

Work Rounds • Group Teaching

Learning objective: At the end of this session, participating residents will be able to lead inpatient work rounds, incorporating teaching appropriate to each learner's level of training.

1. Small-group teaching

- Small-group teaching may include **inpatient rounds** (work rounds, morning report) or **other small-group settings** (problem-based learning sessions, ambulatory rounds, other groups).
- A distinguishing challenge of small-group teaching is that the teacher must facilitate learning for **multiple learners at once**. These learners may be from different training levels or from different disciplines.
- Even when an attending physician is present, the senior resident can still take a leadership role during rounds.

2. The “LMNOPQRST” approach to work rounds / group teaching

Learners

- Who are all your learners for this small-group discussion?

- Help create a **positive learning climate** by ensuring that everyone in the group knows each member's name, discipline and training level.

Microskills

- As always, teach through questioning. The "five microskills" model by Neher et al. works well. (See "Questions" below.)

Needs

- Briefly establish **learning goals** for rounds, starting with the learners.
 - Is there anything they especially want to learn today?
 - What are your goals for them?

Organization

- How can you best **organize rounds** during the time you have?
- Take into account the number of patients to discuss and any other scheduling factors (clinics, other time constraints) as well as your learning goals for the team.

Presentation

- When learners present their patients, have team **listen without interruption**.
- You can **set guidelines** for the length and format of case presentations.
 - Tell learners what you expect to hear when they present **new patients**.

- For ongoing patients, presenters can give a **one-sentence case summary**, followed by a summary of **overnight progress** and a review of the **problem list** with updates on management and disposition, including plans for the day.

Questions

- Use the five “microskills” to maximize “teachable moments” for each case:

1. **Get a commitment (a plan)**
2. **Probe for supporting evidence**
3. Teach general rules
4. Reinforce what was done right
5. Correct mistakes

Make sure each team member participates in the discussion, gently prompting nonparticipants as needed.

Recall questions*

- Lower-order questions test learners’ **recall of factual information** (e.g., “What is Murphy’s sign?”).

Synthesis questions*

- Higher-order questions go a step further and test learners’ **ability to synthesize and analyze information** (e.g., “Given these physical findings, how would we now alter our differential diagnosis?”).

- Try to incorporate some of these “thinking questions” into rounds too.

Teaching

- Discuss **resources** for the team’s further learning (texts, online resources, other teachers).
 - Bringing in resources (e.g., articles) can be very helpful in **encouraging ongoing learning**.
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References:

Edwards JC, Plauche WC, Marier RL. Handbook of Conferences on Teaching Skills for Residents. New Orleans: Louisiana State University (1988).

Litzelman DK, Stratos GA, Skeff KM. The effect of a clinical teaching retreat on residents' teaching skills. *Academic Medicine* 1994; 69:433-434.

Neher JO, Gordon KC, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. *Journal of the American Board of Family Practice* 1992; 5:419 -424.

Schwenk TL, Whitman N. *Residents as Teachers: A Guide to Educational Practice*. Salt Lake City: University of Utah, 1984.

- Skeff KM. Enhancing teaching effectiveness and vitality in the ambulatory setting. *Journal of General Internal Medicine* 1988; 3:S26-S33.
- Wilkerson LA, Lesky L, Medio FJ. The resident as teacher during work rounds. *Journal of Medical Education* 1986; 61:823-829.
- Wipf JE. *The Role of the Senior Resident: Team Manager, Leader and Teacher*. Seattle: University of Washington, 2000.