Teaching during Rounds
What the Best Teachers Do

- Organization
- Organization
- Organization
Clear Expectations
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Organization and Expectations

- Cover in Orientation
- Establish a climate of trust and caring
- Clear schedule and expectations
  - Morning rounds versus afternoon rounds
  - Case rounds versus topic rounds
  - How students should prepare for rounds
  - What students can expect from you
Expectations

- How to prepare
- How to present cases
- How to approach new cases versus rechecks, inpatients, etc.

Rounds Outline

- Signalment
- Chief Complaint
- History
- Physical Exam
- Problem List
- Differential
- Diagnostic Plan
- Treatment Plan
- Monitoring Plan
India’s Tips for Building Rapport

- Introductions
- Check in
  - Scale of 1 – 10
  - Icebreaker or question of the day
- Nice environment
- Clinicians or students can’t all sit together
Flipping the Rounds Room

- Engage all students for all cases
- Encourage team discussion
- Encourage peer to peer questions, answers, teaching

- Avoid Interrupting and Directing!
Karen Cornell’s tips for maximizing rounds

- Rounds are interactive
  - A portion of each rounds period is student driven
  - A portion of each rounds period is instructor driven
  - Both portions are interactive

- Use of illustrations, diagrams, photos – make it real
Karen’s Tips

Student presentations
- Topics of my choice
- Practical things they need to know
- Product to take away - handout

Examples
- Choose 5 antibiotics that are must have in your practice
  - Characteristics of each drug – spectrum, MOA
  - Indications for use
  - Cost to practitioner and client
- Prepare Discharge instruction templates for specific procedures
Ok, what about the doing part?
Five Steps (Microskills) Method
Diagnosis and Treatment

- Get a _Commitment
- _Probe for supporting evidence
- Teach general _Rules
- Reinforce what was _Right
- Correct Mistakes (“_Wrong”)
Five Steps (Microskills) Method Translated to the Rounds Room

- Get a **Commitment** *(the Case Presentation)*
- **Probe** for supporting evidence *(Engage the entire group in discussion/questions; Engage different levels of learners)*

- Teach general **Rules** *(Consider brief teaching presentations and illustrations)*
- Reinforce what was **Right**
- Correct Mistakes *(“Wrong”)* This is the feedback part!
What is the Socratic Method?
Socratic Method

- Pathways of discourse designed to
  - Stimulate critical thinking
  - Expose faulty reasoning
  - Lead to new insights

“I know nothing except the fact of my ignorance.”
What the Socratic Method is not...

- A series of simple leading questions
- “Guess what I’m thinking”
- “Gotcha” I’ll ask questions until I get to one you don’t know
- A test of student’s performance
Asking better questions

- Challenge learner’s knowledge base
- Stimulate critical thinking
- Diagnose level of understanding
- Engage learners to grasp key concepts
Bloom’s Taxonomy

- Evaluation
- Synthesis
- Analysis
- Application
- Comprehension
- Knowledge
Recall

- What are the 3 most common causes of hepatomegaly in the cat?

Analysis/Synthesis

- How can we discriminate between them?

Application

- How will you confirm a diagnosis in this cat?
Application vocabulary

- Translate
- Interpret
- Illustrate
- Demonstrate
- Use
Analysis vocabulary

- Differentiate
- Calculate
- Criticize
- Compare
- Contrast
- Test a hypothesis
Synthesis vocabulary

- Plan
- Propose
- Design
- Prepare
- Formulate
- Organize
- Manage
- Set-up
- Create
### Evaluation vocabulary

- Judge
- Appraise
- Evaluate
- Revise
- Score
- Select
- Measure
- Value
- Estimate
- Choose
- Assess
- Clarifying Questions
- Vs.
- Probing Questions
Examples

- “Sounds like pneumonia, do you agree?”
- “Did you think about heart failure?”
Examples

- “Sounds like pneumonia, do you agree?”
- “Did you think about heart failure?”
- “What do you think is going on with this patient?”
Examples

- “Can you think of anything else?”
- “What are the possible causes of dyspnea?”
Examples

- Can you think of anything else?
- What are the possible causes of dyspnea?
- “What about the presentation made you think about pneumonia first?”
Ok, but what if they didn’t get it?
Ok, but what if they didn’t get it?

“I agree that pneumonia may be possible, but heart failure and collapsing trachea are much more common causes of coughing in an older poodle. Next time, think about your possible rule-outs in these major categories…and rank your rule outs based on the most common possibilities and on your auscultation findings.”
Most Useful Phrases

- “Tell me what you’re thinking…”
- “Tell me more…”
- “Keep talking…”
- “Go on…”
Generally unhelpful comments

- “I can’t believe you don’t remember this..”
- “Well, you got most of it, but you need to review this topic tonight”
- “Ok, sounds good. Let’s go see this dog.”
- “Good job”
More probing questions..

- “What do you recall about the connections between kidney disease and proteinuria?”
- “What do you think would happen if we didn’t treat the wound today?”
- “It seems you are uncertain about the best approach to treatment. Is that right?”
Suggestions for Teaching with Cases

- **Prime what will come next..**
  - What would we expect the WBC count to be if this is a case of pyometra?
  - What do you think you will see on ultrasound of the liver?

- **Extend the case..**
  - What if.. the cat’s bilirubin had been normal?
  - What if.. we had chosen KBr instead of phenobarbital?
Suggestions for Teaching with Cases

- Use consults and decisions as teaching moments
  - What do we want to know from the surgeon in this case?
  - I’m thinking that we should choose cephalexin because...
Other Suggestions

- Review charts ahead of rounds
- Consider teaching students at different times
- Consider involving different levels of learners as teachers
  - Self-critique
  - What’s your major concern?
  - What holes do you see?
  - What do we need to know/find out?
Some pitfalls to avoid

- Taking over the case
- Not allowing enough “wait time” for answers
  - Asking another question too quickly
  - Answering your own question
- Asking leading questions
- Pushing learners past ability level
- Inappropriate lectures instead of short “small bite” teaching
Your biggest challenges
Avoid Interrupting!
Remember Feedback

- Maintain
- Do more...
- Do different...
Feedback in Rounds

- Ask for self-assessment ("how was that for you on a 1 – 10 scale"?) and give immediate feedback on case or topic presentations.
- Give daily feedback to the group on team efforts:
  - Here’s what really impressed me today
  - Here’s what we can focus on tomorrow
- Coach, don’t criticize
Feedback

- Be attuned to moods, energy level, distress
- Have some tricks in your back pocket
And Have Fun!

- It’s not just medicine..
References and Resources

- Ende J. Theory and Practice of Teaching Medicine. ACP, 2010
- Wiese J. Teaching in the Hospital. ACP, 2010