance and stimulate the learning process (formative use)	**Planner/organizer** the clinical teacher plans teaching moments in daily work and takes time for the trainee and education **Resource developer** the clinical teacher develops educational materials

Challenges

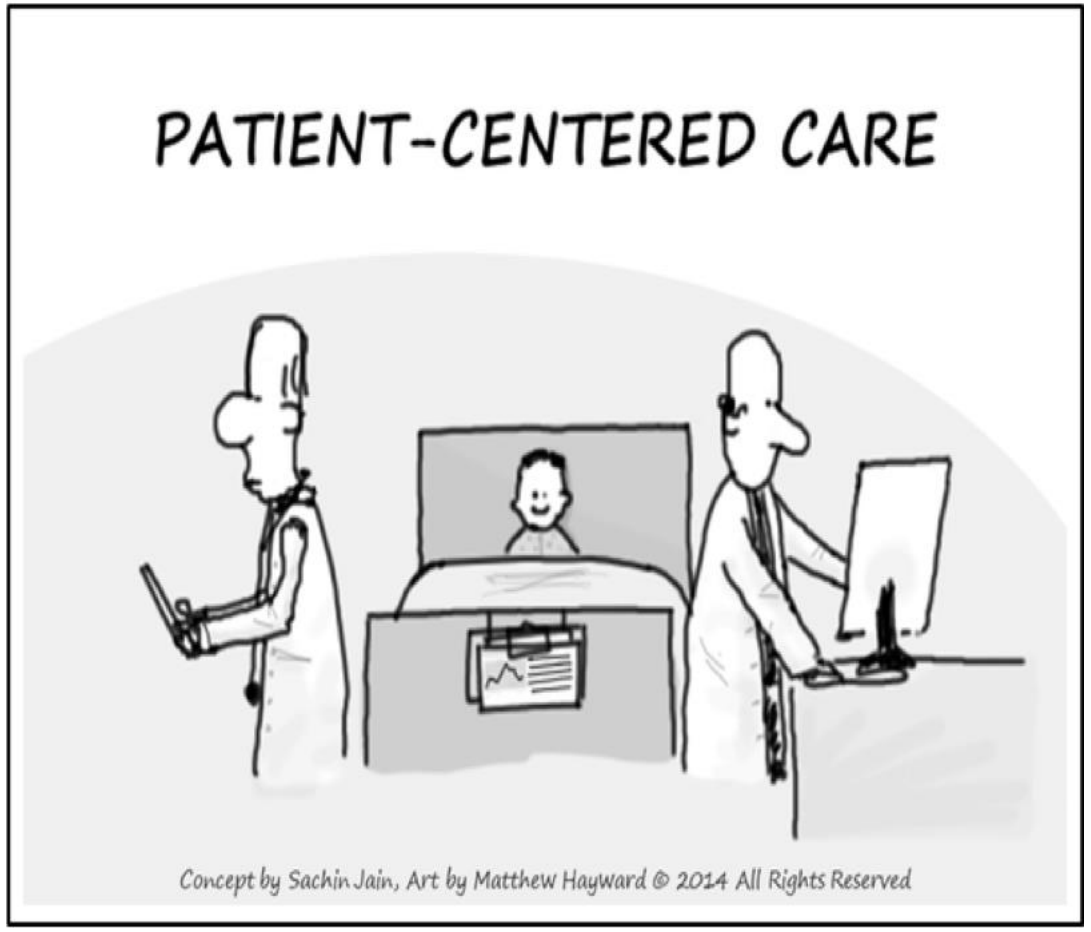
SHORTER HOSPITAL STAY DESPITE GREATER ILLNESS SEVERITY

FOCUS ON QUALITY METRICS AND OUTCOMES

INCREASE IN DOCUMENTATION REQUIREMENTS

REDUCTION IN RESIDENT DUTY HOURS

DEMANDS ON PROGRAM TO EVALUATE RESIDENTS MORE INTENSELY


PATIENT-CENTERED CARE
Concept by Sachin Jain, Art by Matthew Hayward © 2014 All Rights Reserved

Types of Rounds

"BEDSIDE" ROUNDS (in the hall)

BEDSIDE BEDSIDE Rounds

the "Running of the List"

CONSULT ROUNDS

Table Rounds - Pros and Cons

Pros

"Efficient"

Learners can focus on their pts while others are discussing

No formal presentation/ everyone looking at the EMR

Doesn't involve others

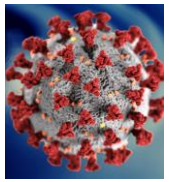
Cons

Loss of direct observation

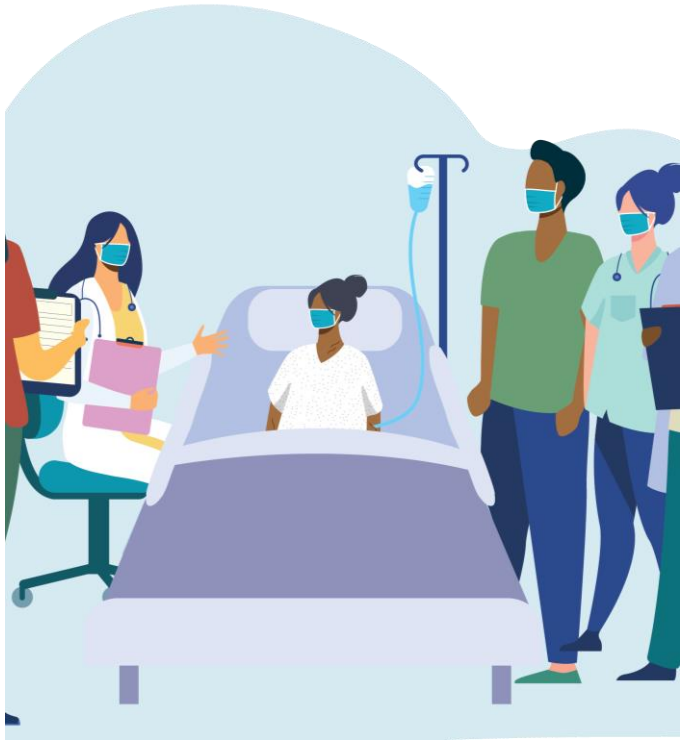
Learners "tune out" while others are discussing

Medical Students cannot formally present

Doesn't involve others

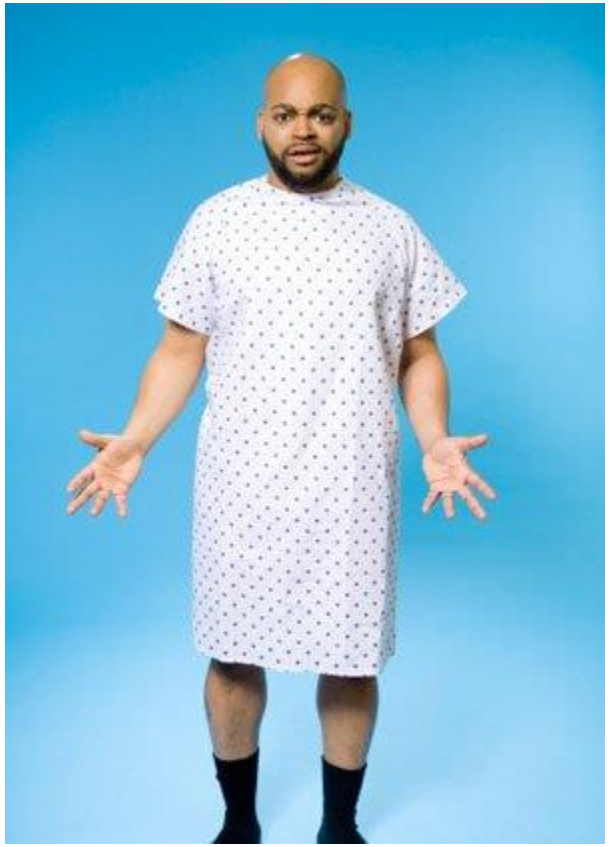


Benefits of rounding at the bedside



- Patient engagement
- Direct observation of learner's interaction with patient
- Observation of patient during presentation to gauge understanding
- Direct observation of patient and ability to guide physical exam

Are patients confused by bedside rounds?



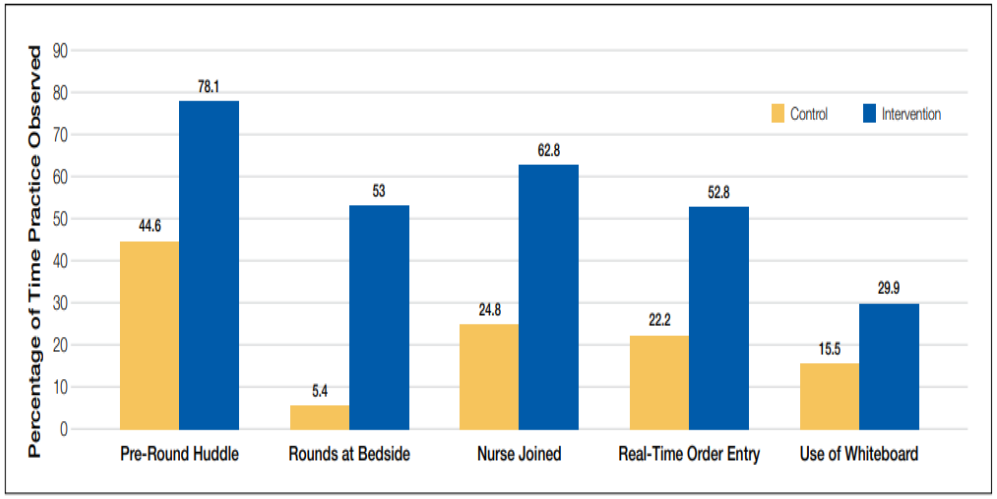
Patients randomized to either bedside rounds or hallway rounds.

- No difference in patient understanding of illness/treatment
- Bedside more efficient (11.9 min vs. 14.1 min)
- Patients expressed more confusion about medical jargon with bedside rounds
- Sensitive topics were discussed less at the bedside

Becker, et al. Effect of Bedside Compared With Outside the Room Case Presentation on Patients' Knowledge About Their Medical Care: A Randomized, Controlled Multicenter Trial. Ann Intern Med. 2021;174 (9): 1282-1292

Do bedside rounds take longer?

- Rounds shorter in intervention group
  (143 vs. 151 min, p = 0.052)
- Though rounds were shorter both learners
  and attendings perceived them to be longer
- Patient satisfaction was increased
- Resident satisfaction was decreased
- Fewer residents felt that rounds reduced the workload
  of the rest of the day



Monash, et al. Standardized Attending Rounds to Improve the Patient Experience: A Pragmatic Cluster Randomized Controlled Trial. J Hosp Med. 2017;12 (3):143-149

Yet We Are Spending Less Time at the Bedside

- Time at bedside was only 8-19% of total rounding time
- 85% of patients liked bedside rounds
- 95% of learners preferred non-bedside rounds

Lichstein, PR, Atkinson HH. Patient-Centered Bedside Rounds and the Clinical Examination. Med Clin North Am. 2018; 102(3):509-519
Wang-Chang, RM, et al. Bedside case presentations why patients like them but learners don't. J Gen Intern Med. 1989; 4:284-287

Who participates in bedside rounds?

All team members are part of bedside rounds.

Team Leader - Senior resident stands at foot of bed in direct line of sight of patient

Attending - Stands next to SR to direct attention to SR

Presenter - Stands near head of bed and presents to team

Non-presenters - can update white board, find nurse, enter orders, pull up data in EMR

Nurse, case manager, pharmacist

https://gatorounds.med.ufl.edu

UF | Athletic-based Interprofessional Rounds
UNIVERISTY of FLORIDA

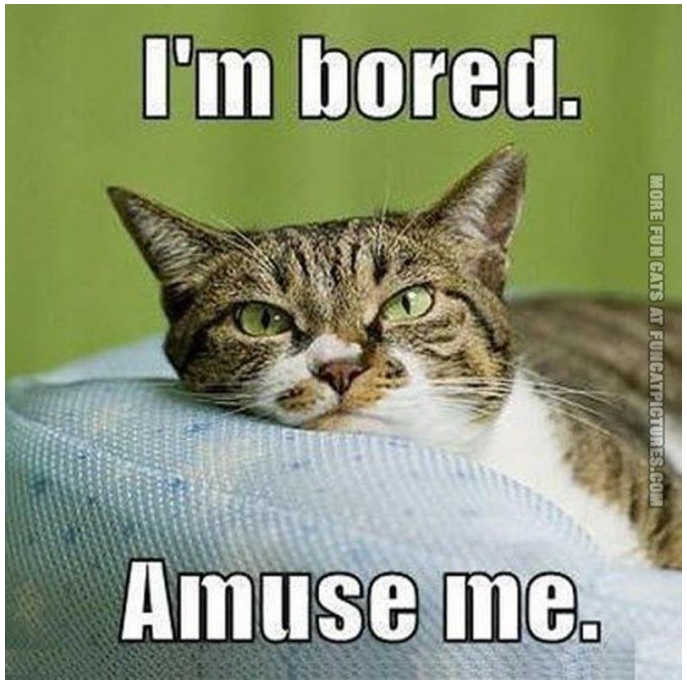
Search

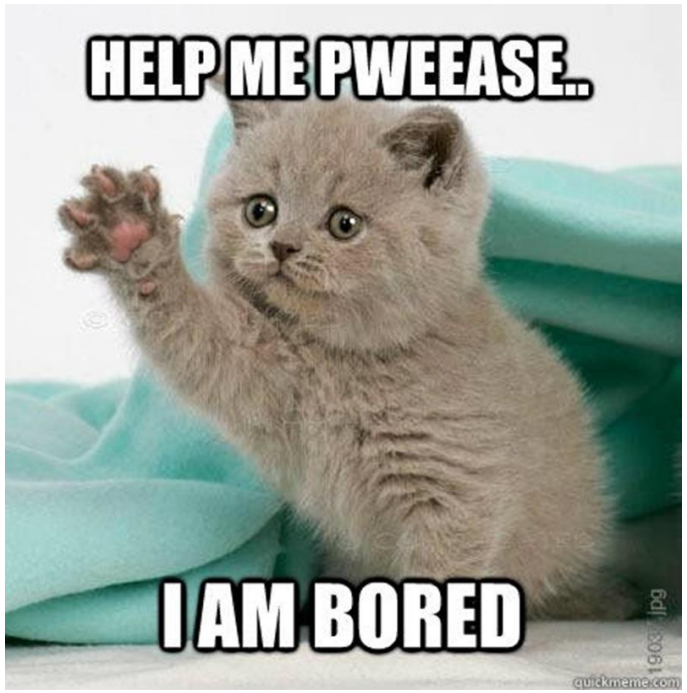
AIR™ | Implementation | Outcomes | Other Playbooks | FAQ | Surveys | Contact

IMPLEMENTATION > OVERVIEW

- **Implementation** Overview
- Team Launch
- Communication Protocols
- Internal Medicine Playbooks
  - Game Plan
  - Patient Playbook
  - Attending Playbook
  - Team Resident Playbook
  - Intern Playbook
  - Subintern Playbook
  - Nursing Playbook

Implementation





My first team


ARE YOU NOT ENTERTAINED!
IS THAT NOT WHY YOU'RE HERE?
GLADIATOR

Challenges of Inpatient Teaching

AMEE Guide no.34: Teaching in the Clinical Environment

1. Difficult to set teaching goals, unanticipated events occur frequently
2. Ward team usually composed of varying levels of learners
3. Patients too sick or unwilling to participate in the teaching encounter
4. Patient stays are too short to follow natural history of disease
5. Teachers could compromise trainee-patient relationship if they dominate the encounter
6. Trainees and teachers feel insecure about admitting errors in front of the patient and the rest of the medical team
7. Tendency by many clinical teachers to lecture rather than practise interactive teaching
8. Engaging all learners simultaneously can be difficult
9. Teachers need to pay close attention to learner fatigue, boredom and workload

Resources

- Teaching Scholars programs
- Courses at conferences
- Co-teaching or peer coaching
- Faculty development workshops
- Reading articles and text books about instructional theory, bedside teaching, inpatient teaching
- Reflection and feedback from learners and evaluations

Principles of Adult Learning

Adults:

- have a specific purpose in mind;
- are voluntary participants in learning;
- require meaning and relevance;
- require active involvement in learning;
- need clear goals and objectives;
- need feedback;
- need to be reflective.

Knowles (1990)

Disclosure: Extremely Fanatic about bedside rounds

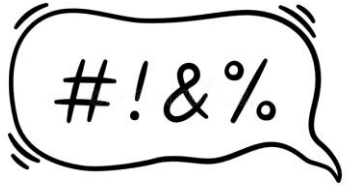
1. Attending must be prepared

- Read notes before rounds
- Review labs before or during rounds
- Rounds is a time for management discussions,- “rock or a hard place” decision, clinical reasoning and learner-centered feedback

Part of Preparation is Deciding Who to See

- Not all patients need to be seen by all team members
- Patients ready for discharge
- Stable patients awaiting placement
- Isolation patients?
- Who chooses which patients to round on as a team?

2. Round on Discharges early (before rounds)

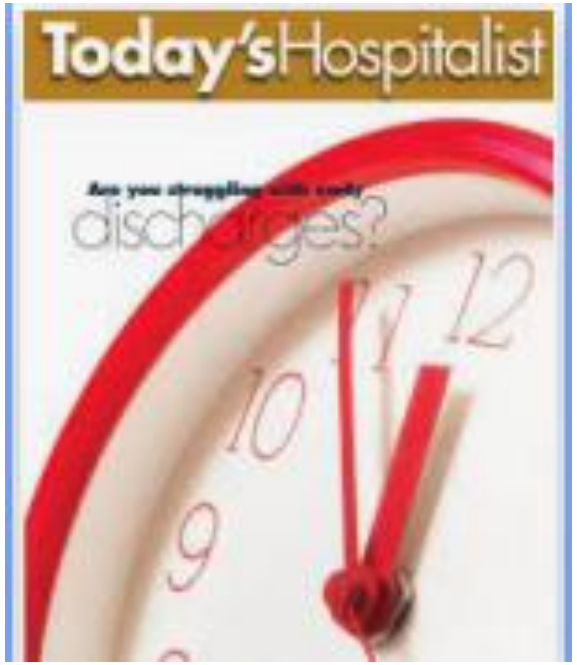


Patient-centered- allows for logistics to be arranged early

Identify patients the evening before and confirm in AM

Allows more time on rounds for other patients

Requires detailed discussion and preparation the previous days



3. Morning Huddle

- Reset and greetings
- Set the intention for the day- reviewing what we pledged yesterday
- Regroup from distractions
- Its okay to do work during work rounds – just regroup each time
- Establish clear expectations for timing and role definition
- Lists numbered (consider having a driver other than the resident)

4. Bedside Rounds

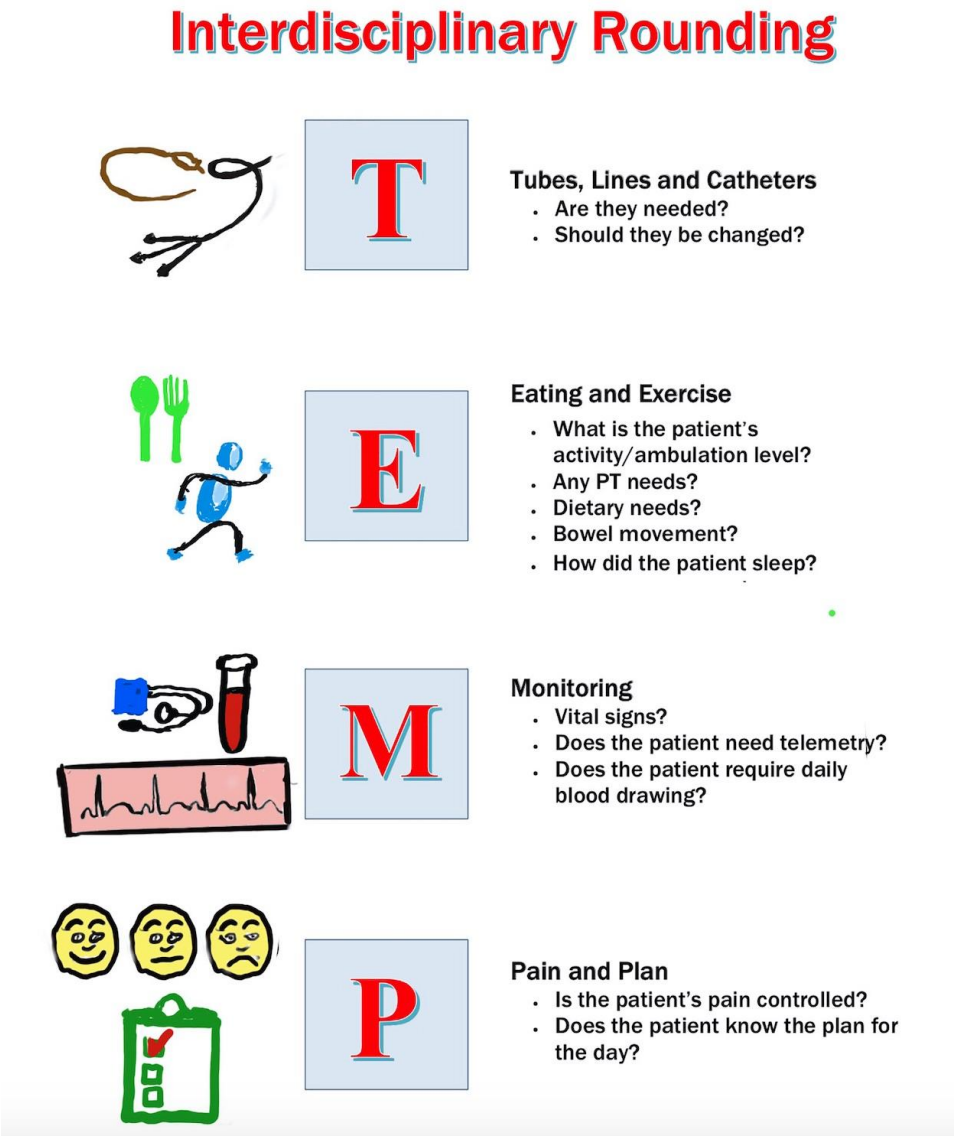
- Focus Days 1-4 on SOAP presentations

Give immediate feedback

- Physical Diagnosis at bedside
- Primary caregiver (student or resident) interacts with the patient. Resident answers questions. Attending as consultant.
- Direct observation “Done well” “To improve”

5. Teach about Patient Safety and Teamwork

- Intern or Sub-intern reviews with nurse in front of patient (where possible)
- Reduces secure chats and anticipate decompensation
- Particularly helpful in the IMC
- Helps for discharge planning



6.Teach Communication

- AIDET (Acknowledge, Introduce, Duration, Explanation, Thank)
- Teach about Cultural Humility
- Teach about Health Literacy
- Medical students fill out patient communication sheet for appropriate patients

UFHealth
UNIVERSITY OF FLORIDA HEALTH

Doctor – Patient Communication
Red Medicine- Dr. Radhakrishnan
Internal Medicine

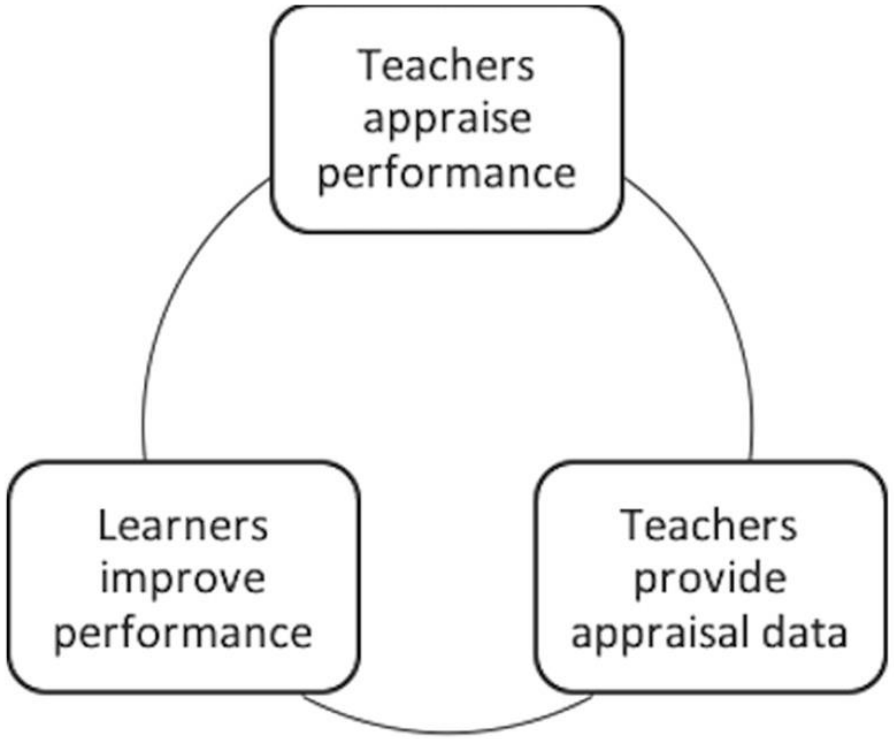
Physician:

Date: _____

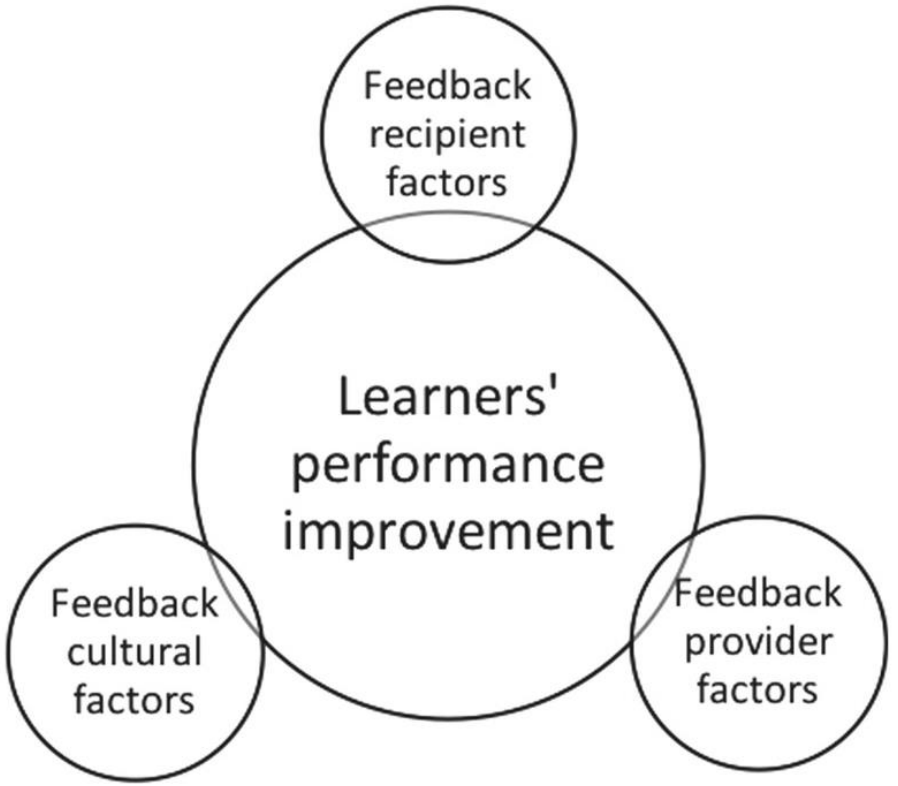
Today's Plan:

- **Write out in clear, lay terms and large print**

7. Feedback: Every.Single.Day

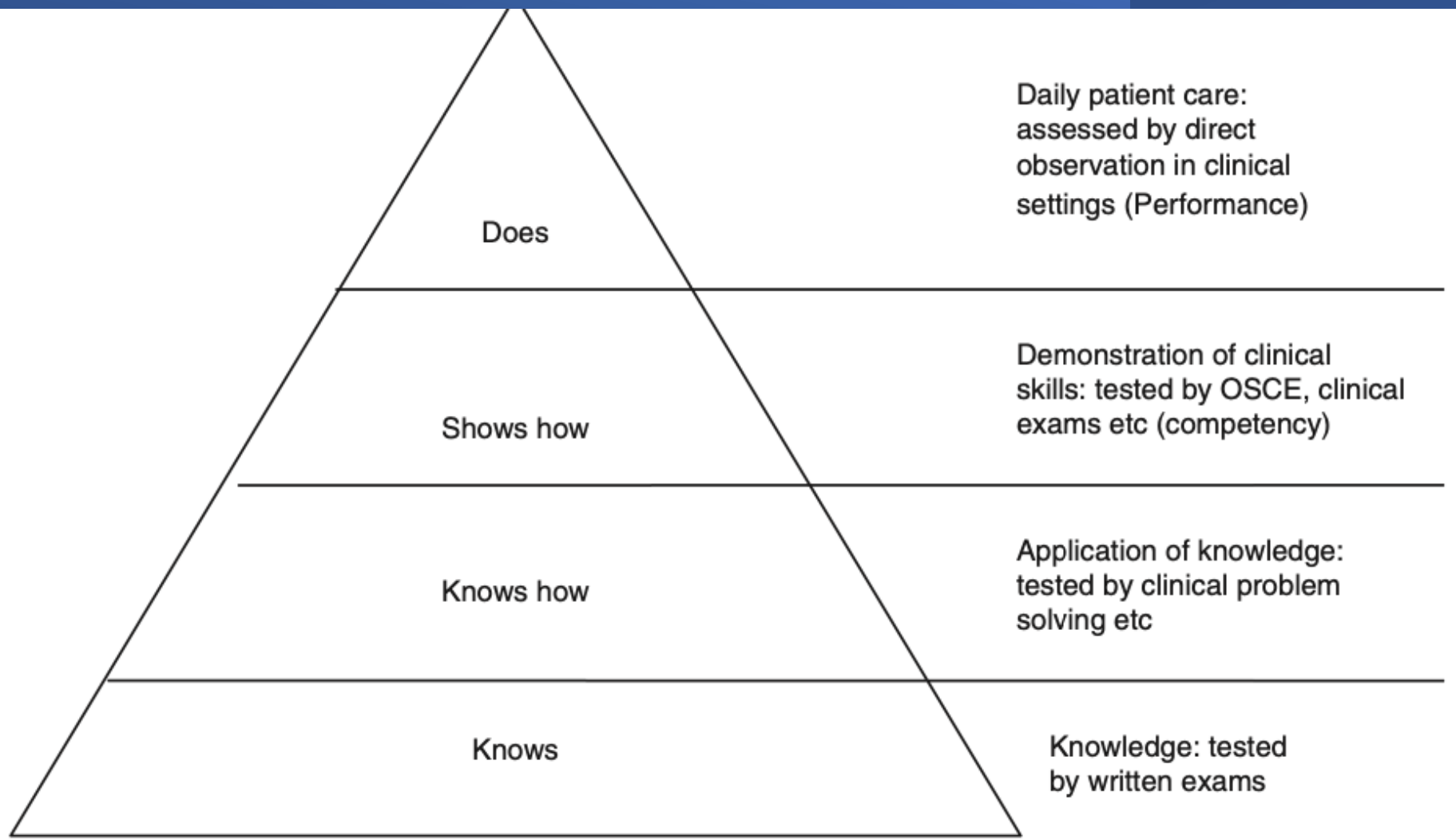


Older definitions and models of feedback in medical education are unidirectional with the direction of flow from teachers to learners. Learners' performance improvement is assumed, and learning opportunities are not consistently created to allow for or document behavior



Sociocultural influences of feedback can be feedback provider related (teachers), feedback recipient related (learners), and feedback culture related (institutional). Learner-centered models of feedback emphasize the central position of learners in the feedback conversation with performance improvement as the end goal.

J Gen Intern Med 34(5):744–9
DOI: 10.1007/s11606-019-04874-2



Adapted from Miller (1990)

6 This resident reflects in real time on situational stressors to ensure their own emotional well-being and maintenance of the team dynamic to ensure safe and effective self-care and patient care.

Struggles to achieve task even with assistance	Able to achieve task with ongoing Full Supervision (expected level for average UF PGY1)	Able to achieve task with Indirect Supervision (expected level for average UF PGY2)	Ready for Independent Practice (expected level for average UF PGY3)	Aspirational. Can act as an Instructor	Not Observed
○	○	○	○	○	○

Comment

7 This resident effectively engages in professional conversations with nurses, case managers, social workers, and other members of the healthcare team to ensure that their patients receive high quality care.

Never	Rarely	Sometimes	Usually	Always	Unable to Comment
○	○	○	○	○	○

Comment

8 This residents explains things well to patients and families using non-medical jargon to ensure that patients are engaged in their care and achieve optimal outcomes during their hospital stay and after discharge.

Never	Rarely	Sometimes	Usually	Always	Unable to Comment
○	○	○	○	○	○

10 This resident engages patients in shared decision making on the treatment plan that takes into account the patients' psychosocial issues, socioeconomic status, and payment model.

Struggles to achieve task even with assistance	Able to achieve task with ongoing Full Supervision (expected level for average UF PGY1)	Able to achieve task with Indirect Supervision (expected level for average UF PGY2)	Ready for Independent Practice (expected level for average UF PGY3)	Aspirational. Can act as an Instructor	Not Observed
○	○	○	○	○	○

8. Direct Observation saves time

- Patient-communication
- Physical Exam Skills
- Explanation to the patient
- Interaction with nursing and staff
- Immediate feedback , every day
- Mini-CEX, index cards

“Done well”

“To improve”

Other Opportunities:

During SWATs

During admissions

9. Daily Teaching

- Focus on clinical reasoning
- “Board-review” question of the day
- Clinical Pearl after each patient
- Pull up imaging/ EKG in room or hallway
- 20 minute talks in the afternoon or on weekends
- “Field trips” around the hospital (blood smears, pathology lab, radiology)

10. Post-Rounds Huddle: How was Rounds?

“What went well today?”

“What can we improve for tomorrow?”

* Write it down and implement in the morning huddle

How to Deal with Challenges and Barriers

Lack of Geo-centricity
COVID-19 and isolation
Secure Chat and Distractions
Different levels of learners
Lack of Time

Beginning of Rounds

End of Rounds

1. Challenge: Lack of Geocentricity

-

- Number patients in advance

- Change rounding order each day (not gravity rounds every time!)
- Prioritize rounding with the nurse in the IMC or pick certain floors to round with the nurse
- Announce team arrival on the floor

2. Challenge:

Teaching to different levels of learners

Effective multilevel teaching techniques on attending rounds: A pilot survey and systematic review of the literature

Laura K. Certain, A. J. Guarino & Jeffrey L. Greenwald

Practice points

- Despite attendings' concerns about the challenge of teaching to multiple levels of learners on rounds, trainees at all levels found most teaching on attending rounds to be useful.
- Teaching techniques that helped facilitate learning among multiple levels of trainees included: Broadening, Targeting, Novelty, Up the Ladder, and Student as Teacher (see Table 1 for descriptions).
- If questions are constructed carefully, it is possible to challenge advanced trainees while also teaching junior trainees.

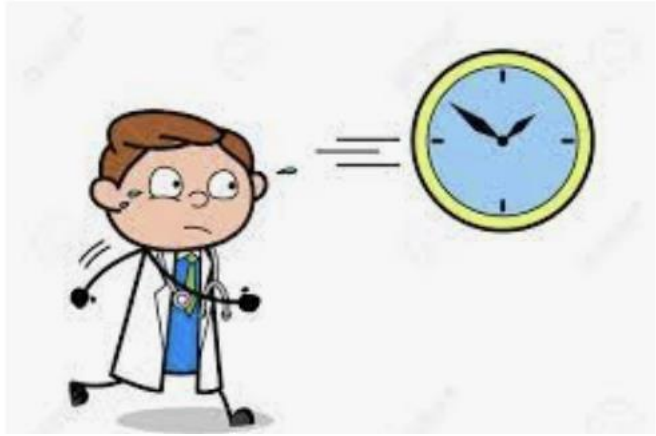
3. Challenge: Dealing with distractions

- Work Rounds is for Work
- Team helps each other
- Return from Distraction to Rounds
- Communication before and after rounds reduces secure chats

4. Challenge: Isolation Rooms

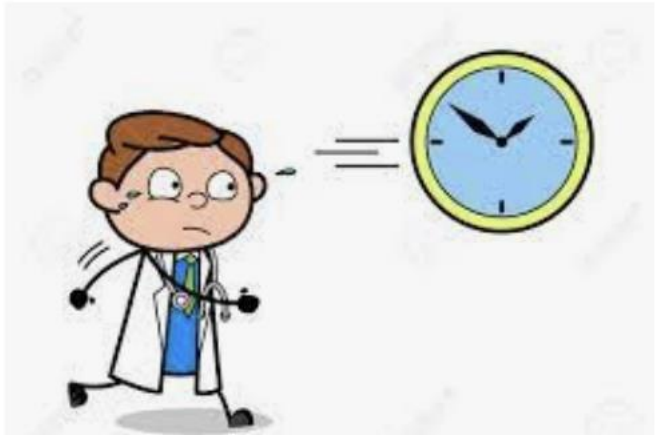
- Only Resident, Attending and primary clinicians go in the room
- Assign an “EBM” look-up question to the remaining parties
- Assign imaging or EKG to be pulled up and reviewed

5. Challenge: Time!



- These tips may help
- Divide and delegate work
- Use Direct observation as much as possible
- Individualize teaching-- take medical students when Attending rounds on remaining patients
- Focus, focus, focus
- Enjoy the Juggling and be present

5. Time!



Opportunity: Weekends Versus Weekdays

- There is no one right way to do things
- On weekends, when some learners are not present, the attending may want to modify rounds to focus on efficiency
- This is fine as long as the patients' and learner's needs are being met
- Opportunity to do individualized teaching

Summary

- Teaching rounds are our opportunity to manage the needs of our patients and learners.
- With preparation rounds can be fun and productive
- Rounding at the bedside can enhance the patient experience and provide opportunities for direct observation of our learners
- Though we should go into rounds with a plan in mind, we need to adapt to changes that are inevitable

Resources

https://thecurbsiders.com/teach/11-2

Bedside teaching with Dr. Subha Ramani

https://www.sgim.org/communities/education/sgim-teach-program#

UF College of Medicine Brown Bag Teaching Lunch Series

https://www.mededportal.org/doi/10.15766/mep_2374-8265.9173

MiPLAN on mededportal

We want to hear from you! Questions? Comments? Suggestions?

Happy Juggling !