

Teaching Rounds: Using a Faculty Development Video to Improve Small Group Teaching

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April 5, 2016



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Objectives

- ❑ Give an example of how one residency structures inpatient rotations to allow one hour of focused, small group teaching daily
- ❑ Describe techniques to effectively facilitate small group teaching sessions
- ❑ Describe a method for adapting our interprofessional education model for use in other residency programs

Union Hospital Family Medicine Residency

- ❑ Academic clinic where twenty-one family medicine residents train
 - Under guidance of seven core faculty physicians



Union Hospital Family Medicine Residency

- ❑ Established in 1976 – celebrating forty years of resident education
- ❑ Graduated 183 residents
 - ❑ Many of which practice in the Wabash Valley
- ❑ See > 20,000 patients annually
 - ❑ > 2,500 well child visits yearly
 - ❑ Deliver 150 babies monthly



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Union Hospital Family Medicine Residency

- ❑ Multidisciplinary setting
 - 21 Resident Physicians
 - 7 Core Faculty Physicians
 - Non-physician faculty
 - ❑ Behaviorist
 - ❑ Clinical Pharmacist
 - ❑ Education Specialist
 - 2 Nurse Practitioners
 - Full-time nurses, community health workers, social workers, office support staff
 - Rotation site for students of several disciplines
 - ❑ Medical, Psychology, Pharmacy, Nurse Practitioner, CMA



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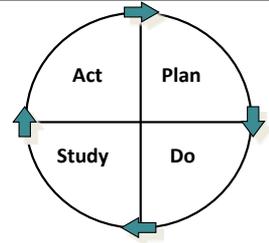
Background

- ❑ Established daily teaching rounds at 11:00 a.m.
 - Resident physicians on Inpatient Medicine Rotation
 - Attending faculty physician
 - ❑ Rotates weekly
 - Interdisciplinary team members
 - ❑ Behaviorist
 - ❑ Clinical Pharmacist
 - ❑ Respiratory Therapist
 - ❑ Education Specialist

Background

- ❑ Historical primary focus – “signout” format
- ❑ Desire to shift primary focus to implement more teaching
 - Led by faculty, residents, and allied health professionals
 - Learn from discussion of current patient cases
 - Apply learning material to current patient cases
 - Dedicated time to topic discussions
 - ❑ Topics of residents’ choice

PDSA Discussion



- ❑ Residents were reluctant to attend Teaching Rounds
 - Teaching Rounds had become more of a signout
 - Minimal learning was occurring
- ❑ October 2013: Education Specialist & Behaviorist began attending Teaching Rounds daily
 - Observed for 2 months
 - Developed a list of goods (best practices) / bads (teaching methods not conducive to learning)
 - Presented findings to faculty and made recommendations for improvement based on observations
 - Faculty made changes / tried new methods

Best Practices

- ❑ Preparing key teaching/learning points in advance
- ❑ Scheduling teaching/meeting times with learners at the beginning of the week & setting expectations for performance
- ❑ Residents pick an interesting case and spend time dissecting that case/topic
- ❑ Run the list AND ask learners questions using a Socratic method
- ❑ Schedule one-on-one meeting at end of week to give feedback and gain a self-assessment from learner
- ❑ No right or wrong teaching method (not a one size fits all model)

Outline of Small Group Teaching Methods

- Transfer of knowledge
- Analyzing group performance and individual contributions
- Pharmacist and Behaviorist integration into teaching rounds
- Leading small group discussions
- Working with learners of different levels
- Handling group conflict and group harmony
- Balancing role of clinical expert and facilitator
- Being a good role model
- Phone a Friend
- Encouraging critical reflection

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Transfer of Knowledge

- Promote learners' ability to apply their classroom learning
 - Draw on learners' experiences
 - Actively involve learners in applying underlying principles across contexts



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Transfer of Knowledge

Broad & Newstrom's Transfer Matrix (1992) – Applied to resident education

	Before	During	After
Program Director (Manager)			
Faculty / Upper Level (Trainer)			
Resident (Trainee)			

Broad & Newstrom's Transfer Matrix (1992) – Applied to resident education

	Before	During	After
Program Director (Manager)	<ul style="list-style-type: none"> • Be knowledgeable of education efforts • Have realistic expectations for faculty and residents • Empower faculty • Provide opportunities for faculty development 	<ul style="list-style-type: none"> • Provide a supportive culture • Reinforce importance and relevance of education and training • Provide an environment conducive to learning • Monitor attendance and attention to training 	<ul style="list-style-type: none"> • Hire an education specialist • Pair new faculty with a senior faculty member • Conduct direct observation
Faculty / Upper Level (Trainer)	<ul style="list-style-type: none"> • Incorporate benchmarked instructional strategies into the education 	<ul style="list-style-type: none"> • Communicate the importance and RELEVANCE of training objectives to the learner's job • Randomly check trainees for reaction, learning, and in-class transfer • Ask learners to set small goals and help them to develop an action plan to meet the goals 	<ul style="list-style-type: none"> • Follow up with learners to check on goals and action plans • Conduct direct observation / informal evaluation to measure transfer of knowledge
Resident (Trainee)	<ul style="list-style-type: none"> • Seek a mentor • Identify own learning needs or deficits in knowledge 	<ul style="list-style-type: none"> • Develop an action plan • Learn "relapse" prevention 	<ul style="list-style-type: none"> • Apply training to patient care • Seek support from mentor • Implement action plan

Analyzing Group Performance and Individual Contributions

- ❑ Must be able to analyze the performance of the group but also individual members
 - Is everyone participating?
 - Does everyone have a voice?
 - What is affecting whether some participate more than others?
 - How do the behaviors of the members affect the group?
 - How does the behavior of the clinical teacher affect the group?

Pharmacist Integration into Teaching Rounds

- ❑ Brings area of expertise to rounds
- ❑ Review of all patient's home medication lists and reconciles with inpatient medication list
 - Evaluation of appropriateness of medication regimens
- ❑ Review medications being administered to patients in hospital
 - Proper dosing, avoid interactions, antimicrobial selection and stewardship
- ❑ Assistance with selection of discharge medications
 - Optimize outpatient medication regimens
 - Consideration of cost and access to prescribed medications

Behaviorist Integration into Teaching Rounds

- ❑ Attends rounds daily
- ❑ Part of the fabric of the team
- ❑ Points out:
 - Patient mental health concerns
 - Cultural implications
 - The impact of caring for patients on the learner

Leading Small Group Discussions

- ❑ Facilitating and leading may involve several different roles and functions
 - Instructor, devil's advocate, consultant, coach, neutral
 - Depends on goals for group session and group dynamics
- ❑ Groups need more direction and guidance at first
 - Goal for the group members to gain independence and learn to lead the discussions
 - ❑ Upper level residents begin to lead discussions - modeling for interns
 - ❑ Intern residents begin to lead discussions
 - Faculty becomes more of an education resource as residents advance and begin leading discussions

Leading Small Group Discussions

- ❑ Components of effective group discussions
 - Leader possesses skills needed
 - Respect among group members
 - Group size encourages and allows everyone to participate
 - Learners accept ownership for learning
 - ❑ Sense of ownership for all group members' learning
 - Learners know their roles and responsibilities
 - Ability to deal with conflict when it arises
 - Group monitors its progress
 - Group members have fun while learning

Working with Learners of Different Levels

- ❑ Know your current group of learners
- ❑ Get everyone involved appropriate to their level, but at the same time do not shy away from challenging them
- ❑ Avoid belittling or dismissing input from junior learners



Handling Group Conflict and Group Harmony

- Faculty members: medical, behavioral, and pharmacy faculty watch and discuss group dynamics
- Build teamwork by having residents report on colleague's patients
- Disarm the computer fort
- Discuss learning safety, give permission to make mistakes

Balancing Role of Clinical Expert and Facilitator

- Leading small group discussion may be best done by coaching rather than leading directly
- Involves learners actively
- Ask questions of presenting resident or of the group
 - May help move along discussion or presentation
 - Models valuable discussion skills
 - Demonstrate level of content mastery expected
- Promotes critical thinking
 - Clinical expert can teach their field of expertise to learners without telling all the answers

Being a Good Role Model

- Be professional
- Be patient
- Be proactive
- Be selfless



“Phone A Friend”

- It is all about teamwork!



Encouraging Critical Reflection

- Ask how they think the week went, areas of strength, and areas for growth
 - Builds knowledge
 - Aids in learning from experience
 - Helps to understand the broader aspects of medicine such as residents':
 - Values
 - Attitudes
 - Professionalism

Resident Perspective

- Multidisciplinary approach to patient care
- Informal
- Have fun with it!



Conclusions

- ❑ Dedicated time for teaching daily
 - Learner centered
 - Multidisciplinary approach
 - Learners from various levels in training
 - Teamwork
 - Best practice
 - Continuous reflection

During the break...

- Discuss / think about how you might implement the information you just heard.
- Fill out a session evaluation.

Questions

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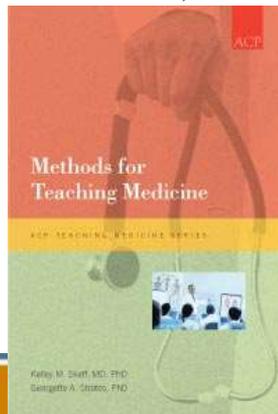
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