

# Inpatient Teaching

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# Objectives

1. We will explore various challenges or threats to inpatient teaching.
2. We will categorize or outline an approach to inpatient rounds.
3. We will develop various teaching pearls, tips, and strategies to enhance our growth as educators.
4. We will select at least one of the above pearls to apply to our teaching.

# Objectives



# Expectations

- Setting Expectations at the beginning of the rotation is (my opinion) the single most important activity to enhance the education which follows.
  - Expectations should be agreed upon.
  - Expectations should be clear.
  - Expectations should begin with the goal in mind.
  - Expectations should incorporate Adult Learning Theory principles.

# Challenges/Threats



# Challenges/Threats

1. Time constraints
2. Patient comfort
3. Learner comfort
4. Interruptions
5. Other constraints: meetings, clinic, etc..
6. Feelings of Inadequacy
7. Other patient care
8. Different levels of learners
9. Emergencies
10. Physical Exam Skills or lack thereof
11. Difficulty teaching others to teach
12. Learner interest
13. ACGME/LCGME Rules

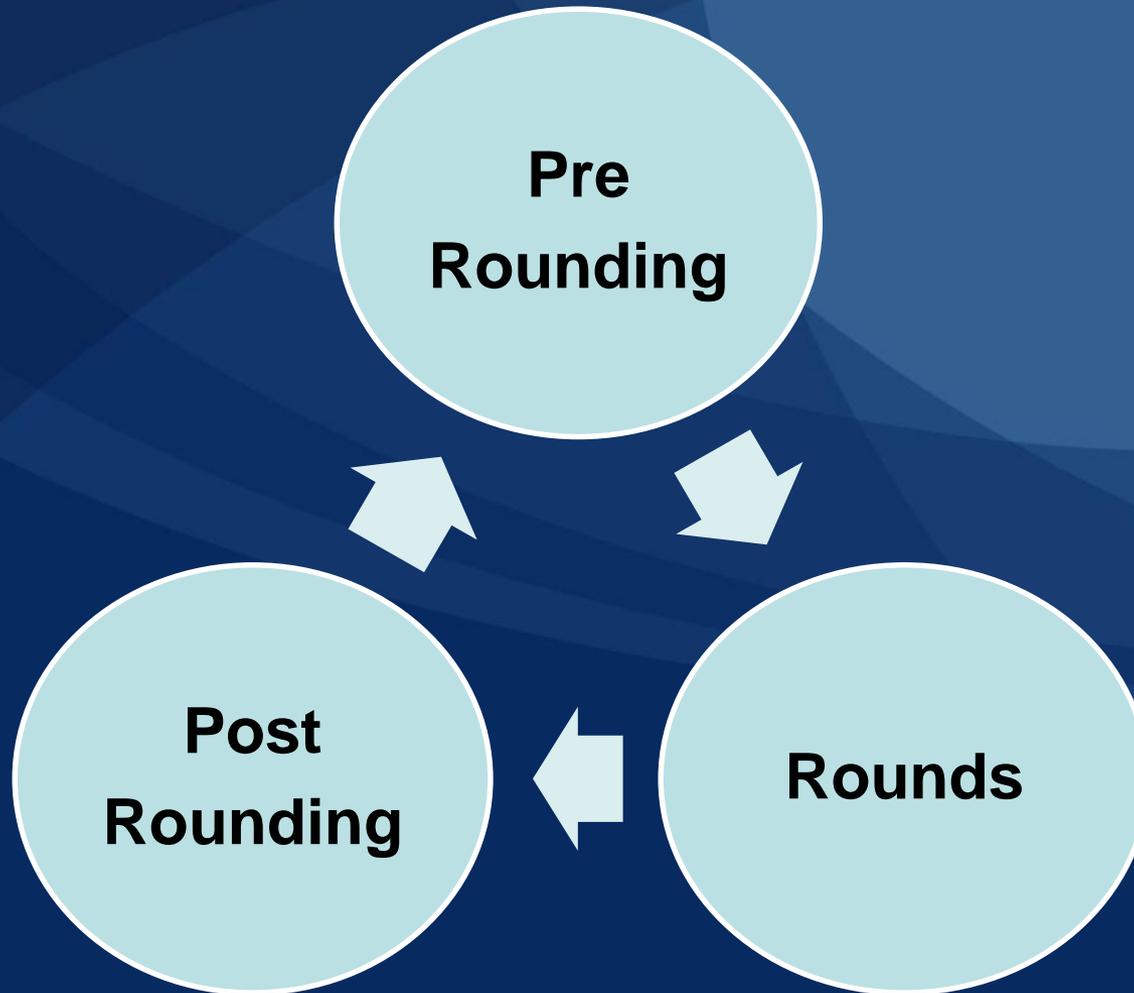
# Rounding



# Rounds

- Two of the most important activities a teacher can engage in have nothing to do with rounds.
  - PreRound Preparation
  - PostRound Reflection
- Rounding always goes better when both parties are relaxed and the learner trusts the teacher.

# Rounding



# Pre-Rounding - Preparation

- How will rounds occur? Classroom, Hallway, and/or Bedside
  - Bedside rounds honor:
    1. The tradition of Medicine
    2. The privacy of the patient
    3. The patient as the focus
    4. The physical exam
    5. The accurate, appropriate, and sensitive presentation
    6. The facilitation of the learner as leader
    7. Many other benefits

# Pre-Rounding - Preparation

- Which patients? Round together on all or a few? Split the team? Center on a few to teach primary points?
  - There are many ways in which to accomplish great teaching yet preserve efficiency and completeness.
  - Planning ahead does not guarantee trouble free rounds. Mike Tyson has been credited with saying, “Everyone has a plan until he’s punched in the face.”



# Pre-Rounding - Preparation

- How will I teach Physical Exam findings?
  - Big Secret – Most of us feel inadequate in some way. Look things up ahead of time or refresh your memory ahead of time.
  - Don't over burden the patient.
  - Don't forget to point out normal. "You can't know what abnormal is unless you know what normal is."
  - Half the battle is just looking.

# Pre-Rounding - Preparation

- Read Ahead
  - Big Secret (again) – Most of us do not know everything.
  - Pick out a few patients to center on a few teaching pearls.
  - Admit what you don't know. It empowers the learners and encourages them.
  - Show them how to find answers and how to be intellectually curious.

# Pre-Rounding - Preparation

- How will I include all of the learners on the team? Students, residents, fellows etc.
- How much time will I have?
- What else needs to be accomplished during the day? Do the residents/fellows have to get to clinic? Procedures?

# Pre-Rounding - Preparation

- Plan your teaching opportunities.
  - A trip to the lab
  - Short explanation on the whiteboard/ipad.
  - A thoughtful question to a consultant
  - Simply being a role model



# Rounding

Who is missing?



# Rounding

- There are two things that you must do in order to ensure success at the bedside. Numerous papers have showed this to be true.
  1. Introduce the team.
  2. Orient the patient to what is happening on rounds.

# Rounding

- Teaching without “teaching.” Simply role model
  - How to approach the patient
  - How to deal with a difficult situation
  - What to do when you don’t know something
  - How to give bad news
  - How you position yourself at the bedside
  - How to observe
  - How to care

# Rounding

- Observe the team. Watch the resident/fellow lead the discussion
  - Position yourself to blend in if possible.
  - Allow all to see.
  - When the team is doing well, don't interfere.
  - Facilitate teaching.

# Rounding

- Correct gently.
  - Correct yourself in front of the team. It will endear the team to you and inspire them.
  - Sometimes nothing even needs to be said at all.
  - Sometimes we just need to rephrase.
  - When correcting verbally, do it in private.

# Rounding

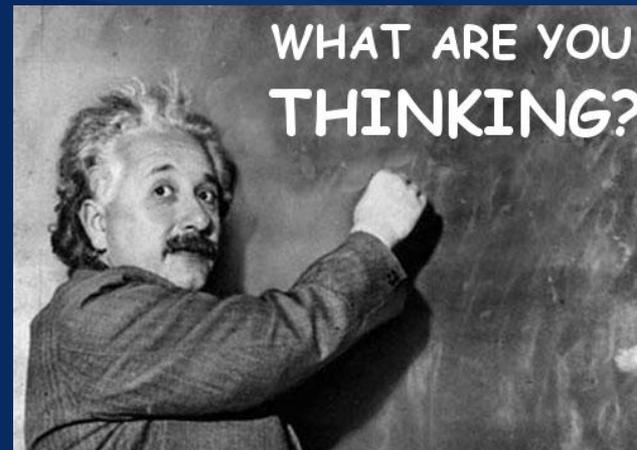
- Ask Questions
  - Keeps everyone engaged
  - Helps them not forget what you just taught
  - Socratic Questioning: asking a series of questions to get the learner to the right answer with what they already know.
  - Start with the junior learners first. (Let them know ahead of time that you will be doing this)

# Rounding

- Summarize for clarification.
- Tell them what they learned.
- Solicit questions for understanding.

# Rounding

- Avoid Lengthy didactics – Generally these belong in the classroom.
- And always **think out loud!**
  - Much can be learned on how you approach a problem
  - This helps the learners connect gaps in their process



# Post-Rounding

- Feedback – frequent, what was observed, not evaluation, and always include yourself.
- Reflection
  - What went well or did not go well?
  - What can be changed on rounds?
  - Think outside the box! Be creative!
- Follow up on teaching assignments or summaries to hand out

# 1 Minute Preceptor

## GET A COMMITMENT

- Ask: "What do you think is going on [with the patient]?"
- Provides assessment of student's knowledge/skill, teaches interpretation of data

## PROBE FOR SUPPORTING EVIDENCE

- Ask: "What led you to this conclusion?" or "What else did you consider?"
- Reveals student's thought process and identifies knowledge gaps

## TEACH GENERAL RULES

- Say: "When you see this, always consider..."
- Offers 'pearls' which can be remembered

## REINFORCE WHAT WAS DONE RIGHT

- Say: "You did an excellent job of..."
- Offer positive reinforcement

## CORRECT MISTAKES

- Say: "Next time, try to consider this..."
- Comment on omissions and misunderstandings to correct errors in judgment or action.

# SNAPPS

## Steps required by trainee

Summarize briefly the history and findings

Narrow down the differential to two or three relevant possibilities

Analyze the differential by comparing and contrasting the possibilities

Probe the trainer by asking questions about uncertainties, difficulties, or alternative approaches

Plan management for the patient's medical problems

Select a case related problem for self-directed learning

SNAPPS = Summarize, Narrow down, Analyze, Probe, Plan, Select

Wolpaw, Papp, Bordage. Acad Med. 2009 April 84(4)

# TEACH

- **T**ake Advantage of teaching opportunities
- **E**mpower learners
- **A**ssume the role of leader
- **C**reate a great learning environment
- **H**abituate the practice of teaching

Smith and Kohlwes. Medical Teacher 33:12.

# In summary

- We explored challenges to teaching.
- We outlined a basic approach:  
Prerounding, Rounding, Postrounding.
- We developed a few teaching strategies and teaching pearls to improve our effectiveness as a teacher.
- We will apply one thing to our teaching that was emphasized today

# References

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