how to:

Wales Deanery Deoniaeth Cymru

Cardiff University Prifysgol Caerdydd

Medical Education @ Cardiff

Teach with Patients Present

Stirling Pugh

What marks medical education out as different from other branches of education is the role of the patient. In the clinical environment, the patient may or may not be a physical presence, but they are never absent, nor should they be. The case is a powerful educational tool, but is based on an actual event, a particular individual, slides, X Rays films, tissue samples are taken from and are part of a patient and their story.

Introduction

All clinical staff teach, and all clinical staff teach with patients present. Sometimes this is a formally arranged teaching round, sometimes ad hoc on a business round or in clinic or on a unit or even in the patient's own home. Even if you never ask or answer a question, your interactions with the patient and other staff acts as a role model for your colleagues and every opinion or clinical instruction is a demonstration of (more or less) clinical expertise, decision making, communication skills and many other behaviours that make up your professional practice. This very brief paper points the way to more efficient use of patients as part of the teaching of others.

The Patient (Comes First)

What patients like to be:	What patients don't like to be:
• Asked • Introduced • Part of the Faculty • Taught in front of • The basis of the lesson	• Ignored • Witnesses to disagreement/ humiliation • Unnecessary • Reduced in confidence for 'their' staff

The Learner (Comes Next)

What learners like to be:	What learners don't like to be:
• Taught what they want and need • Valued for their existing skills and knowledge • Part of the Faculty • Enthused and motivated	• Reduced in Confidence • De-motivated • Made uncomfortable in front of 'their' patient • The butt of your joke

The Teacher

What the teacher likes to be:	What the teacher doesn't like to be:
• Thought of as a good teacher • Leading an enthused team • Effective in improving learner's skills • Time efficient • Able to balance training and service • Approved of by patients	• Wasting their time • Running late • Undervalued by learners • Upsetting the patients

Can we achieve a win (the patient), win (the learner), win (the teacher) teaching situation?

Getting it right (Part 1)

The Set (preparation) – Do you need a patient, what has the patient got to offer, is the teaching suitable to the environment (open ward, office) and moment (breaking bad news, end of long session)? Is it suited to the learner's needs, do you know the learner's needs? What are your intended learning points? Ask the patient so that they can realistically decline (not with 6 students round the bed). Prepare the patient, explain the nature and purpose of the session. After agreement, make formal introductions if patient and learner do not already know each other.

The Dialogue (the teaching) – Seize "The Teachable Moment", use appropriate techniques, 'The One-minute Preceptor' (see box) or 'SNAPPS' (see box). Use appropriate questions. Closed questions elicit facts but only check superficial learning; open questions encourage integration of knowledge and deeper understanding. Statements can be used as questions and are less intimidating: "Learners often find this challenging," rather than "What don't you understand?" or worse, "Why can't you get anything right?" (See 'Using Questions in front of the Patient' overleaf).

The Closure (Summary of key learning points) If you can get the learner to do this it encourages retention and integration.

The Barriers and Advantages of Teaching with Patients Present (Janick and Fletcher 2003)

Barriers

- Fear of patient discomfort
- Lack of privacy and confidentiality
- Patients are often hard to locate
- Learners do not want to go to the bedside
- Teachers feel uncomfortable (may lead to discussion of medicine teacher is not familiar with).

Advantages

- Opportunity to:
  - Gather additional information from the patient
  - Directly observe student's skills
  - Role model skills and attitudes
- Humanizes care by involving patient
- Encourages the use of understandable and non-judgemental language
- Active learning process in which adults learn best
- Patients feel activated and part of the learning
- Improves patients' understanding of their disease and the work-up

Patients value being part of bedside rounds and are more likely to be satisfied with their care and report better understanding of their illness. In contrast to fears about confidentiality patients felt it demonstrated concern for them and their privacy. Rather than being upset patients were reassured and mostly enjoy the experience. These advantages are well worth the search for a patient who is well enough to undergo the event. In my experience all patients and cases have a teachable moment in them.

Getting it right (Part 2)

The Ideal Teaching Ward Round

The outcome of a nominal group technique featuring junior doctor learners and consultant teachers listed the features of the ideal teaching ward round (Stirling Pugh MSc Dissertation 2005).

The Patients Treated in a professional manner, included in discussions, clear communication, treated with empathy and respect, patient education included.

The Learner Practical and clinical teaching, clear direction, demonstrations of behaviours, enthused and encouraged, stimulated to self-directed learning.

The Consultant Knows their stuff, admits what they don't know, inspirational, enthusiastic, encourages participation, exemplary professional bedside manner, flexible in use of teaching opportunities.

The Environment Starting on time, full multi-disciplinary team, time for looking things us, calm and relaxed, supported by notes, time for reflection, timely breaks!

Needless to say the nominal groups assessment of actual ward rounds fell short of the ideal. Business ward rounds are there to do business, to focus on the patient's needs rather than learner needs. However, a short discussion at the beginning of the ward round to outline areas of learner interest, and at the end of the round to summarise and for learners to assign themselves learning tasks (internet searches for guidelines for example) adds a few minutes to the round, but vastly increases its educational impact. All that remains during the round is to find some teachable moments.

The Teachable Moment

Fitting in teaching effectively and efficiently during a business session is a challenge. Having a model to follow can help, especially when the learner is experienced in its application.

The One-Minute Preceptor is useful to explore elements of a case. For example, the choice of an antibiotic. Getting commitment and reasons focuses the learner, and encourages analysis. The process encourages use of feedback. It can be used when the teacher has a clear learning point or alteration of behaviour (changing prescribing).

The One-Minute Preceptor

- Get commitment
- Ask for reasons why – the evidence - What went well
- Clarify fact
- Teach a general point
- Summarise - What can be improved

Furney, S. L. et al, (2001) J Gen Intern Med, 16, 620-4.

SNAPPS is useful to view the whole case, particularly, as the acronym outlines, the analysis of differential diagnosis. Its value is to encourage the learner to admit to uncertainty and to use the teacher as a resource. In the conclusion of the model the learner chooses the area for further enquiry. SNAPPS encourages synthesis and decision making.

SNAPPS – The learner

Summarises the case

Narrows the differential diagnosis

Analyses the differential diagnosis

Probes (asks the teacher about areas not understood)

Plans management

Selects an issue for self-directed learning

Wolpaw, T. M. et al (2003), Acad Med, 78, 893-8.

Using Questions in front of the Patient

This is traditional clinical teaching, and used well, questions enlighten the learner and teacher, explore the unknown and reinforce the known. Used badly they are a barrier to communication rather than a facilitator; an obstruction to the teacher-learner relationship; and a powerful de-motivational force.

Type	Possibly Intimidating	Hopefully Encouraging
Facts	What has he missed out?	What symptoms has the patient told us about?
Comprehension	Give me 5 causes of … ?	What possible causes should we consider?
Synthesis	So this is clearly a case of what?	What do you think these things might mean?
Analysis	Management?	What should we do next?
Evaluation	Can anyone tell him what he should have done?	What have we learnt?

Getting it right (Part 3)

Planning the close of the session

Even if you are not using a model, try to summarise main learning points or take home message. Remember to thank the patient (in front of the learner) even if it was a brief aside during a consultation. Check with the patient that nothing in the teaching has confused them or made them anxious.

As soon as possible, pause for self-reflection. "How did that go? What went well? What will I do differently?" This need only take a few seconds for ad hoc teaching, but might be part of more formal written reflection/feedback if it follows a course or formal session. Many teachers think that 'do differently' applies to what may not have gone well; it can equally apply to doing more of what went well, or of applying a successful action to a different situation. With practice, setting up teaching with the patient present is as quick to do well as badly, produces immediate learner, patient and teacher gratification and enthuses all for a repeat performance – ***Good Luck!***

Further Information

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