

Session 5, Mock Work Rounds Simulation

During this mock work rounds exercise, each participating resident will have a chance to act as the “supervising resident”. Each resident will be the teacher for five minutes, then will get feedback from the group. The next teacher will then step into the role and the action will continue from where the last teacher left off, which is sometimes called a “tag team” exercise. The specialty of the inpatient service automatically becomes that of the resident teacher (i.e., if the teacher happens to be a family medicine resident, it’s the family medicine service).

Information for the resident teachers

You are the supervising resident on your department’s ward service this month (or in the emergency room, etc., as appropriate to your own residency program). This is your first day supervising this team and all of the learners on the service today are new to you. You have about 45 minutes to supervise work rounds before the attending physician arrives for attending rounds. You are in charge and you can run rounds in whatever way you like.



Information for the “learners”: Give each participant the standardized learner instructions for only ONE of the learner roles below.

Key characters: Use these roles first if you have <5 participants in your team.



The post-call intern

You were up all night and you are very tired. If you are not presenting a case or if rounds are not really interactive and interesting, you start to fall asleep. You ask to present the first case, your only admission last night, because you have to leave soon for morning clinic. You hope the sub-intern or third-year student will present your other mutual ongoing patient.

Once or twice during rounds, you answer pages. Unless you are specifically asked not to by the resident teacher, you use the phone that’s sitting on the table to answer the pages.



The aggressive, challenging third-year medical student

You don’t think you are going to like this rotation. The resident team on your last rotation did very little teaching, which dampened your enthusiasm for your clerkships. You are following one patient with the sub-intern and post-call intern, but you forgot to bring your H&P and are not prepared to present the case. You tend to act aggressive during rounds and ask challenging questions. The only way the resident teacher can successfully “defuse” you is to convince you—in a pleasant manner—that after rounds you will mutually plan your role.

The quiet first-year medical student

You are a shy, quiet student assigned to this ward service as part of your clinical preceptorship this year. You have absolutely no idea what you are supposed to do with the inpatient team. You may have received some written instructions from the preceptorship director, but if you did, you must have lost them. You don't speak unless spoken to and you try to slide through rounds without embarrassing yourself.



Additional characters: Also use these if you have 5-6 participants.



The intern carrying the service pager

You are carrying the service pager this morning. It keeps going off. Unless you are specifically asked not to by the resident teacher, you use your mobile phone to answer several pages from nurses and others, unintentionally disrupting rounds. You have a couple of fairly straightforward patients to present today; neither is a new patient. No students have been assigned to follow either of your patients yet.



The competent fourth-year medical student (sub-intern)

You are following one ongoing patient with the post-call intern, and you present this patient when it seems appropriate. (You are not following the patient whom the post-call intern admitted last night.) You answer and ask some clinical questions if encouraged to do so during rounds, and you also spending time on your cell phone looking for evidence-based medicine tips. You are going into the resident teacher's specialty.



The talkative second-year medical student

You are a relatively talkative second-year student doing your clinical preceptorship. You are excited to be on this ward service but you don't have much idea of what is going on during rounds. You are not sure what you are supposed to be doing today unless the resident explains it to you. According to the preceptorship director, you are supposed to observe rounds and ask to get involved in doing an H&P.

Checklist for Giving Feedback on Teaching Cases: Work Rounds

The “LMNOPQRST” approach to small group teaching

Learners:

1. Did the resident teacher encourage all learners to participate actively in rounds?
 No Somewhat Yes
2. Did s/he ask all learners to introduce themselves at the start of rounds?
 No Somewhat Yes
3. Did s/he make the learners feel comfortable admitting their limitations?
 No Somewhat Yes

Microskills:

4. Did the teacher use the five microskills of clinical teaching, including specific positive and corrective feedback?
 No Somewhat Yes

Needs:

5. Did your resident teacher ask if the learners had any goals for rounds today or for further learning later (self-directed learning needs)?
 No Somewhat Yes
6. Did s/he explain his or her own goals for rounds in a learner-centered way, including the overall goals of the inpatient service?
 No Somewhat Yes
7. Did s/he prioritize goals, effectively balancing learning goals with service goals?
 No Somewhat Yes

Organization:

8. Did the resident skillfully organize the teaching session?
 No Somewhat Yes
9. Was the session paced well without dragging out or seeming rushed?
 No Somewhat Yes

10. Did s/he discourage external interruptions (e.g., asking team members to limit phone calls and not use the phone in the room)?

No Somewhat Yes

11. When teaching general rules, did s/he present teaching material in a well-organized manner?

No Somewhat Yes

12. Did s/he generalize what could be learned about particular cases?

No Somewhat Yes

Presentations:

13. Did the resident teacher set and reinforce guidelines for presentations (how to present new patients and ongoing patients)?

No Somewhat Yes

14. Did s/he encourage the team to listen to each presentation without interrupting?

No Somewhat Yes

Questions:

Recall:

15. Did the resident teacher ask helpful "recall questions" to probe the learners' knowledge base?

No Somewhat Yes

Synthesis:

16. Did the teacher ask "synthesis questions" to probe the learners' ability to analyze and synthesize information?

No Somewhat Yes

17. Did s/he ask learners for a plan for the patient's problems?

No Somewhat Yes

Teaching:

18. Did s/he encourage learners to explore specific learning resources (e.g., texts, articles, computer resources, conversations with consultants)?

No Somewhat Yes

19. Did s/he tailor learning resources to the learners' particular needs?

No Somewhat Yes

Evaluation: Small-Group Teaching/Work Rounds Session

Please rate the quality of your learning experience for each part of this session, using the key below. A score of 4 indicates an average learning experience compared with the rest of your residency training.

1	2	3	4	5	6	7
Not acceptable	Needs some improvement	Fair	Good	Very good	Excellent	Wow!

1. Mini-lecture on work rounds	1	2	3	4	5	6	7
2. Mock work rounds exercise	1	2	3	4	5	6	7
3. Getting feedback from the class	1	2	3	4	5	6	7
4. Work rounds session as a whole	1	2	3	4	5	6	7

What did you like best about this session?

What could be improved about it?

What will you do differently after having participated?

Thanks!