MiPLAN for Effective Bedside Teaching in the Current Era

SGIM TEACH Workshop 2014

Chad Stickrath, MD
Mel Anderson, MD
Bud Isaacson, MD
Darlene Lefrancois, MD
Introductions…

- Facilitator Introductions

- What proportion of attending rounds do you conduct in the presence of the patient?

- Outpatient visits?
Objectives

- Describe the advantages of bedside teaching
- Recognize and address the barriers to bedside teaching
- Employ strategies and techniques to enhance effective bedside teaching
What are you trying to accomplish in any given patient encounter?

- Diagnose and treat the patient
- Achieve patient satisfaction
- Diagnose and teach the learner
- Achieve provider/teacher/learner satisfaction
What is the role for bedside teaching?
What is bedside teaching?

- Teaching in the presence of the patient – two main formats:
  1. As part of patient care / rounds
  2. Purely educational
Impact of bedside teaching on patients

- Proposed advantages for patient care:
  - Gather additional information
  - Humanizes care
  - Encourages understandable language
  - Activates patients’ learning and understanding of disease

Ramani 2003, Janicik 2003
Patient perceptions of care...
Inpatients, n=182
My doctors spent more time with me: 10 minutes vs. 6 minutes (p<0.001)
Trends towards more favorable care
“Was not upsetting”: 87%
Outpatient Case Presentations in the Conference Room versus Examination Room: Results from Two Randomized Controlled Trials

Robert J. Anderson, MD, Elizabeth Cyran, MD, Lisa Schilling, MD, Chen-Tan Lin, MD, Gail Albertson, MD, Lindsay Ware, John F. Steiner, MD

- Outpatients, n = 393
- No difference in pt. satisfaction w/ quality
- “Listening to my concerns discussed with another doctor made me feel more comfortable”
  - 52% → 93% (p<0.001)
- “Prefer to have my concerns discussed with another MD in the future”
  - 63% → 86% (p<0.001)
Acute MI patients, n = 20
- No change in heart rate
- Slight increase in BP
- No change in plasma catechols
- Low anxiety on validated instrument
Impact of bedside teaching on learners

“Observe, record, tabulate, communicate. Use your five senses. Learn to see, learn to hear, learn to feel, learn to smell, and know by practice alone you can become expert. Medicine is learned by the bedside and not in the classroom. Let not your conceptions of disease come from words heard in the lecture room or read from the book. See, and then reason and compare and control. But see first.”
ACGME Faculty Requirements

- “Patient-based teaching MUST be formally conducted on all inpatient, outpatient, and consultative services”
- “MUST include…bedside teaching…”
Proposed Educational Advantages of Bedside Teaching

- Diagnose the Learner
  - Directly observe student’s skills
- Role model skills and attitudes
  - History, Physical Exam
  - Interpersonal/Communication Skills
- Ability to connect data with patient presentation

Ramani 2003, Janicik 2003
Highly Effective Teachers

- Enthusiasm
- Teaching at the bedside
- Explaining thought process
- Providing feedback
- Mini-lectures

A Randomized Controlled Study Comparing Educational Outcomes of Examination Room Versus Conference Room Staffing

- Outpatients, n = 254

- No difference in overall staffing time, although twice the amount of time spent w/ patient

- Patients, learners, and attendings all preferred exam room presentations
Independent predictors of high satisfaction with attending teaching:

- Adding valuable patient care information, OR 7.34
- Teaching physical exam, OR 2.01
- Helpful references, OR 1.83
- Teaching history skills, OR 1.76
Current state of bedside teaching

- Faculty, trainees, and training programs consider it one of the most important teaching modalities.
- Faculty and trainees feel like bedside teaching should increase in frequency.
- Percentage of Rounds at the Bedside
  - 1960’s: 75%
  - 2009: 17%

Why is bedside teaching underutilized?
Teaching at the bedside: a new model

REGINA W. JANICIK\(^1\) & KATHLYN E. FLETCHER\(^2\)

- Conducted bedside teaching workshops
  - Resident, Junior and Senior Faculty
Whither Bedside Teaching? A Focus-group Study of Clinical Teachers

Subha Ramani, MD, MPH, Jay D. Orlander, MD, MPH, Lee Strumin, PhD, and Thomas W. Barber, MD

- Focus groups
  - Program directors, chief residents, master clinicians
Overcoming the Barriers

- **Most commonly reported barriers:**
  - Fear of patient discomfort
  - Lack of privacy, confidentiality
  - Patients are often hard to locate
  - Learners do not want to go to bedside
  - Takes more time
  - Teachers feel uncomfortable

- **Most commonly reported barriers:**
  - Declining bedside teaching skills
  - Aura of bedside teaching
  - Teaching is not valued
  - Erosion of teaching ethic
MiPLAN: A Learner-Centered Model for Bedside Teaching in Today’s Academic Medical Centers
Chad Stickrath, MD, Eva Aagaard, MD, and Mel Anderson, MD

- Based on:
  - Bedside teaching literature
  - Interviews with master clinicians
  - Educational theory
    - Adult learning theory
    - Constructivist learning theory

- Organized to:
  - Employ most effective behaviors
  - Integrate activities to maximize efficiency
  - Be simple and memorable
### Organizing Key Elements for Effective Clinical and Bedside Teaching

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<th>Before patient and/or teaching encounter begins</th>
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## Organizing Key Elements for Effective Clinical and Bedside Teaching

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<td>P</td>
<td>After the presentation teaching algorithm</td>
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<td>L</td>
<td>Look for opportunities with P, if none →L→A→N)</td>
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<td>A</td>
<td>Choose ONE</td>
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Meeting - Before the Encounter

Before Patient and/or Teaching Encounters Begin

- **Meeting**: all team members (teacher and learners) get to know each other, discuss mutual expectations for time together (how care, teaching, and learning will occur, set agenda), consider establishing a formal or informal learning contract

- Who conducts a “Meeting?”

- Why conduct a “Meeting?”

- What are the important elements of a successful/unsuccessful “Meeting?”
How can you accomplish your goals during the Meeting?

- **Goal 1: Creating a Safe Learning Environment**
  - Introductions, Get to Know You ?s, Establishing expectations: there will be questions, etc., Bring food

- **Goal 2: Setting the Stage for a High-yield, Learner-centric educational experience**
  - Describe questions will be asked to assess the gap, Make a contract about how, when teaching will occur, Ask for learner-created learning objectives/topics/goals, Set-up a learning calendar

- **Goal 3: Laying the Groundwork for Future Feedback**
  - Establish goals/expectations, Tell learners they will get feedback, Place future feedback sessions on calendar

- **Goal 4: Establishing an Effective Method for Delivering Patient Care**
  - Discuss the roles of each team member, Strategize about how the med student, intern, resident process will operate, Give handout

- **Goal 5: Communicating Important Logistical Information**
  - Give a handout, Make a checklist for communicating these items, Ask the resident how they would like this to work
Before and During the Patient Presentation – the “i’s”

<table>
<thead>
<tr>
<th>Before and During the Patient Presentation</th>
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<tr>
<td>• <strong>introductions</strong>: introduce team/agenda/purpose to patient before beginning presentation</td>
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<tr>
<td>• <strong>in the moment</strong>: be a focused listener</td>
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<td>• <strong>interruptions</strong>: minimize interruption in the presentation</td>
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<td>• <strong>inspect</strong>: demonstrate and encourage astute patient observation through visual exam</td>
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<td>• <strong>independent thought</strong>: allows for assessment and teaching of clinical reasoning</td>
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## After the Presentation - PLAN

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<tr>
<th>P</th>
<th>Teaching algorithm, (look for opportunities with P, if none $\rightarrow$ L $\rightarrow$ A $\rightarrow$ N)</th>
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- **Patient centered teaching**: Role-modeling through clarification of the history, PE findings, correcting clinical reasoning, and communication
- **Learner questions**: stated and unstated, Socratic opportunity
- **Attending's agenda**: medical topic teaching, EBM, other attending-identified areas of learning
- **Next steps**: feedback, debrief, identify areas for deliberate practice, identify learning points to revisit as a team, next patient
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<th>M</th>
<th>Orient the learner and determine goals for bedside interaction</th>
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<tr>
<td>i</td>
<td>Ask permission from the patient</td>
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<td>Observe the learner</td>
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<td>Discussion</td>
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<td>“Reflection in action” in presence of patient</td>
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Bedside Teaching Agenda - Outpatient

Opportunities

- oral presentation skills
- history/communication skills
- physical exam skills
- clinical reasoning
- patient education
Reflection as a Teaching Tool

- Reflection in action
  - “I’m turning out the lights so the pupil will dilate which makes it much easier to see the retina”
  - “This rash follows a dermatome pattern which is highly suggestive of shingles”

- Reflection on action
  - “When we asked the patient with headaches what her biggest fear was we learned about her sister’s stroke which was why she wanted to have a CT scan”
  - “When we told the patient the risks of the flu in patients like him with emphysema he agreed to take the shot”
Your Turn...
What is the biggest take away and/or question from your group?
Objectives

- Describe the advantages of bedside teaching
- Recognize and address the barriers to bedside teaching
- Employ strategies and techniques to enhance effective bedside teaching
Thank You!

- What ONE thing from today’s workshop will you employ?

- Questions or feedback:
  - Chad.stickrath@ucdenver.edu
  - Melver.anderson@ucdenver.edu
  - isaacsj@ccf.org
  - dlefranc@montefiore.org
References


