

## Residents-As-Teachers Conferences

**Title:** Exit Rounds (Reflective Learning in Medicine)

**Goals:** Residents should be able to:

1. Describe Reflection as an educational theory.
2. Appreciate the usefulness of Exit Rounds as reflective teaching tool.

**Format:**

Icebreaker: how does experiential learning work	5 mins.
Mini-lecture/discussion: Schon's experiential learning model; examples of teaching "surprises" (brainstorm?)	15 mins.
Mini-lecture: Exit Rounds	5 mins.
?Demonstration role play of Exit Rounds	10 mins.
Questions-and-answers	5 mins.

**Materials:**

- overheads (goals, Schon model, Exit Rds steps, teaching surprises)
- articles (Arseneau)
- handout (Schon model)
- role play

f:wpdata/resteach/exit.wkp,4-8-97

# Residents-As-Teachers Conferences

Exit Rounds  
(Reflective Learning in  
Medicine)

Goals: Residents should be able to:

1. Describe Reflection as an educational theory.
2. Appreciate the usefulness of Exit Rounds as reflective teaching tool.

Model of Learning from  
Experience (Schon)  
Five Stages of "Reflective  
Practice"

1st Stage: Knowing-in-action

- automatic, deeply-embedded, action-oriented knowledge and skills
- makes up most of the practices of physicians
- Ex. using a set dosage of an antibiotic

2nd Stage: Surprises

- uniqueness, conflict, or ambiguity
- Ex. inconsistent finding on a physical exam

3rd Stage: Reflection-in-action

- reconstruct knowledge &

skills, and events

- occurs during physician-patient interaction
- a response to the Surprise is developed

#### 4th Stage: Experiment

- attempt something to gain more information or resolve dilemma
- ad hoc in nature
- Ex. rephrase a question; change a dose

#### 5th Stage: Reflection-on-action

- after patient encounter completed
- reflect back to make sense of Surprise, the reflection-in-action, and the Experiment
- may complete loop and impact new Knowledge-in-action (e.g.,

new frame of reference)

## EXIT ROUNDS

- experience alone is not the key to learning
- students/residents are subjected to half-digested practical work or experience

Four Types of Knowledge:

1. Declarative: labels and lists.

2. Conceptual: deeper understanding of a term.

3. Problem-solving: identify causal connections and apply to problems.

4. Personal-insight: awareness of belief's and assumptions that inform one's actions.

### Steps for Conducting Exit Rounds

1. Establish a clear understanding with the students of the purposes and intentions behind Exit Rounds.

2. Listen to each student as s/he describes patient presentation, hospital course, etc.

3. Provide cues for missing elements of the story.
4. Ask each student what was important or meaningful about the case; ask "what did you learn?"
5. Elicit the student's emotions (when appropriate).
6. Probe for understanding; encourage student to explore beliefs, rules, knowledge content and approach to learning.

### Case Example

A senior medical student is asked to briefly summarize the case of a recently discharged patient and what she learned from caring

for this patient. The patient presented with an exacerbation of congestive heart failure. The student's summary misses only a few details. She reports learning how to treat CHF. On questioning, the attending discovers that the student has learned a "recipe" approach, and she reveals a poor understanding of the rationale for the treatment choices. Further, she has a fragmented and incomplete conceptualization of CHF.

## Role Play

Resident:

History: I have a 50 year old white female who comes in today complaining of fatigue and loose stools. This has been going on for about 3 months. These symptoms seem to be getting worse, and she's worried it might be due to Chronic Fatigue Syndrome. She has hypertension and is on a beta-blocker for that. Review of systems is otherwise negative.

Physical exam: BP = 140/82, P = 84. Her exam is essentially unremarkable. HEENT is benign, lungs clear, cardiac normal, no edema.

## Teaching "Surprises"

\* after carefully demonstrating a physical exam technique, you observe the learner performing it incorrectly

\* staying current is important to you, and you always hand out articles; however, you find out a learner doesn't really know how to critically appraise articles

\* during Work Rounds, you frequently ask the student to read the ECG; for this month, this approach seems to add 10 mins

\* at Sign-Out Rounds, the management plans for patients discussed at Attending Rounds seem to be not implemented

\* during Exit Rounds at the end of the week, you discover several incorrect causal connections (e.g., a goiter always needs a FNA)

Model of Learning from Experience (Schon)  
Five Stages of "Reflective Practice"

1st Stage: Knowing-in-action

- automatic, deeply-embedded, action-oriented knowledge and skills
- makes up most of the practices of physicians
- Ex. using a set dosage of an antibiotic

2nd Stage: Surprises

- uniqueness, conflict, or ambiguity
- Ex. inconsistent finding on a physical exam

3rd Stage: Reflection-in-action

- reconstruct knowledge & skills, and events
- occurs during physician-patient interaction
- a response to the Surprise is developed

4th Stage: Experiment

-attempt something to gain more information or  
resolve dilemma

-ad hoc in nature

-Ex. rephrase a question; change a dose

5th Stage: Reflection-on-action

-after patient encounter completed

-reflect back to make sense of Surprise, the  
reflection-in-action, and the Experiment

-may complete loop and impact new  
Knowledge-in-action (e.g., new frame of  
reference)