UCONN HEALTH

January 2018

SOAP Notes

Seeking Outstanding Academic Practices

A Faculty Development Newsletter for the Internal Medicine Residency Program

TRY THIS TECHNIQUE:

In a teaching situation, wait time is the pause that follows a question you ask. Most instructors wait about 1 second for a response. Try to increase the time before calling on someone to 5 seconds. This silence may be uncomfortable, but studies show that:

- The length and complexity of responses increase
- The number of unsolicited but appropriate responses increase
- Residents will ask more questions
- Responses will come from a wider number of residents
- Confidence increases

Also, when you initially ask a question, don't preface it with the resident's name. As soon as you mention someone's name, the tendency is for others to tune out.

Tips to Improve Bedside Teaching

Here are a few highlights from the article "Twelve tips to improve bedside teaching" by S. Ramani in Medical Teacher (2003):

Tip: Preparation is a key element to conducting effective rounds and increasing teacher comfort at the bedside. Familiarize yourself with learning objectives for the rotation. Investigate the knowledge and skill level of your learners. Be comfortable with exam maneuvers and communication techniques.

Tip: Draw a roadmap. Even if the plan is not strictly followed, having a plan gives you confidence for conducting the session. This removes some of the element of "lack of control" that makes bedside teaching scary. Choose a system to focus on and which aspects to be emphasized. Have a theme for the day (e.g., counseling). Plan to engage all of the learners in some way. Set a time limit.

Tip: Orient the learners; review goals & objectives. Let your learners know what the focus will be and what your expectations are. Prime them for the activity; give each learner a role. Establish ground rules for behavior at the bedside.

Tip: Introduce yourself and all team members and emphasize the teaching nature of the encounter. Patients are often confused about who everyone is; be explicit about this. Also, just as you have oriented team members, orient the patient to what will take place. It is OK to hold some theoretical discussion at the bedside but tell the patient that this will be occurring.

Tip: Challenge the learners' minds without humiliating, augmented by gentle correction when necessary. Do the teaching. Some suggestions here: avoid "what am I thinking" type questions; discourage one-upmanship among learners; admitting one's own lack of knowledge sets a good example and encourages trainees to admit limitations and to ask questions for self-directed learning; avoid asking questions of junior learners after a senior learner has missed it; show you are willing to learn from the trainees (and the patient!); avoid lengthy didactic discussions, keep everyone engaged.

Tip: Summarize what was learned before leaving the bedside. Can combine this with some patient education. Afterward, outside the room, field questions and clarify reading needs.

Tip: Seek feedback about the session.

Tip: Reflect. Think about what went well, what did not, and what you'll do differently the next time.

MEET THE MILESTONES: Patient Care 1—Gather and synthesize essential and accurate information to define each patient's clinical problem(s).

Can the resident acquire accurate historical information? To what extent is it done efficiently, hypothesis-driven and prioritized? Are secondary sources used? Is the physical exam accurate and thorough? Is the central problem defined, and a differential diagnosis established?

Do you have a teaching pearl to share? Let me know at nardino@uchc.edu and it can be included in an upcoming newsletter!